

**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](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2018 calendar year, or tax year beginning and ending**

|  |   |   |
|--|---|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br><b>CONVERGENCE EVENTS</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>2355 FAIRVIEW AVE #162</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>ROSEVILLE, MN 55113</b> | <b>D Employer identification number</b><br><b>27-1445975</b><br><b>E Telephone number</b><br><b>612-234-2845</b>  |
| <b>F Name and address of principal officer:</b><br><b>SAME AS C ABOVE</b>  |   | <b>G Gross receipts \$</b> <b>490,643.</b><br><b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c) Group exemption number</b> ▶ |
| <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |   |
| <b>J Website:</b> ▶ <b>WWW.CONVERGENCEEVENTS.ORG</b>   |   |   |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   | <b>L Year of formation:</b> <b>2011</b> <b>M State of legal domicile:</b> <b>MN</b>   |

**Part I Summary**

| <b>Activities &amp; Governance</b>   | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>A NON-PROFIT, VOLUNTEER-RUN ORGANIZATION DEDICATED TO CREATING EXCITING EVENTS THAT CONNECT,</b><br><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.<br><b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>7</b><br><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>7</b><br><b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) ..... <b>5</b> <b>0</b><br><b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>500</b><br><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>6,080.</b><br><b>7b</b> Net unrelated business taxable income from Form 990-T, line 38 ..... <b>7b</b> <b>5,080.</b>  |  |                           |              |   |          |          |   |          |          |  |          |          |  |        |        |  |          |          |   |          |          |  |          |          |  |
|--|---|--|---------------------------|--------------|---|----------|----------|---|----------|----------|--|----------|----------|--|--------|--------|--|----------|----------|---|----------|----------|--|----------|----------|--|
| <b>Revenue</b>   | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">2,230.</td> <td style="text-align: right;">1,229.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">449,593.</td> <td style="text-align: right;">465,892.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">816.</td> <td style="text-align: right;">983.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">7,633.</td> <td style="text-align: right;">6,080.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">460,272.</td> <td style="text-align: right;">474,184.</td> </tr> </tbody> </table>  |  | Prior Year                | Current Year | <b>8</b> Contributions and grants (Part VIII, line 1h) .....                  | 2,230.   | 1,229.   | <b>9</b> Program service revenue (Part VIII, line 2g) .....                                       | 449,593. | 465,892. | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....  | 816.     | 983.     | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... | 7,633. | 6,080. | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... | 460,272. | 474,184. |   |          |          |  |          |          |  |
|  | Prior Year  | Current Year   |                           |              |   |          |          |   |          |          |  |          |          |  |        |        |  |          |          |   |          |          |  |          |          |  |
| <b>8</b> Contributions and grants (Part VIII, line 1h) .....                                       | 2,230.  | 1,229.   |                           |              |   |          |          |   |          |          |  |          |          |  |        |        |  |          |          |   |          |          |  |          |          |  |
| <b>9</b> Program service revenue (Part VIII, line 2g) .....  | 449,593.  | 465,892.   |                           |              |   |          |          |   |          |          |  |          |          |  |        |        |  |          |          |   |          |          |  |          |          |  |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....                      | 816.  | 983.   |                           |              |   |          |          |   |          |          |  |          |          |  |        |        |  |          |          |   |          |          |  |          |          |  |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....           | 7,633.  | 6,080.   |                           |              |   |          |          |   |          |          |  |          |          |  |        |        |  |          |          |   |          |          |  |          |          |  |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... | 460,272.  | 474,184.   |                           |              |   |          |          |   |          |          |  |          |          |  |        |        |  |          |          |   |          |          |  |          |          |  |
| <b>Expenses</b>  | <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....</td> <td style="text-align: right;">26,000.</td> <td style="text-align: right;">27,000.</td> </tr> <tr> <td><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ .....</td> <td style="text-align: right;">0.</td> <td></td> </tr> <tr> <td><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....</td> <td style="text-align: right;">495,368.</td> <td style="text-align: right;">471,168.</td> </tr> <tr> <td><b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....</td> <td style="text-align: right;">521,368.</td> <td style="text-align: right;">498,168.</td> </tr> <tr> <td><b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....</td> <td style="text-align: right;">-61,096.</td> <td style="text-align: right;">-23,984.</td> </tr> </tbody> </table> | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... | 26,000.                   | 27,000.      | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... | 0.       | 0.       | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... | 0.       | 0.       | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... | 0.       | 0.       | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ .....               | 0.     |        | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....                       | 495,368. | 471,168. | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... | 521,368. | 498,168. | <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... | -61,096. | -23,984. |  |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....                   | 26,000.   | 27,000.  |                           |              |   |          |          |   |          |          |  |          |          |  |        |        |  |          |          |   |          |          |  |          |          |  |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....                      | 0.  | 0.   |                           |              |   |          |          |   |          |          |  |          |          |  |        |        |  |          |          |   |          |          |  |          |          |  |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....  | 0.  | 0.   |                           |              |   |          |          |   |          |          |  |          |          |  |        |        |  |          |          |   |          |          |  |          |          |  |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....                     | 0.  | 0.   |                           |              |   |          |          |   |          |          |  |          |          |  |        |        |  |          |          |   |          |          |  |          |          |  |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ .....                         | 0.  |  |                           |              |   |          |          |   |          |          |  |          |          |  |        |        |  |          |          |   |          |          |  |          |          |  |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....                       | 495,368.  | 471,168.   |                           |              |   |          |          |   |          |          |  |          |          |  |        |        |  |          |          |   |          |          |  |          |          |  |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....          | 521,368.  | 498,168.   |                           |              |   |          |          |   |          |          |  |          |          |  |        |        |  |          |          |   |          |          |  |          |          |  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....                               | -61,096.  | -23,984.   |                           |              |   |          |          |   |          |          |  |          |          |  |        |        |  |          |          |   |          |          |  |          |          |  |
| <b>Net Assets or Fund Balances</b>   | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16) .....</td> <td style="text-align: right;">209,047.</td> <td style="text-align: right;">187,211.</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26) .....</td> <td style="text-align: right;">5,197.</td> <td style="text-align: right;">7,345.</td> </tr> <tr> <td><b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....</td> <td style="text-align: right;">203,850.</td> <td style="text-align: right;">179,866.</td> </tr> </tbody> </table>   |  | Beginning of Current Year | End of Year  | <b>20</b> Total assets (Part X, line 16) .....                                | 209,047. | 187,211. | <b>21</b> Total liabilities (Part X, line 26) .....   | 5,197.   | 7,345.   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....     | 203,850. | 179,866. |  |        |        |  |          |          |   |          |          |  |          |          |  |
|  | Beginning of Current Year   | End of Year  |                           |              |   |          |          |   |          |          |  |          |          |  |        |        |  |          |          |   |          |          |  |          |          |  |
| <b>20</b> Total assets (Part X, line 16) .....   | 209,047.  | 187,211.   |                           |              |   |          |          |   |          |          |  |          |          |  |        |        |  |          |          |   |          |          |  |          |          |  |
| <b>21</b> Total liabilities (Part X, line 26) .....  | 5,197.  | 7,345.   |                           |              |   |          |          |   |          |          |  |          |          |  |        |        |  |          |          |   |          |          |  |          |          |  |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....                         | 203,850.  | 179,866.   |                           |              |   |          |          |   |          |          |  |          |          |  |        |        |  |          |          |   |          |          |  |          |          |  |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                               |  |   |                         |   |
|-------------------------------|--|---|-------------------------|---|
| <b>Sign Here</b>              | Signature of officer<br><b>CHIEF FINANCIAL OFFICER</b><br>Type or print name and title   | Date  |                         |   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>THOMAS LEWIS, CPA</b>   | Preparer's signature<br><b>THOMAS LEWIS, CPA</b>                  | Date<br><b>08/11/19</b> | Check <input type="checkbox"/> if self-employed<br>PTIN<br><b>P00017298</b> |
|                               | Firm's name ▶ <b>THOMAS LEWIS &amp; ASSOCIATES, P.A.</b><br>Firm's address ▶ <b>6700 FRANCE AVENUE STE 116</b><br><b>MINNEAPOLIS, MN 55435</b> | Firm's EIN ▶ <b>41-1600259</b><br>Phone no. (952) <b>835-1510</b> |                         |   |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: A NON-PROFIT, VOLUNTEER-RUN ORGANIZATION DEDICATED TO CREATING EXCITING EVENTS THAT CONNECT, ENRICH AND EXPAND OUR DIVERSE COMMUNITY, AND TO INSPIRING EACH OTHER THROUGH CREATIVITY, LEARNING, AND SERVICE.

