F	990
Form	

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at a

Open to Public

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OMB No. 1545-0047

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inter	nu neve	nue Service	Information about Form 990 and its instructions is at www.irs.g	00/10/11/990		
A	For the	e 2014 cale	ndar year, or tax year beginning 10/01 , 2014, and ending	09/		, 20 15
В	Check if	if applicable:	C Name of organization Anime Twin Cities Inc		D Employ	er identification number
	Address	s change	Doing business as			51-0441604
	Name c	change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telepho	ne number
	Initial re	eturn	PO Box 48309			763-432-3712
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
		ed return	Coon Rapids, MN, 55448		G Gross re	eceipts \$ 391,641
	Applicat	tion pending	F Name and address of principal officer: Kimberly Hofer	H(a) Is this a gro	up return for	subordinates? 🗌 Yes 🗹 No
			904-109th Lane NW, Coon Rapids, MN 55448	H(b) Are all s	ubordinate	s included? 🗌 Yes 🗌 No
1	Tax-exe	empt status:	✓ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	If "No," attac	ch a list. (s	ee instructions)
J	Website	e: 🕨 🛛 ww	w.animetwincities.org	H(c) Group e	exemption	number 🕨
Κ	Form of	organization:	✓ Corporation Trust Association Other ► L Year of formation	n: 2003	M State	of legal domicile: MN
Ρ	art I	Summ	ary			
	1	Briefly de	escribe the organization's mission or most significant activities: To conc	uct eductati	on, char	itable and social
e		activities	related to the promotion and study of Japanese culture, specifically animate	d movies ar	nd televis	sion programs
Activities & Governance		("anime"	and graphic novels ("manga") as wll as the study of Japanese language as	t is used in	anime ai	nd manga.
/en	2	Check th	is box \blacktriangleright if the organization discontinued its operations or disposed of	more than	25% of	its net assets.
50	3	Number	of voting members of the governing body (Part VI, line 1a)		3	8
~	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4	8
ties	5	Total nur	nber of individuals employed in calendar year 2014 (Part V, line 2a)		5	0
tivil	6	Total nur	nber of volunteers (estimate if necessary)		6	250
Ac	7a	Total unr	elated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unre	ated business taxable income from Form 990-T, line 34		7b	0
				Prior Yea	ar	Current Year
đ	8	Contribu	tions and grants (Part VIII, line 1h)		1,857	6,466
nu	9		service revenue (Part VIII, line 2g)		297,966	344,580
Revenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		24	67
£	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,063	39,748
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		331,910	390,861
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		56,336	62,622
	14	Benefits	paid to or for members (Part IX, column (A), line 4)		0	0
s	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	0
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)		0	0
e di	b	Total fun	draising expenses (Part IX, column (D), line 25) ► 0			
ш	17	Other ex	oenses (Part IX, column (A), lines 11a–11d, 11f–24e)		239,278	254,741
	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		295,614	317,363
	19		less expenses. Subtract line 18 from line 12		36,296	73,498
es Se				ginning of Cur	rent Year	End of Year
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)		187,144	216,447
t Ass d Ba	21		ilities (Part X, line 26)		44,195	0
Puper	22		ts or fund balances. Subtract line 21 from line 20		142,949	216,447
Pa	art II		ture Block			

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

Sign Here	Signature of officer Kimberly Hofer, Treasurer Type or print name and title			Date		
Paid Preparer	Print/Type preparer's name Acacia Willey	Preparer's signature	Date		Check if self-employed	PTIN P01010039
Use Only	Firm's name MAP for Nonprofits	Firm's EIN ►				
	Firm's address > 2314 University Avenu	Phone no. 651-393-2161				
May the IRS	discuss this return with the preparer s	shown above? (see instructions)				🗌 Yes 🖌 No
	ul Deduction Act Nation and the concern	te instructions	L NL 440001/			Earm 000 (2014)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	0 (2014) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To conduct eductation, charitable and social activities related to the promotion and study of Japanese culture, specifically
	animated movies and television programs ("anime") and graphic novels ("manga") as wll as the study of Japanese language as it is used in anime and manga.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 294,495 including grants of \$ 0) (Revenue \$ 344,580)
	Anime Detour: an annual convention held in the Minneapolis, MN area to promote anime and manga through reading, movies and
	cosplay. The convention brings fans together with some of their favorite voice actors, directors and comic writers. It allows them
	the opportunity to learn about Japanese culture through various programs, and receive a greater understanding of the
	anime/manga industry through varied events such as guest panels and programming panels.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(
	·
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ► 294,495