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

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

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

4a (Code: ) (Expenses \$ 463,910. including grants of \$ 27,000. ) (Revenue \$ 465,892. ) CREATED EVENTS TO CONNECT, ENRICH AND EXPAND OUR DIVERSE COMMUNITY, AND TO INSPIRING EACH OTHER THROUGH CREATIVITY, LEARNING, AND SERVICE.

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

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

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 463,910.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

**Part V** Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

|            |  | Yes        | No |
|------------|--|------------|----|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |            |    |
|            | <b>2a</b> 0  |            |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   |            |    |
|            | <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |            |    |
| <b>2b</b>  |  |            |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | X          |    |
| <b>3b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | X          |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? |            | X  |
| <b>b</b>   | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |            |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |            | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |            | X  |
| <b>5c</b>  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |            |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |            | X  |
| <b>6b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |            |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |            | X  |
| <b>7b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |            |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |            | X  |
| <b>7d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year  |            |    |
| <b>7e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |            |    |
| <b>7f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |            |    |
| <b>7g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |            |    |
| <b>7h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |            |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   |            |    |
| <b>8</b>   |  |            |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |    |
| <b>9a</b>  | Did the sponsoring organization make any taxable distributions under section 4966?   |            |    |
| <b>9b</b>  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |            |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |            |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b> |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |            |    |
| <b>a</b>   | Gross income from members or shareholders  | <b>11a</b> |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   | <b>11b</b> |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | <b>12b</b> |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?   | <b>13a</b> |    |
|            | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |            |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | <b>13b</b> |    |
| <b>c</b>   | Enter the amount of reserves on hand   | <b>13c</b> |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14a</b> | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | <b>14b</b> |    |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?   | <b>15</b>  | X  |
|            | If "Yes," see instructions and file Form 4720, Schedule N.   |            |    |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | <b>16</b>  | X  |
|            | If "Yes," complete Form 4720, Schedule O.  |            |    |

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **THE ORGANIZATION - 612-234-2845**  
**2355 FAIRVIEW AVE #162, ROSEVILLE, MN 55113**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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.

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

| (A)<br>Name and Title                        | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) MARGARET EASTMAN<br>TREASURER            | 5.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) LAUREN SINDT<br>DIRECTOR                 | 5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (3) AMY MILLS<br>SECRETARY                   | 5.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) NADIM KHALIDI<br>VICE PRESIDENT          | 5.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) JONATHAN PALMER<br>PRESIDENT             | 5.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (6) STEPHANIE ZUERCHER<br>DIRECTOR           | 5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) THOMAS KEELEY<br>CHIEF FINANCIAL OFFICER | 5.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

1b Sub-total 0. 0. 0.
1c Total from continuation sheets to Part VII, Section A 0. 0. 0.
1d Total (add lines 1b and 1c) 0. 0. 0.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a 'NONE' entry in column A.

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



**Part VIII Statement of Revenue**

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

|   |   |   |                      | (A)           | (B)                                | (C)                        | (D)  |  |
|---|---|---|----------------------|---------------|------------------------------------|----------------------------|--|--|
|   |   |   |                      | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>     | <b>1 a</b> Federated campaigns  | <b>1a</b>   |                      |               |                                    |                            |  |  |
|   | <b>b</b> Membership dues  | <b>1b</b>   |                      |               |                                    |                            |  |  |
|   | <b>c</b> Fundraising events   | <b>1c</b>   |                      |               |                                    |                            |  |  |
|   | <b>d</b> Related organizations  | <b>1d</b>   |                      |               |                                    |                            |  |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>   |                      |               |                                    |                            |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above   | <b>1f</b>   | 1,229.               |               |                                    |                            |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |   |                      |               |                                    |                            |  |  |
|   | <b>h Total.</b> Add lines 1a-1f   |   |                      | 1,229.        |                                    |                            |  |  |
| <b>Program Service Revenue</b>                                    | <b>2 a</b> CONFERENCE   | <b>Business Code</b>                                  | 900099               | 465,892.      | 465,892.                           |                            |  |  |
|   | <b>b</b>  |   |                      |               |                                    |                            |  |  |
|   | <b>c</b>  |   |                      |               |                                    |                            |  |  |
|   | <b>d</b>  |   |                      |               |                                    |                            |  |  |
|   | <b>e</b>  |   |                      |               |                                    |                            |  |  |
|   | <b>f</b> All other program service revenue  |   |                      |               |                                    |                            |  |  |
|   | <b>g Total.</b> Add lines 2a-2f   |   |                      | 465,892.      |                                    |                            |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |   |                      | 983.          |                                    |                            | 983.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds   |   |                      |               |                                    |                            |  |  |
|   | <b>5</b> Royalties  |   |                      |               |                                    |                            |  |  |
|   | <b>6 a</b> Gross rents  | (i) Real  | (ii) Personal        |               |                                    |                            |  |  |
|   |   | <b>b</b> Less: rental expenses                        |                      |               |                                    |                            |  |  |
|   |   | <b>c</b> Rental income or (loss)                      |                      |               |                                    |                            |  |  |
|   |   | <b>d</b> Net rental income or (loss)                  |                      |               |                                    |                            |  |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory   | (i) Securities  | (ii) Other           |               |                                    |                            |  |  |
|   |   | <b>b</b> Less: cost or other basis and sales expenses |                      |               |                                    |                            |  |  |
|   |   | <b>c</b> Gain or (loss)                               |                      |               |                                    |                            |  |  |
|   |   | <b>d</b> Net gain or (loss)                           |                      |               |                                    |                            |  |  |
|   | <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | <b>a</b>  |                      |               |                                    |                            |  |  |
|   |   | <b>b</b> Less: direct expenses                        | <b>b</b>             |               |                                    |                            |  |  |
|   |   | <b>c</b> Net income or (loss) from fundraising events |                      |               |                                    |                            |  |  |
|   | <b>9 a</b> Gross income from gaming activities. See Part IV, line 19  | <b>a</b>  |                      |               |                                    |                            |  |  |
| <b>b</b> Less: direct expenses                                    |   | <b>b</b>  |                      |               |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities              |   |   |                      |               |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances | <b>a</b>  |   | 21,829.              |               |                                    |                            |  |  |
|   | <b>b</b> Less: cost of goods sold   | <b>b</b>  | 16,459.              |               |                                    |                            |  |  |
|   | <b>c</b> Net income or (loss) from sales of inventory   |   |                      | 5,370.        |                                    | 5,370.                     |  |  |
| Miscellaneous Revenue   |   |   | <b>Business Code</b> |               |                                    |                            |  |  |
| <b>11 a</b> ADVERTISING (NET) (990)                               | <b>a</b>  |   | 541800               | 710.          |                                    | 710.                       |  |  |
|   | <b>b</b>  |   |                      |               |                                    |                            |  |  |
|   | <b>c</b>  |   |                      |               |                                    |                            |  |  |
|   | <b>d</b> All other revenue  |   |                      |               |                                    |                            |  |  |
| <b>e Total.</b> Add lines 11a-11d                                 |   |   |                      | 710.          |                                    |                            |  |  |
| <b>12 Total revenue.</b> See instructions                         |   |   |                      | 474,184.      | 465,892.                           | 6,080.                     | 983.   |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 27,000.               | 27,000.                         |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  |                       |                                 |  |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  |                       |                                 |  |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| <b>9</b> Other employee benefits   |                       |                                 |  |                             |
| <b>10</b> Payroll taxes  |                       |                                 |  |                             |
| <b>11</b> Fees for services (non-employees):   |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   | 15,210.               |                                 | 15,210.                                |                             |
| <b>c</b> Accounting  |                       |                                 |  |                             |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   |                       |                                 |  |                             |
| <b>12</b> Advertising and promotion  |                       |                                 |  |                             |
| <b>13</b> Office expenses  | 8,599.                | 315.                            | 8,284.                                 |                             |
| <b>14</b> Information technology   | 11,246.               | 11,246.                         |  |                             |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | 3,000.                | 3,000.                          |  |                             |
| <b>17</b> Travel   | 14,487.               | 14,487.                         |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   | 313,602.              | 313,602.                        |  |                             |
| <b>20</b> Interest   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  |                       |                                 |  |                             |
| <b>23</b> Insurance  | 8,395.                | 8,395.                          |  |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| <b>a</b> COMMUNICATIONS  | 85,865.               | 85,865.                         |  |                             |
| <b>b</b> BANK CHARGES & CREDIT C   | 10,481.               |                                 | 10,481.                                |                             |
| <b>c</b>   |                       |                                 |  |                             |
| <b>d</b>   |                       |                                 |  |                             |
| <b>e</b> All other expenses  | 283.                  |                                 | 283.                                   |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 498,168.              | 463,910.                        | 34,258.                                | 0.                          |
| <b>26</b> 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)

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |           | (B)<br>End of year |
|---|--|--------------------------|-----------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 47,229.                  | <b>1</b>  | 24,417.            |
|   | <b>2</b> Savings and temporary cash investments .....  | 161,818.                 | <b>2</b>  | 162,794.           |
|   | <b>3</b> Pledges and grants receivable, net .....  |                          | <b>3</b>  |                    |
|   | <b>4</b> Accounts receivable, net .....  |                          | <b>4</b>  |                    |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | <b>5</b>  |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          | <b>6</b>  |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>  |                    |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>  |                    |
|   | <b>9</b> Prepaid expenses and deferred charges .....   |                          | <b>9</b>  |                    |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b>               |           |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b>               |           | <b>10c</b>         |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b> |                    |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b> |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b> |                    |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b> |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   |                          | <b>15</b> |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... |  | 209,047.                 | <b>16</b> | 187,211.           |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 5,197.                   | <b>17</b> | 7,345.             |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b> |                    |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b> |                    |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b> |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b> |                    |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | <b>22</b> |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b> |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b> |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  |                          | <b>25</b> |                    |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   |                          | 5,197.    | <b>26</b>          |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |           |                    |
|   | <b>27</b> Unrestricted net assets .....  | 203,850.                 | <b>27</b> | 179,866.           |
|   | <b>28</b> Temporarily restricted net assets .....  |                          | <b>28</b> |                    |
|   | <b>29</b> Permanently restricted net assets .....  |                          | <b>29</b> |                    |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |           |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | <b>30</b> |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>31</b> |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>32</b> |                    |
| <b>33</b> Total net assets or fund balances .....                         | 203,850.   | <b>33</b>                | 179,866.  |                    |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 209,047.   | <b>34</b>                | 187,211.  |                    |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |          |
|----|--|----|----------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 474,184. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 498,168. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -23,984. |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 203,850. |
| 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 | 179,866. |

**Part XII Financial Statements and Reporting**

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

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

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

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

|   |   |
|---|---|
| Name of the organization<br><b>CONVERGENCE EVENTS</b> | Employer identification number<br><b>27-1445975</b> |
|---|---|

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...   |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...  |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

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

|   |    |                          |
|---|----|--------------------------|
| <b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....  | 14 | %                        |
| <b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....  | 15 | %                        |
| <b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |    | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |    | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |    | <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |    | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |    | <input type="checkbox"/> |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   | 104.     | 805.     | 4,580.   | 2,230.   | 1,229.   | 8,948.    |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... | 399,135. | 403,359. | 410,015. | 449,593. | 465,892. | 2127994.  |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   | 399,239. | 404,164. | 414,595. | 451,823. | 467,121. | 2136942.  |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          | 0.        |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          | 0.        |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          | 0.        |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          | 2136942.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   | 399,239. | 404,164. | 414,595. | 451,823. | 467,121. | 2136942.  |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... | 335.     | 360.     | 449.     | 816.     | 983.     | 2,943.    |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   | 335.     | 360.     | 449.     | 816.     | 983.     | 2,943.    |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      | 975.     | 2,254.   | 2,999.   | 6,356.   | 6,080.   | 18,664.   |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          | 1,277.   |          | 1,277.    |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   | 400,549. | 406,778. | 418,043. | 460,272. | 474,184. | 2159826.  |