Form 99	0 (2014)		I	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	r	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	-	~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
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>	11b		~
c	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
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>	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	~	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Form **990** (2014)

Form 99	0 (2014)		I	-age 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	~	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		r
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		~
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	~	
		Forr	n 990	(2014)

Statements Regarding Other IRS Filings and Tax Compliance Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note on the schedule O contains a response or note or note of the call of the schedule O contains a response or note or note or note on the schedule or note	Form 99	0 (2014)		F	Page 5
1a Enter the number reported in Box 3 of Form 1036. Enter -0- if not applicable 1a 0 1b Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable 1b 0 1c 0	Part	V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 0 1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 0 2b Enter the number of englicable 1a 0 2b Enter the number of englicable in line 1a. Enter -0- if not applicable 1c v 2b Enter the number of englicable on line 2a, did the organization fave accound by this networks 1a 0 2b Enter the number of englicable on line 2a, did the organization have accound on line 2a, did the organization have are terms? 2b 3b 1f diacound on line 2a, did the organization have are unfeated by a signature of 51,000 or more during the year? 3a 2b 4 At any time during the calendary year, did the organization have was an interest in, or a signature on the ordina country? 3a 2b 5 At any time during the calendary year, did the organization have was an interest in, or a signature on the ordina country? 3a 2b 5 Se instructions for fling requirements for FinCEN Form 114, Report of Forein Bank and Financial Accounts (FBAR). 5a 2b 5 Was the organization have annual gross receipts that are normally greater than \$100.000, and did the organization include with every solicitation an express statement that such contributions		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comparises income of Since Winkers? 1c v 2a Enter the number of enongy with backing on Form W-3. Transmittal of Wage and Tax 1c v 2a Enter the number of enongy with active than 20. so your any bor equired for all enongyment tax returns? 2a 1c v 3a Did the organization can and 2a is greater than 20. so your any bor equired for all enongyment tax returns? 2a 2a v 3b Did the organization have unnelated business gross income of \$1,000 or more during the year? 3a v 3a v 3b Dif the sen in fine a foreign country. P Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR), 3a v 5a Was the organization a party to a prohibited tax shelter transaction 7 5a v 5a v 5b Vas the organization country. P Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR). 5a v 6b v 5a v 5a v 5a v 5a v 5a				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c v 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax. 2a 0 3b The sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions) 3a v 3b Did the cognization have unrelated buisses gross income of \$1,000 or more outring the year. 3a v 3b The deviation of the calendar year, did the organization have was interest in, or a signature on other authority over, a financial account in a foreign country. 3a v 3c At any time during the calendary year, did the organization have was interest in, or a signature on other authority over, a financial account in a foreign country.	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
reportable gaming (gambling) winnings to pizze winners? 1c v 2a Enter the number of engloyees reported on Form W-3, Transmittal of Wage and Tax I a 1c v 2b Inter the number of engloyees reported on Ince 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a v 3b 1f "Ves," has it filed 3 com 990-T for this year? If "No'te in ab, provide an explanation in Schedule 0 3a v 4a At any time during the calendar year, did the organization have an interest in, or a signature 0 or other financial account? 3a v 5a Did the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a v 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a v 5b Did an taxable party notify the organization file from 8886-17 5a v 5b c 6a v Ti "Yes," to line 5a or 5b, did the organization file from 8886-17 5a v 5b c 7 Dreganization secture approxements and base count spucing the tax year? 5a v 5b c c	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return bit at least one is reported on line 2a, did the organization file all required 16-endies emptytices and the text returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . 3a ✓ 3b Did the organization have unrelated business gross income of 10, 000 or more during the year?	С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Statements, filed for the calendar year ending with or within the year covered by this return is the set on line 2a, did the organization file all required federal employment tax returns? 