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

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

|   |           |         |
|---|-----------|---------|
| <b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | 98.94 % |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....                       | <b>16</b> | 99.19 % |

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

|  |           |       |
|--|-----------|-------|
| <b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | .14 % |
| <b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....                         | <b>18</b> | .10 % |

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**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**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .                                       |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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 <b>Part VI</b> 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. |     |    |
| <b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   |     |    |
| <b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |     |    |
|---|--|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |  |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |  | Yes | No |
| <b>a</b> 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 <b>Part VI</b> 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. |  |     |    |
| <b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |  |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .   |  |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   |  |     |    |

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

- 1  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.

| <b>Section A - Adjusted Net Income</b> |  | (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                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (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): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | 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                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| Section D - Distributions   | Current Year |
|---|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b> Distributable amount for 2018 from Section C, line 6   |              |
| <b>10</b> Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2018 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.  |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2018   |                             |  |   |
| <b>a</b> From 2013   |                             |  |   |
| <b>b</b> From 2014   |                             |  |   |
| <b>c</b> From 2015   |                             |  |   |
| <b>d</b> From 2016   |                             |  |   |
| <b>e</b> From 2017   |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2018 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2013 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| <b>4</b> Distributions for 2018 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2018 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2014  |                             |  |   |
| <b>b</b> Excess from 2015  |                             |  |   |
| <b>c</b> Excess from 2016  |                             |  |   |
| <b>d</b> Excess from 2017  |                             |  |   |
| <b>e</b> Excess from 2018  |                             |  |   |



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**CONVERGENCE EVENTS**

**Employer identification number  
27-1445975**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

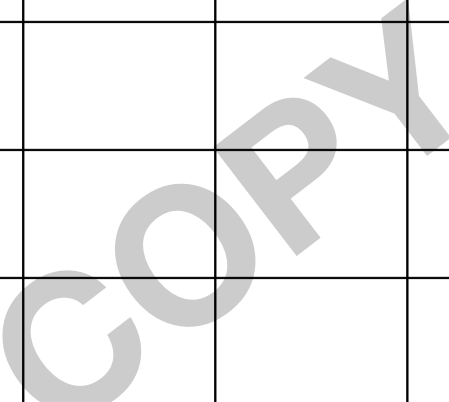
- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

**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 required in Part I, line 2; Part III, column (b); and any other additional information.

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

Department of the Treasury  
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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

CONVERGENCE EVENTS

Employer identification number

27-1445975

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

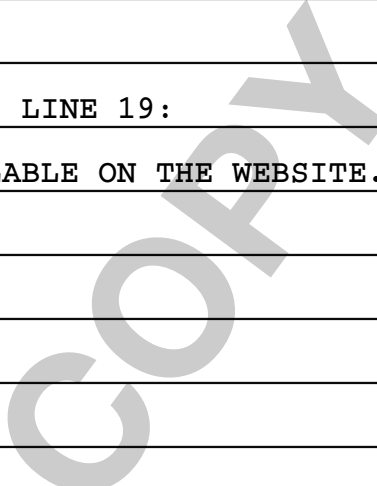
ENRICH AND EXPAND OUR DIVERSE COMMUNITY, AND TO INSPIRING EACH OTHER  
THROUGH CREATIVITY, LEARNING, AND SERVICE.

FORM 990, PART VI, SECTION B, LINE 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.



Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2018

For calendar year 2018 or other tax year beginning , and ending

Go to www.irs.gov/Form990T for instructions and the latest information.

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

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed, B Exempt under section 501(c)(3), Name of organization CONVERGENCE EVENTS, Number, street, and room or suite no. 2355 FAIRVIEW AVE #162, City or town, state or province, country, and ZIP or foreign postal code ROSEVILLE, MN 55113, D Employer identification number 27-1445975, E Unrelated business activity code 541800.

C Book value of all assets at end of year 187,211. F Group exemption number, G Check organization type 501(c) corporation.

H Enter the number of the organization's unrelated trades or businesses. 1 ADVERTISING SALES. Describe the only (or first) unrelated trade or business here.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No.

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

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales 21,829, 1c Balance 21,829, 2 Cost of goods sold 16,459, 3 Gross profit 5,370, 11 Advertising income 710, 13 Total 6,080.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 3 columns: Line number, Description, Amount. Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses, 27 Excess readership costs, 28 Other deductions, 29 Total deductions 0, 30 Unrelated business taxable income before net operating loss deduction 6,080, 31 Deduction for net operating loss, 32 Unrelated business taxable income 6,080.



| <b>Part III Total Unrelated Business Taxable Income</b> |  |
|---|--|
| 33  | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ..... 6,080.                                    |
| 34  | Amounts paid for disallowed fringes .....  |
| 35  | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) .....  |
| 36  | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34 ..... 6,080.                            |
| 37  | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) ..... 1,000.   |
| 38  | <b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 ..... 5,080. |

| <b>Part IV Tax Computation</b> |  |
|--------------------------------|--|
| 39                             | <b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21) ..... 1,067.  |
| 40                             | <b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from:<br><input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... |
| 41                             | <b>Proxy tax.</b> See instructions .....   |
| 42                             | Alternative minimum tax (trusts only) .....  |
| 43                             | <b>Tax on Noncompliant Facility Income.</b> See instructions .....   |
| 44                             | <b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies ..... 1,067.  |

| <b>Part V Tax and Payments</b> |   |
|--------------------------------|---|
| 45a                            | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ..... 45a   |
| b                              | Other credits (see instructions) ..... 45b  |
| c                              | General business credit. Attach Form 3800 ..... 45c   |
| d                              | Credit for prior year minimum tax (attach Form 8801 or 8827) ..... 45d  |
| e                              | <b>Total credits.</b> Add lines 45a through 45d ..... 45e   |
| 46                             | Subtract line 45e from line 44 ..... 1,067.   |
| 47                             | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) ..... 47 |
| 48                             | <b>Total tax.</b> Add lines 46 and 47 (see instructions) ..... 1,067.   |
| 49                             | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 ..... 0.   |
| 50a                            | Payments: A 2017 overpayment credited to 2018 ..... 50a   |
| b                              | 2018 estimated tax payments ..... 50b   |
| c                              | Tax deposited with Form 8868 ..... 50c  |
| d                              | Foreign organizations: Tax paid or withheld at source (see instructions) ..... 50d  |
| e                              | Backup withholding (see instructions) ..... 50e   |
| f                              | Credit for small employer health insurance premiums (attach Form 8941) ..... 50f  |
| g                              | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other ..... Total ▶ 50g  |
| 51                             | <b>Total payments.</b> Add lines 50a through 50g ..... 51   |
| 52                             | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> ..... 35.   |
| 53                             | <b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed ..... 1,102.   |
| 54                             | <b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid ..... 54   |
| 55                             | Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax</b> ▶ <b>Refunded</b> ▶ ..... 55  |

| <b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions) |  | Yes | No |
|---|--|-----|----|
| 56  | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ |     | X  |
| 57  | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.  |     | X  |
| 58  | Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$   |     |    |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **CHIEF FINANCIAL OFFICER**

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

|                               |   |                          |          |   |           |
|-------------------------------|---|--------------------------|----------|---|-----------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                    | Preparer's signature     | Date     | Check <input type="checkbox"/> if self-employed | PTIN      |
|                               | THOMAS LEWIS, CPA                             | THOMAS LEWIS, CPA        | 08/11/19 |   | P00017298 |
|                               | Firm's name ▶ THOMAS LEWIS & ASSOCIATES, P.A. | Firm's EIN ▶ 41-1600259  |          | 6700 FRANCE AVENUE STE 116                      |           |
|                               | Firm's address ▶ MINNEAPOLIS, MN 55435        | Phone no. (952) 835-1510 |          |   |           |

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

|    |   |    |         |   |  |     |         |
|----|---|----|---------|---|--|-----|---------|
| 1  | Inventory at beginning of year                  | 1  | 0.      | 6 | Inventory at end of year   | 6   | 0.      |
| 2  | Purchases                                       | 2  | 16,459. | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2                                  | 7   | 16,459. |
| 3  | Cost of labor                                   | 3  |         | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No      |
| 4a | Additional section 263A costs (attach schedule) | 4a |         |   |  |     |         |
| 4b | Other costs (attach schedule)                   | 4b |         |   |  |     |         |
| 5  | Total. Add lines 1 through 4b                   | 5  | 16,459. |   |  |     | X       |

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

(see instructions)

1. Description of property

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

2. Rent received or accrued

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | 0.  | Total 0.  |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

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

| 1. Description of debt-financed property  |   | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property |   |
|---|---|---|--|---|
|   |   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                              |
| (1)   |   |   |  |   |
| (2)   |   |   |  |   |
| (3)   |   |   |  |   |
| (4)   |   |   |  |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5                             | 7. Gross income reportable (column 2 x column 6)                             | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %   |  |   |
| (2)   |   | %   |  |   |
| (3)   |   | %   |  |   |
| (4)   |   | %   |  |   |
| Totals  |   |   | Enter here and on page 1, Part I, line 7, column (A). 0.                     | Enter here and on page 1, Part I, line 7, column (B). 0.            |
| Total dividends-received deductions included in column 8  |   |   | 0.   | 0.  |

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

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

**Nonexempt Controlled Organizations**

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1)               |   |                                     |  |  |
| (2)               |   |                                     |  |  |
| (3)               |   |                                     |  |  |
| (4)               |   |                                     |  |  |

|                     |  |  |  |  |
|---------------------|--|--|--|--|
|                     |  |  | Add columns 5 and 10.<br>Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11.<br>Enter here and on page 1, Part I, line 8, column (B). |
| <b>Totals</b> ..... |  |  | 0.   | 0.   |

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

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|--|---------------------------------|---|
| (1)                      |                     |  |                                 |   |
| (2)                      |                     |  |                                 |   |
| (3)                      |                     |  |                                 |   |
| (4)                      |                     |  |                                 |   |

|                     |  |   |  |   |
|---------------------|--|---|--|---|
|                     |  | Enter here and on page 1, Part I, line 9, column (A). |  | Enter here and on page 1, Part I, line 9, column (B). |
| <b>Totals</b> ..... |  | 0.  |  | 0.  |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1)                                  |   |   |  |   |                                      |  |
| (2)                                  |   |   |  |   |                                      |  |
| (3)                                  |   |   |  |   |                                      |  |
| (4)                                  |   |   |  |   |                                      |  |

|                     |  |  |  |  |   |
|---------------------|--|--|--|--|---|
|                     |  | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). |  | Enter here and on page 1, Part II, line 26. |
| <b>Totals</b> ..... |  | 0.   | 0.   |  | 0.  |

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|-----------------------|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1)                   |                             |                             |  |                       |                     |   |
| (2)                   |                             |                             |  |                       |                     |   |
| (3)                   |                             |                             |  |                       |                     |   |
| (4)                   |                             |                             |  |                       |                     |   |

|  |  |    |    |  |  |    |
|--|--|----|----|--|--|----|
| <b>Totals</b> (carry to Part II, line (5)) ..... |  | 0. | 0. |  |  | 0. |
|--|--|----|----|--|--|----|

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

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

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

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



# Underpayment of Estimated Tax by Corporations

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return. **FORM 990-T**

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

**2018**

|                                   |   |
|-----------------------------------|---|
| Name<br><b>CONVERGENCE EVENTS</b> | Employer identification number<br><b>27-1445975</b> |
|-----------------------------------|---|

**Note:** Generally, the corporation is not 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.

| <b>Part I Required Annual Payment</b>  |    |    |        |
|--|----|----|--------|
| 1 Total tax (see instructions) .....   |    | 1  | 1,067. |
| 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) .....  | 2c |    |        |
| d Total. Add lines 2a through 2c .....   |    | 2d |        |
| 3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....   |    | 3  | 1,067. |
| 4 Enter the tax shown on the corporation's 2017 income tax return. See instructions. <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b> ..... |    | 4  | 803.   |
| 5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....  |    | 5  | 803.   |

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not 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.

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

| <b>Part III Figuring the Underpayment</b>   |    |          |          |          |          |
|---|----|----------|----------|----------|----------|
|   |    | (a)      | (b)      | (c)      | (d)      |
| 9 <b>Installment due dates.</b> 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  | 04/15/18 | 06/15/18 | 09/15/18 | 12/15/18 |
| 10 <b>Required installments.</b> 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 | 201.     | 201.     | 200.     | 201.     |
| 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 |          |          |          |          |
| <b>Complete lines 12 through 18 of one column before going to the next column.</b>  |    |          |          |          |          |
| 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 |          | 201.     | 402.     | 602.     |
| 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 |          | 201.     | 402.     |          |
| 17 <b>Underpayment.</b> 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 | 201.     | 201.     | 200.     | 201.     |
| 18 <b>Overpayment.</b> 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 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 (2018)