2b Mote. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3a Mote. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3a Mote. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3a Mote. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3a Mote. If the sum of the foreign country: be the maximum of the foreign country: be sank account, per other financial accounts ferAfN. 3a 4a Mass the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b 5c See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR). 5a ✓ See instructions oblet any contributions that were not tax deductible as defaults as theiter transaction? 5c 5c Ge Does the organization near were not tax deductible as defaults as contributions? 5a ✓ Mass the organization near were not tax deductible as defaults as contribution? 6b 7a ✓		reportable gaming (gambling) winnings to prize winners?	1c		~
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 3a Did the organization have unvalated business gross income of \$1,000 or more during the year? 3a ✓ 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0 3a ✓ 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0 3a ✓ 4 At any time during the calendar year, did the organization have an interest in, or a signatue 0 other authority accounty? 4a ✓ 5e instructions for filing requirements for FInCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a ✓ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a ✓ 5a Was the organization naise organization intaice with very solicitation an excless atterment that such contributions of the organization include with very solicitation and excless atterment that such contributions of gits were not tax deductible? 5a ✓ 6a ✓ If "Yes," indicate the number of Forms 8282 [led during the year? 5a ✓ 7a ✓ Organization state were on tax deductible? 7a ✓ 7a ✓	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions). 3a Did the organization have wurestade business gross income of 51,000 runce during the year? 3a Just the organization have surplated business gross income of 51,000 runce during the year? 3a Just the organization have surplated business gross income of 51,000 runce during the year? 3a Just the organization in a foreign country: >		Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a ✓ b ff "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3b A At any time during the calendar year, id the organization have an interest in, or a signature or other number over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account or filler requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a 5a Doid any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction? 5a c Doid any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction? 5a c Doid any taxable party notify the donor of the value of the goods or services provided? 5a d If "Yes," id dic contralization include with every solicitation and party for goods and services provided? 5b f Organization receive any tyme, or indirectly, to a personal benefit contract? 7a ✓ f If "Yes," indicate the number of Forms 8282?	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
b If "Yes," has it filed a Form 990-T for this year," if "No" to line 3b, provide an explanation in Schedule 0. 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authonity over, a financial account in a foreign country (such as a bank account, securities account) or other financial accounts (FEAR). 4a b If "Yes," enter the name of the foreign country: \end{bmatrix} 5a See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). 5a 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a 5b If "Yes," on the organization file form 8886-17. 5a 6b organization solicit any contributions that were not tax deductible a charitable contributions? 6a 7 Organization shart any receive deductible contributions under section 170(c). 7b 6b 7 Organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7b 7 Did the organization on thy, the donor of the yalue of the goods or services provided? 7b 7 Did the organization accel any dinks, directly or indirectly, to a personal benefit contract? 7c 7 Did the organization necel any dinks, directly or indirectly, to		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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a Gross income from members or shareholders 11a 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a ✓					
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against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a ✓					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-				
 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. Image: list he organization licensed to issue qualified health plans in more than one state? Image: list he organization licensed to issue qualified health plans in more than one state? Image: list health plans in more tha					
 a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand list 14a 					
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year?			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	-				
the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	b				
c Enter the amount of reserves on hand 1 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a ✓					
14a Did the organization receive any payments for indoor tanning services during the tax year?	с				
	14a		14a		~
	b		14b		

Form 99	90 (2014)		I	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b belo response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C			
	Check if Schedule O contains a response or note to any line in this Part VI			. 🗸
Secti	on A. Governing Body and Management			_ <u></u>
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	8	Yes	No
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship wit any other officer, director, trustee, or key employee?	8 n 2		~
3	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?	t 3		~
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6 t 7a		ン ン ン ン
b	Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body?	_		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken durin the year by the following:	3		
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rev	enue C	<u> </u>	
10-	Did the superior time have been been been able of the C	10-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a , 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, describe in Schedule O how this was done	12c		
13 14 15	Did the organization have a written whistleblower policy?	13 14 y		~ ~
а	The organization's CEO, Executive Director, or top management official	15a		~
b 16a	Other officers or key employees of the organization			~
b	with a taxable entity during the year?			
Secti	on C. Disclosure		1	<u> </u>
17 18 19	List the states with which a copy of this Form 990 is required to be filed ► MN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sect available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website ✓ Another's website Upon request Other (<i>explain in Schedule O</i>) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of 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 Kimberly Hofer, (763)432-3712	records	: ►	

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

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.

				(0						
(A)	(B)	(d.a. m	at ab	Pos		then		(D)	(E)	(F)
Name and Title	Average					e than d is both		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	lnc or	Ins	Qf	Ke	Hig	Fo	from the	related organizations	other compensation
	related	livid dire	titu	Officer	y er	ploy	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ctor	tion		nplo	vee	- I	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	al tr		Key employee	mp				organizations
		tee	Institutional trustee			Highest compensated employee				Ū.
			je			ated				
Lauren Ganann	8									
President	0	V		~				0	0	0
Kimberly Hofer	15									`
Vice President and Treasurer	0	~		~				0	0	0
Connie Mohs	5									
Secretary	0	~		~				0	0	0
Kevin Ehrler	5									
Board Member	0	~						0	0	0
Troy MacDonald	5									
Board Member	0	~		~				0	0	0
John Koniges	5									
Board Member	0	~						0	0	0
David Vetrovech	5									
Board Member	0	~						0	0	0
Michele Webber	5									
Board Member	0	~						0	0	0
	+									

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	yees	s, ar	nd H	lighes	st C	ompensated E	mployees (d	continu	ed)		
					•	C)								
	(A) Name and title	(B) Average	box, ι	unles	neck is pe	rson	e than o is both	an	(D) Reportable	(E) Reportabl		Esti	(F) mated	
		hours per week (list any hours for related organizations below dotted line)	or director	and Institutional trustee	d Officer	Key employee	or/trust Highest compensated employee	e) Former	compensation from the organization (W-2/1099-MISC)	compensation related organizatio (W-2/1099-M	ns	o comp froi orgai and	ount of ther ensatio m the nizatior related ization	1
										0				
									Ċ					
									0.					
									0					
									2					
				7										
1b c	Sub-total		 n A		:			► ►	0		0			0
d	Total (add lines 1b and 1c)								0		0			0
2	Total number of individuals (including but reportable compensation from the organi			iose	e list	ed	above	e) w	ho received mo	ore than \$10	00,000	of		
													Yes	No
3	Did the organization list any former of							-		-				
	employee on line 1a? If "Yes," complete s											3		~
4	For any individual listed on line 1a, is the organization and related organizations	greater that	an \$1	150,	000)?	f "Ye	s,"	complete Sch					
5	individual	r accrue co	omper	nsat	tion	fro	m any	' un	related organiz					~
Santi	on B. Independent Contractors	<i>III 163, C</i>	ompi	ele	007	ieut	lie o i		such person		• •	5		~
<u>3ectiv</u> 1	Complete this table for your five highest of compensation from the organization. Rep year.													ах
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation	
None														

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

Form 990 (2014)
Part VIII Statement of Revenue

Faru	VIII	Check if Schedule O contains a re	sponse or note to	any line in this	Part VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1k	0				
s, G Am	С	Fundraising events 10	. 0				
ar ,	d	Related organizations 10	0				
s, (imil	е	Government grants (contributions)	0				
r Si	f	All other contributions, gifts, grants,					
but		and similar amounts not included above 11	6,466				
d O	g	Noncash contributions included in lines 1a-1f: \$	0				
Col	h	Total. Add lines 1a-1f		6,466			
ue			Business Code				
Program Service Revenue	2a	Convention Fees	900099	316,659	316,659	0	0
Rev	b	Table Fees	900099	21,020	21,020	0	0
ice	с	Other Convention Revenue	900099	6,901	6,901	0	0
)erv	d						
E S	е						
gra	f	All other program service revenue .		0	0	0	0
Prc	g	Total. Add lines 2a–2f		344,580			
	3	Investment income (including divi	dends, interest,				
		and other similar amounts)	🕨	67	0	0	67
	4	Income from investment of tax-exempt	bond proceeds 🕨	0	0	0	0
	5	Royalties	🕨	0	0	0	0
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)	0 0				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis and sales expenses .					
	с	Gain or (loss)	0 0				
	d	Net gain or (loss)	· · · · ►				
enue	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c).	a 24.894				
the	b		a 24,894 b 0				
0		Net income or (loss) from fundraisin	-	24,894		0	24,894
		Gross income from gaming activities. See Part IV, line 19		24,074			24,074
	b		ab				
		Net income or (loss) from gaming ac					
		Gross sales of inventory, less					
		returns and allowances	a 15,634				
	b		b 780				
	c	Net income or (loss) from sales of in		14,854	14,854	0	0
		Miscellaneous Revenue	Business Code	14,004	14,004		<u>_</u>
	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a–11d	►	0			
	12	Total revenue. See instructions.		390,861	359,434	0	24,961
				270,001		0	= .,,