**Part IV Figuring the Penalty**

|  | (a)          | (b)                           | (c) | (d)           |
|--|--------------|-------------------------------|-----|---------------|
| <b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier.<br><b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month.<br><b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions ..... | <b>19</b>    |                               |     |               |
| <b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....   | <b>20</b>    |                               |     |               |
| <b>21</b> Number of days on line 20 after 4/15/2018 and before 7/1/2018 .....  | <b>21</b>    |                               |     |               |
| <b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{365}$ ...   | <b>22</b> \$ | \$                            | \$  | \$            |
| <b>23</b> Number of days on line 20 after 06/30/2018 and before 10/1/2018 ...  | <b>23</b>    |                               |     |               |
| <b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$ ...   | <b>24</b> \$ | \$                            | \$  | \$            |
| <b>25</b> Number of days on line 20 after 9/30/2018 and before 1/1/2019 .....  | <b>25</b>    |                               |     |               |
| <b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$ ...   | <b>26</b> \$ | \$                            | \$  | \$            |
| <b>27</b> Number of days on line 20 after 12/31/2018 and before 4/1/2019 ...   | <b>27</b>    | <b>SEE ATTACHED WORKSHEET</b> |     |               |
| <b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 6\% (0.06)}{365}$ ...   | <b>28</b> \$ | \$                            | \$  | \$            |
| <b>29</b> Number of days on line 20 after 3/31/2019 and before 7/1/2019 .....  | <b>29</b>    |                               |     |               |
| <b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....   | <b>30</b> \$ | \$                            | \$  | \$            |
| <b>31</b> Number of days on line 20 after 6/30/2019 and before 10/1/2019 ...   | <b>31</b>    |                               |     |               |
| <b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....   | <b>32</b> \$ | \$                            | \$  | \$            |
| <b>33</b> Number of days on line 20 after 9/30/2019 and before 1/1/2020 .....  | <b>33</b>    |                               |     |               |
| <b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....   | <b>34</b> \$ | \$                            | \$  | \$            |
| <b>35</b> Number of days on line 20 after 12/31/2019 and before 3/16/2020 ...  | <b>35</b>    |                               |     |               |
| <b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$ .....   | <b>36</b> \$ | \$                            | \$  | \$            |
| <b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....   | <b>37</b> \$ | \$                            | \$  | \$            |
| <b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....   | <b>38</b>    |                               |     | \$ <b>35.</b> |

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

FORM 990-T  
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

|                                      |  |  |  |                                  |  |
|--------------------------------------|--|--|--|----------------------------------|--|
| Name(s)<br><b>CONVERGENCE EVENTS</b> |  |  |  | Identifying Number<br>27-1445975 |  |
|--------------------------------------|--|--|--|----------------------------------|--|

| (A)<br>*Date | (B)<br>Amount | (C)<br>Adjusted<br>Balance Due | (D)<br>Number Days<br>Balance Due | (E)<br>Daily<br>Penalty Rate | (F)<br>Penalty |
|--------------|---------------|--------------------------------|-----------------------------------|------------------------------|----------------|
|              |               | -0-                            |                                   |                              |                |
| 04/15/18     | 201.          | 201.                           | 61                                | .000136986                   | 2.             |
| 06/15/18     | 201.          | 402.                           | 92                                | .000136986                   | 5.             |
| 09/15/18     | 200.          | 602.                           | 91                                | .000136986                   | 8.             |
| 12/15/18     | 201.          | 803.                           | 16                                | .000136986                   | 2.             |
| 12/31/18     | 0.            | 803.                           | 135                               | .000164384                   | 18.            |
|              |               |                                |                                   |                              |                |
|              |               |                                |                                   |                              |                |
|              |               |                                |                                   |                              |                |
|              |               |                                |                                   |                              |                |
|              |               |                                |                                   |                              |                |
|              |               |                                |                                   |                              |                |
|              |               |                                |                                   |                              |                |
|              |               |                                |                                   |                              |                |
|              |               |                                |                                   |                              |                |
|              |               |                                |                                   |                              |                |
|              |               |                                |                                   |                              |                |
|              |               |                                |                                   |                              |                |
|              |               |                                |                                   |                              |                |
|              |               |                                |                                   |                              |                |
|              |               |                                |                                   |                              |                |
|              |               |                                |                                   |                              |                |

Penalty Due (Sum of Column F) ..... 35.

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

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  | Enter filer's identifying number   |  |
|--|--|--|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>CONVERGENCE EVENTS</b>                             | Employer identification number (EIN) or<br><b>27-1445975</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>2355 FAIRVIEW AVE #162</b>                | Social security number (SSN)                                 |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>ROSEVILLE, MN 55113</b> |  |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**THE ORGANIZATION**

- The books are in the care of ▶ **2355 FAIRVIEW AVE #162 - ROSEVILLE, MN 55113**  
Telephone No. ▶ **612-234-2845** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2018** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



**Mail To:**

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

**STATE OF MINNESOTA  
CHARITABLE ORGANIZATION  
ANNUAL REPORT FORM**

C2

**Website Address:**

www.ag.state.mn.us/charity

(Pursuant to Minn. Stat. ch. 309)

**SECTION A: Organization Information**

Legal Name of Organization CONVERGENCE EVENTS

Federal EIN: 27-1445975

Fiscal Year-End: 12312018

mm/dd/yyyy

Did the organization's fiscal year-end change?  Yes  No

|  |  |
|--|--|
| <b>Mailing Address:</b><br><b>THOMAS KEELEY</b>  | <b>Physical Address:</b><br><b>THOMAS KEELEY</b> |
| Contact Person<br><b>2355 FAIRVIEW AVE #162</b>  | Contact Person<br><b>2355 FAIRVIEW AVE #162</b>  |
| Street Address<br><b>ROSEVILLE, MN 55113</b>     | Street Address<br><b>ROSEVILLE, MN 55113</b>     |
| City, State, and ZIP Code<br><b>612-234-2845</b> | City, State, and ZIP Code<br><b>612-234-2845</b> |
| Phone Number<br><b>INFO@CONVERGENCE-CON.ORG</b>  | Phone Number<br><b>INFO@CONVERGENCE-CON.ORG</b>  |
| Email Address                                    | Email Address                                    |

1. Organization's website: WWW.CONVERGENCEEVENTS.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).

Alternate  Former  
 Alternate  Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).

CONVERGENCE EVENTS

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A?  Yes  No

5. Total amount of contributions the organization received from Minnesota donors: \$ 1,229.

6. Has the organization's tax-exempt status with the IRS changed?

Yes  No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?

Yes  No If yes, attach explanation.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?  
 Yes  No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota?  Yes  No  
If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser Compensation

Street Address City, State, and ZIP Code

10. Is the organization a food shelf?  Yes  No  
If yes, is the organization required to file an audit?  Yes, audit attached  No

**Note:** 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  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 1099-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.