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 respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	60,705	60,705		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,917	1,917		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0		0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0		0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):			-	
a	Management	0	0	0	0
b		1,335	0	1,335	0
		2,684	0		0
C L	-		-	2,684	
d		0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	15,926	15,926	0	0
12	Advertising and promotion				
13	Office expenses	42,560	34,048	8,512	0
14	Information technology	42,500	0	0	
			-		0
15		0	0	0	0
16		13,401	5,360	8,041	0
17 18	Travel	8,569	8,569	0	0
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	633	0	633	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23		1,663	0	1,663	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Event facilities and equipment	129,623	129,623	0	0
b	Event food	26,726	26,726	0	0
с	Other event related expenses	10,661	10,661	0	0
d	Business registration fees	960	960	0	0
e	All other expenses				<u>`</u>
25	Total functional expenses. Add lines 1 through 24e	317,363	294,495	22,868	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► _ if following SOP 98-2 (ASC 958-720)	017,000	£74,470	22,000	Form 990 (2014)

Form 990 (2014)

	n 990 (20 art X	,			Page 11
	αιιΛ	Check if Schedule O contains a response or note to any line in this Pa	τX		
			(A) Beginning of year	<u> </u>	(B) End of year
	1	Cash-non-interest-bearing	187,144	1	216,447
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
~	6	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 instructions). Complete Part II of Schedule L		6	
ëtë	7	Notes and loans receivable, net	0	7	0
Assets	8	Invertories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges		9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	0		0
	b	Less: accumulated depreciation 10b	0	10c	
	11	Investments-publicly traded securities		11	0
	12	Investments-other securities. See Part IV, line 11		12	0
	13	Investments-program-related. See Part IV, line 11	0	13	0
	14		0	14	0
	15	Intangible assets	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	187,144	16	216,447
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	44,195	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
iab		disqualified persons. Complete Part II of Schedule L	0	22	0
-	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	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	0	25	
	26	Total liabilities. Add lines 17 through 25	44.105	25 26	
es	20	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.	44,195	20	0
anc	27	Unrestricted net assets	142,949	27	216,447
3alź	28	Temporarily restricted net assets	0	28	0
Б	29	Permanently restricted net assets	0	29	0
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Net Assets or	33	Total net assets or fund balances	142,949	33	216,447
_	34	Total liabilities and net assets/fund balances	187,144	34	216,447

Form **990** (2014)

Form 99	90 (2014)			Pa	age 12
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		39	0,861
2	Total expenses (must equal Part IX, column (A), line 25)	2		31	7,363
3	Revenue less expenses. Subtract line 2 from line 1	3		7	3,498
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		14	2,949
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
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		21	6,447
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII .				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain ii	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				~
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	r		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a	a 🛛		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov				
	of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex	plain ii	n 📔		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set				
	the Single Audit Act and OMB Circular A-133?.				~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at	udits.	3b		
			For	m 990	(2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

000 or 000 EZ) and its instruction

Open to Public

OMB No. 1545-0047

2014

	Information about Schedule A (Form 990 or 990-EZ) and its instructions is at was	w.iis.gov/io/iii990.	Inspection
Name of the organization		Employer identification	number
Anime Twin Cities Inc		51-044	1604

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 11, check only one box.)
- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 🗌 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ✓ An organization that normally receives: (1) more than 331/₃% 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 331/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - **b Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f	Enter the number of supported of	organizations .					
g	Provide the following information	n about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
	·			Yes	No		
A)							
B)							
C)							
D)							
E)							
Гota	I						

Schedu	le A (Form 990 or 990-EZ) 2014						Page 2
Part	(Complete only if you checked the Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
	on A. Public Support			1	1	1	1
	idar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge				Q		
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support				1	1	1
	dar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		C.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on	8					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4					
11	Total support. Add lines 7 through 10	· · · ·					
12	Gross receipts from related activities, etc.		,				= 501(a)(2)
13	First five years. If the Form 990 is for the organization, check this box and stop here	•			· ·	ear as a section	
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2014 (line 6	. ()	-	1, column (f))		14	%
15	Public support percentage from 2013 Sch					15	%
16a	33 ¹ / ₃ % support test-2014. If the organization qual 33 ¹ / ₃ % support test-2013. If the organization qual	lifies as a publ	icly supported	organization			. 🕨 🗆

Schedule A (Form 990 or 990-EZ) 2014

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

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

Soati	on A Dublic Support				•	l.)	
	on A. Public Support	(-) 0010	(1-) 0011	(-) 0010	(-1) 0010	(-) 0014	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities	6,475	14,402	23,978	1,846	6,466	53,167
3	furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an	207,537	224,809	281,665	297,742	369,474	1,381,227
	unrelated trade or business under section 513	47,568	28,510	17,346	17,693	14,854	125,971
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0		6		0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	~	5		0
6	Total. Add lines 1 through 5	261,580	267,721	322,989	317,281	390,794	1,560,365
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	90			0
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	5,000	0			5,000
С	Add lines 7a and 7b	0	5,000	0	0	0	5,000
8	Public support (Subtract line 7c from line 6.)						1,555,365
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	261,580	267,721	322,989	317,281	390,794	1,560,365
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	37	24	24	24	67	176
-							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	ο	0				0
	section 511 taxes) from businesses	0	0	24	24	67	0 176
	section 511 taxes) from businesses acquired after June 30, 1975			24	24	67	
с	section 511 taxes) from businesses acquired after June 30, 1975	37	24	24	24	67	176
с 11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets	37 0 0	0 0				176 0 0
с 11 12	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11,	37 0 0 261,617 ne organization	24 0 0 267,745 's first, second	<u>323,013</u> d, third, fourth,	317,305 or fifth tax ye	390,861	176 0 0 1,560,541 1 501(c)(3)
c 11 12 13 14	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	37 0 261,617 ne organization re	24 0 0 267,745 's first, second	<u>323,013</u> d, third, fourth,	317,305 or fifth tax ye	390,861 ear as a section	176 0 0 1,560,541 1 501(c)(3)
c 11 12 13 14	section 511 taxes) from businesses acquired after June 30, 1975	37 0 261,617 ne organization re rt Percentage	24 0 0 267,745 267,745 267,745	<u>323,013</u> d, third, fourth,	317,305 or fifth tax ye	390,861 ear as a section	176 0 0 1,560,541 1 501(c)(3)
c 11 12 13 14 <u>Secti</u> 15	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	37 0 261,617 ne organization re rt Percentage 3, column (f) div	24 0 267,745 2's first, second 2' 2'ded by line 1	323,013 d, third, fourth, 3, column (f))	317,305 or fifth tax ye	390,861 ear as a sectior	176 0 1,560,541 1 501(c)(3) ► □ 99.67 %