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)**

**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  | \$ _____        | 1        |
| 2. Government Grants       | \$ _____        | 2        |
| 3. Program Service Revenue | \$ _____        | 3        |
| 4. Other Revenue           | \$ _____        | 4        |
| <b>5. TOTAL INCOME</b>     | <b>\$ _____</b> | <b>5</b> |

**EXPENSES**

|                                  |                 |           |
|----------------------------------|-----------------|-----------|
| 6. Program Expenses              | \$ _____        | 6         |
| 7. Management & General Expenses | \$ _____        | 7         |
| 8. Fund-raising Expenses         | \$ _____        | 8         |
| <b>9. TOTAL EXPENSES</b>         | <b>\$ _____</b> | <b>9</b>  |
| <b>10. EXCESS or DEFICIT</b>     | <b>\$ _____</b> | <b>10</b> |
| (Line 5 minus Line 9)            |                 |           |

**ASSETS**

|                                 |                 |           |
|---------------------------------|-----------------|-----------|
| 11. Cash                        | \$ _____        | 11        |
| 12. Land, Buildings & Equipment | \$ _____        | 12        |
| 13. Other Assets                | \$ _____        | 13        |
| <b>14. TOTAL ASSETS</b>         | <b>\$ _____</b> | <b>14</b> |

**LIABILITIES**

|                              |                 |           |
|------------------------------|-----------------|-----------|
| 15. Accounts Payable         | \$ _____        | 15        |
| 16. Grants Payable           | \$ _____        | 16        |
| 17. Other Liabilities        | \$ _____        | 17        |
| <b>18. TOTAL LIABILITIES</b> | <b>\$ _____</b> | <b>18</b> |

**FUND BALANCE/NET WORTH**

\$ \_\_\_\_\_  
(Line 14 minus Line 18)

**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.

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

CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)

**Section C: Board of Directors Signatures and Acknowledgment**

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must 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 constituted officers of this organization, being the

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

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

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

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

\_\_\_\_\_ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue

to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the

organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CHIEF FINANCIAL OFFICER**  
\_\_\_\_\_

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**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](http://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.paystatetax.com/mn](http://www.paystatetax.com/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](http://www.revenue.state.mn.us) and type **ACH Credit** into the Search box.

859495 08-08-18

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

1116

**UBIT Return Payment**

CONVERGENCE EVENTS  
THOMAS KEELEY           6122342845  
2355 FAIRVIEW AVE #162  
ROSEVILLE                MN 55113

Preparer Tax  
Identification Number: P00017298

Minnesota Tax ID  
(required): 3502438

Federal ID: 271445975  
Tax-Year End: 123118

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

**Amount of Check: 613 00**

068020000000000000000000000000001231180000003502438900000000000000000000000000001116



# 2018 M4NP Unrelated Business Income Tax (UBIT) Return

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

Tax year beginning 01012018, 2018, and ending 12312018 (required)

|  |                                  |   |  |
|--|----------------------------------|---|--|
| Name of Organization<br><b>CONVERGENCE EVENTS</b>  |                                  | FEIN<br><b>271445975</b>  | Minnesota Tax ID (required)<br><b>3502438</b>  |
| Mailing Address<br><b>2355 FAIRVIEW AVE #162</b>   |                                  | This Organization Files Federal Form (check one)<br><input checked="" type="checkbox"/> 990-T <input type="checkbox"/> 1120-C <input type="checkbox"/> 1120-H <input type="checkbox"/> 1120-POL |  |
| City<br><b>ROSEVILLE</b>   | State<br><b>MN</b>               | ZIP Code<br><b>55113</b>  | Exempt Under IRS Section (check one)<br><input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 528 <input type="checkbox"/> Other: |
| Check All That Apply: <input type="checkbox"/> Return  | Amended <input type="checkbox"/> | Filing Under an Extension <input type="checkbox"/>  | Final Return (see inst., pg. 3) <input type="checkbox"/>   |
| Enter Close Date:  |                                  | Enter your NAICS Codes (see instructions, pg. 3)<br><b>541800 /</b>   |  |
| Are you filing a combined income return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                  | Was 100 percent of the business conducted in Minnesota for this tax year?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (complete and attach Schedule M4NPA)           |  |

**You must round amounts to nearest whole dollar.**

|  |    |      |
|--|----|------|
| 1 Federal taxable income <b>before</b> net operating loss and specific deduction (from federal Form 990-T, line 33; 1120-C, line 25c; 1120-H, line 17; or 1120-POL, line 17c) .....  | 1  | 6080 |
| 2 Total additions to federal taxable income (from M4NPI, line 1) .....   | 2  |      |
| 3 Federal taxable income after additions (add lines 1 and 2) .....   | 3  | 6080 |
| 4 Total subtractions from federal taxable income (from M4NPI, line 2) .....  | 4  |      |
| 5 Federal taxable income (loss) after subtractions. (See instructions.) If you conducted business both within and outside Minnesota, complete M4NPA. (See instructions, pg. 6.) If 100 percent of your activities were conducted in Minnesota, do not complete M4NPA. Enter line 5 on line 6 ..... | 5  | 6080 |
| 6 Minnesota taxable net income (loss) (from M4NPA, line 10.) If 100 percent of your activities were conducted in Minnesota, enter amount from line 5 above. ....   | 6  | 6080 |
| 7 Minnesota net operating loss deduction (from M4NP NOL) .....   | 7  |      |
| 8 Subtract line 7 from line 6 (if zero or less, enter zero) .....  | 8  | 6080 |
| 9 Total deductions from taxable net income (from M4NPI, line 3) .....  | 9  |      |
| 10 Taxable income (subtract line 9 from line 8; if zero or less, enter zero) .....   | 10 | 6080 |
| 11 Regular tax (multiply line 10 by 9.8% [0.098]; if zero or less, enter zero) .....   | 11 | 596  |
| 12 Proxy tax (see instructions, pg. 3) .....   | 12 |      |
| 13 Tax before credits (add lines 11 and 12) .....  | 13 | 596  |
| 14 Total credits against tax (from M4NPI, line 4) .....  | 14 |      |
| 15 Minnesota tax liability (subtract line 14 from line 13; if zero or less, enter zero) .....  | 15 | 596  |

Continued next page

**2018 M4NP UBIT Return, Page 2 (continued)**

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

|   |           |            |
|---|-----------|------------|
| <b>16</b> Minnesota Nongame Wildlife Fund donation (see instructions, pg. 3)  | <b>16</b> |            |
| <b>17</b> Add lines 15 and 16   | <b>17</b> | <b>596</b> |
| <b>18</b> Total refundable credits (from M4NPI, line 5)   | <b>18</b> |            |
| <b>19</b> Amount credited from your 2017 Form M4NP, line 28   | <b>19</b> |            |
| <b>20</b> 2018 estimated tax payments   | <b>20</b> |            |
| <b>21</b> 2018 extension payment  | <b>21</b> |            |
| <b>22</b> Total refundable credits and payments (add lines 18, 19, 20, and 21)  | <b>22</b> |            |
| <b>23</b> Subtract line 22 from line 17   | <b>23</b> | <b>596</b> |
| <b>24</b> Penalty (determine from worksheet in the instructions, pg. 4)   | <b>24</b> |            |
| <b>25</b> Interest (determine from worksheet in the instructions, pg. 4)  | <b>25</b> |            |
| <b>26</b> Additional charge for underpayment of estimated tax (from M15NP, line 17)   | <b>26</b> | <b>17</b>  |
| <b>27</b> Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 17, 24, 25, and 26) | <b>27</b> | <b>613</b> |
| <b>28</b> Amount from line 27   | <b>28</b> | <b>613</b> |
| <b>29</b> Amount from line 22   | <b>29</b> |            |
| <b>30</b> <b>AMOUNT DUE.</b> If line 28 is more than or equal to line 29, subtract line 29 from 28  | <b>30</b> | <b>613</b> |