c 11 12 13 14 <u>Secti</u> 15 16	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	0 261,617 ne organization re rt Percentage 3, column (f) div nedule A, Part I	24 0 267,745 267,745 267,745 267,745 267,745 267 267 267 267 267 267 267 267 267 267	323,013 d, third, fourth, 3, column (f))	317,305 or fifth tax ye	390,861 ear as a sectior	176 0 0 1,560,541 1 501(c)(3) ► □
c 11 12 13 14 <u>Secti</u> 15 16 <u>Secti</u>	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	37 0 261,617 ne organization re rt Percentage 3, column (f) div nedule A, Part I come Percer	24 0 267,745 3 first, second 5 is first, second 1 i	323,013 d, third, fourth, 3, column (f)) 	317,305 or fifth tax ye 	390,861 ear as a section 15 16	176 0 1,560,541 1 501(c)(3) ► □ 99.67 % 99.6 %
c 11 12 13 14 <u>Secti</u> 15 16 <u>Secti</u> 17	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	0 261,617 te organization re rt Percentage 3, column (f) div nedule A, Part I come Percer line 10c, colum	24 0 0 267,745 7's first, second 9 7'ided by line 1 1, line 15 1tage n (f) divided by	323,013 d, third, fourth, 3, column (f)) / line 13, colun	317,305 or fifth tax ye 	390,861 ear as a sectior	176 0 1,560,541 1 501(c)(3) . ► □ 99.67 % 99.6 % 0.01 %
c 11 12 13 14 <u>Secti</u> 15 16 <u>Secti</u>	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Suppor Public support percentage for 2014 (line 4 Public support percentage from 2013 Sci on D. Computation of Investment In Investment income percentage for 2014 (Investment income percentage from 2013 33 ¹ / ₃ % support tests – 2014. If the organ	0 0 261,617 ne organization re rt Percentage 3, column (f) div nedule A, Part I come Percen line 10c, column 3 Schedule A, F ization did not	24 0 0 267,745 2's first, second 2' rided by line 1 1, line 15 htage n (f) divided by Part III, line 17 check the box	323,013 d, third, fourth, 3, column (f)) / line 13, colun on line 14, an	317,305 or fifth tax ye d line 15 is m	390,861 ear as a sectior 15 16 17 18 ore than 33 ¹ /3%	176 0 1,560,541 1 501(c)(3) ► □ 99.67 % 99.6 % 0.01 % 0.01 % 5, and line
c 11 12 13 14 <u>Secti</u> 15 16 <u>Secti</u> 17 18	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	0 261,617 ne organization re rt Percentage 3, column (f) div nedule A, Part I come Percen line 10c, colum 3 Schedule A, F ization did not and stop here. ration did not ch	24 0 267,745 2 s first, second 5 s first, second 1, line 15 1, line 15 1, line 15 1, line 15 1, line 15 1, line 15 2 art III, line 17 check the box The organization neck a box on	323,013 d, third, fourth, 3, column (f)) / line 13, colun on line 14, an on qualifies as a ine 14 or line 1	317,305 or fifth tax ye 	390,861 ear as a section $ 15 16 17 18 ore than 331/3% orted organizatic is more than 33$	176 0 1,560,541 1,560,541 1,501(c)(3) ▶ □ 99.67 % 99.6 % 0.01 %
c 11 12 13 14 <u>Secti</u> 15 16 <u>Secti</u> 17 18 19a	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0 261,617 ne organization re rt Percentage 3, column (f) div nedule A, Part I come Percer line 10c, colum 3 Schedule A, P ization did not and stop here. ration did not ch box and stop here	0 267,745 277,745 277,	323,013 d, third, fourth, 3, column (f)) 7 line 13, colun on line 14, an on qualifies as a ine 14 or line 1 zation qualifies	317,305 or fifth tax ye d line 15 is m publicly suppo 9a, and line 16 as a publicly su heck this box	390,861 ear as a section 15 16 17 18 ore than 331/3% orted organization is more than 33 upported organization	17 1,560,54 1,501(c)(3) 1, \triangleright 99.67 9 99.6 9 0.01 9 0.01 9 0.01 9 0.01 9 0.01 9 0.01 9 0.01 9 0.01 9 0.01 9 1,30%, and line bn . \triangleright 31/ ₃ %, and zation \triangleright tions \triangleright