Payment method:  Electronic (see inst., pg. 2)  Check (see inst., pg. 2)  Amended return payment by check (see inst., pg. 2)

|  |           |  |
|--|-----------|--|
| <b>31</b> <b>OVERPAYMENT.</b> If line 29 is more than line 28, subtract line 28 from line 29 | <b>31</b> |  |
| <b>32</b> Amount of line 31 to be credited to your 2019 estimated tax                        | <b>32</b> |  |
| <b>33</b> Refund (subtract line 32 from line 31)   | <b>33</b> |  |

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

Account type:  Checking  Savings      Routing number:       Account number (use an account not associated 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     | <input checked="" type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the paid preparer listed here. |
| Paid Preparer's Signature                    | PTIN             | Date   | Daytime Phone     |  |
| <b>THOMAS LEWIS, CPA</b>                     | <b>P00017298</b> | <b>08112019</b>  | <b>9528351510</b> |  |
| Email Address for Correspondence, if Desired |                  | This email address belongs to (check one):                               |                   |  |
| <b>INFO@CONVERGENCE-CON.ORG</b>              |                  | <input type="checkbox"/> Employee <input type="checkbox"/> Paid Preparer |                   |  |

Attach a complete copy of your federal Form 990-T, 1120-C, 1120-H or 1120-POL and all supporting schedules.  
 Mail to: Minnesota Revenue, Mail Station 1257, St. Paul, MN 55146-1257





**2018 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<br><b>CONVERGENCE EVENTS</b> | FEIN<br><b>271445975</b> | Minnesota Tax ID<br><b>3502438</b> |
|---|--------------------------|------------------------------------|

Check installment method used on this schedule (must check one box):

- Standard Installment Method     Adjusted Seasonal Installment Method     Annualized Income Installment Method

You must round amounts to nearest whole dollar.

- 1 Enter your 2018 total tax liability (from 2018 M4NP, line 15 minus line 18) ..... **1** 596  
**If \$500 or less, do not complete this form. You owe no additional charge.**
- 2 Enter your 2017 regular tax (from 2017 Form M4NP, line 11 minus line 14) ..... **2** 525
- 3 Required annual payment. Enter the amount from line 1 or line 2, whichever is less ..... **3** 525  
*Exceptions: If you did not file a 2017 return or filed a return for less than a full 12-month period in the preceding tax year, or you did not have a 2017 tax liability, you must enter the amount from line 1.*

|  | 1st Quarter     | 2nd Quarter     | 3rd Quarter     | 4th Quarter     |
|--|-----------------|-----------------|-----------------|-----------------|
| 4 Enter the due dates ..... <b>4</b>   | <u>03152018</u> | <u>06152018</u> | <u>09172018</u> | <u>12172018</u> |
| 5 Required installments (see instructions) ..... <b>5</b>  | <u>131</u>      | <u>131</u>      | <u>131</u>      | <u>131</u>      |
| 6 Amount paid each period (see instructions) ..... <b>6</b>  |                 |                 |                 |                 |
| <b>Complete lines 7-13 for one column before completing the next column.</b> For the first column only, enter the amount from line 6 on line 10.   |                 |                 |                 |                 |
| 7 Enter the amount from line 13 of the previous column ..... <b>7</b>  |                 |                 |                 |                 |
| 8 Add lines 6 and 7 ..... <b>8</b>   |                 |                 |                 |                 |
| 9 Add lines 11 and 12 of the previous column ..... <b>9</b>  | <u>131</u>      | <u>262</u>      | <u>393</u>      |                 |
| 10 Subtract line 9 from line 8. If less than zero, enter zero ..... <b>10</b>  |                 |                 |                 |                 |
| 11 Remaining underpayment from previous period. If line 10 is zero, subtract line 8 from line 9. Otherwise, enter zero ..... <b>11</b>   | <u>131</u>      | <u>262</u>      | <u>393</u>      |                 |
| 12 <b>UNDERPAYMENT.</b> 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 ..... <b>12</b> | <u>131</u>      | <u>131</u>      | <u>131</u>      | <u>131</u>      |
| 13 <b>OVERPAYMENT.</b> 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 ..... <b>13</b>  |                 |                 |                 |                 |
| 14 Date underpayment is paid or regular due date of 2018 return, whichever is earlier ..... <b>14</b>  |                 |                 |                 |                 |
| 15 Number of days from the due date on line 4 to the date on line 14 ..... <b>15</b>   |                 |                 |                 |                 |
| 16 Additional charge (line 15 ÷ 365 x .04 x line 12) ..... <b>16</b>   |                 |                 |                 |                 |
| 17 <b>TOTAL.</b> Add amounts on line 16. Enter this amount on M4NP, line 26 ..... <b>17</b>  |                 |                 |                 | <u>17</u>       |

Attach this schedule to Form M4NP.



# UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

MN

| Name(s)            |               |                                |                                   |                              | Identifying Number |
|--------------------|---------------|--------------------------------|-----------------------------------|------------------------------|--------------------|
| CONVERGENCE EVENTS |               |                                |                                   |                              | 27-1445975         |
| (A)<br>*Date       | (B)<br>Amount | (C)<br>Adjusted<br>Balance Due | (D)<br>Number Days<br>Balance Due | (E)<br>Daily<br>Penalty Rate | (F)<br>Penalty     |
|                    |               | -0-                            |                                   |                              |                    |
| 03152018           | 131.          | 131.                           | 92                                | .000109589                   | 1.                 |
| 06152018           | 131.          | 262.                           | 94                                | .000109589                   | 3.                 |
| 09172018           | 131.          | 393.                           | 91                                | .000109589                   | 4.                 |
| 12172018           | 131.          | 524.                           | 149                               | .000109589                   | 9.                 |
|                    |               |                                |                                   |                              |                    |
|                    |               |                                |                                   |                              |                    |
|                    |               |                                |                                   |                              |                    |
|                    |               |                                |                                   |                              |                    |
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|                    |               |                                |                                   |                              |                    |
|                    |               |                                |                                   |                              |                    |
|                    |               |                                |                                   |                              |                    |
|                    |               |                                |                                   |                              |                    |

Penalty Due (Sum of Column F). ..... **17.**

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