Schedule A (Form 990 or 990-EZ) 2014

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- **1** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* (*b*) *below*.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

	le A (Form 990 or 990-EZ) 2014		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Sect	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	<u> </u>		
0000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	110
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
-		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **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* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

Yes No

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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	

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

Schedule A (Form 990 or 990-EZ) 2014

	e A (Form 990 or 990-EZ) 2014) Supporting Organi		Page I
Part		s) Supporting Organi	zations (continued)	Current Year
	on D - Distributions	avament purpagaa		Current Year
	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	Joses of supported orga	11124110115	
4 5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
		b the exception is rea	nonoluo	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	in the organization is res	sponsive	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
			(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
C				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
a b				
d	Excess from 2013			
e	Excess from 2014			
-				

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (F	n 990 or 990-EZ) 2014 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and
	Supplemental mornation. To vide the explanations required by Farth, the Fo, Farth, the Fra of Frb, and
	Part III, line 12. Also complete this part for any additional information. (See instructions.)
	-
	<u> </u>

SCHE	DULE G			-	-	aising or Gamin	-		OMB No. 1545-0047
	990 or 990-EZ)	Complete if	swered "Yes" red more than	to Form 990 \$15,000 on	, or if the	2014			
Department of the freasury				tach to Form			Open to Public		
	Revenue Service	Information at	oout Schedule G (Fo	rm 990 or 990	-EZ) and its	instructions is at ww	w.irs.g	gov/form990. Employer identif	Inspection
	0								
Anim	e Twin Cities Inc	sing Activities.	Complete if the	o organiza	tion anew	vered "Vee" to	Form		-0441604
Par	Form 99	0-EZ filers are r	not required to	complete ·	this part.				
1		ner the organizatio	on raised funds th	· · ·		0			
а	Mail solicit			e _		ion of non-goverr		•	
b		d email solicitatio	ns	f		ion of governmer	-	nts	
c	Phone soli			g	Special 1	fundraising event	S		
d	•	solicitations			a sa su ina alis di	du al (in alu din a af			
2a		zation have a writ ees listed in Form							
b					draisers) p	ursuant to agreer	nents	under which t	he fundraiser is to be
	compensated	at least \$5,000 by	/ the organizatior	٦.		0	•		
	(i) Name and addre or entity (fur		(ii) Activity		draiser have control of utions?	(iv) Gross receipts from activity	. (Amount paid to or retained by) ndraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
1						6			
2									
3					X				
4					3				
5					,				
6				0					
7									
8			2 Q .						
9									
10									
Total					. ►				
3	List all states registration or		nization is regist	tered or lice	ensed to s	olicit contributio	ns or	has been notif	ied it is exempt from

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Part II

gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) Auction (event type) (event type) (total number) Revenue Gross receipts . . . 1 24,894 24,894 2 Less: Contributions . . 0 0 3 Gross income (line 1 minus line 2) 24,894 24,894 4 Cash prizes 0 0 5 Noncash prizes 0 0 Direct Expenses 6 Rent/facility costs . . . 0 0 7 Food and beverages . 0 0 0 8 Entertainment . 0 0 0 9 Other direct expenses 0 0 Direct expense summary. Add lines 4 through 9 in column (d) 10 0 Net income summary. Subtract line 10 from line 3, column (d) 11 24,894 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue Direct Expenses 2 Cash prizes . 3 Noncash prizes 4 Rent/facility costs . 5 Other direct expenses % % % Yes Yes Yes 6 Volunteer labor . \square No No No Direct expense summary. Add lines 2 through 5 in column (d) 7 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? а Yes No If "No," explain: b _____ Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No 10a . b If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2014

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

Schedu	ile G (Form 990 or 990-EZ) 2014 Page 3
11 12	Does the organization conduct gaming activities with nonmembers? Image: Constraint of the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Image: Constraint of the organization of the organiz
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility 13a %
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
С	If "Yes," enter name and address of the third party:
	Name
	Address ►
16	Gaming manager information:
	Name
	Gaming manager compensation \$
	Description of services provided
	Director/officer
17 а	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
	X

Schedule G (Form 990 or 990-EZ) 2014

SCHEDU (Form 99		с		OMB No. 1545-0047					
Department of		► Info	rmation about Sobo		o Form 990. nd its instructions i	is at <i>www.irs.gov/fo</i>	rm990		Open to Public Inspection
Internal Revent			mation about Sche	edule I (Form 990) a		is at www.irs.gov/io	111990.	Emplover id	lentification number
Anime Twi	n Cities Inc								51-0441604
Part I	General Information	n on Grants and	Assistance						
the	es the organization maint selection criteria used to scribe in Part IV the organ	award the grants	or assistance?					ssistance, ai	nd · 🗹 Yes 🗌 No
Part II	Grants and Other A	ssistance to Do	mestic Organiz	ations and Don	nestic Governn	nents. Complete			d "Yes" to Form 990,
	Part IV, line 21, for a	ny recipient that	received more th	han \$5,000. Part	Il can be duplic		space is neede	d.	
1 (a) Name	e and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descriptior non-cash assist		(h) Purpose of grant or assistance
(1) Sch I, S	Stmt 1					~			
(2)									
(3)									
(4)				ci l	6				
(5)				0					
(6)									
(7)			XV	•					
(8)									
(9)									
(10)									
(11)									
(12)									
	er total number of section							•	1
3 Ent	er total number of other of	organizations liste	d in the line 1 table	ə				🕨	0

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Schedule I (Form 990) (2014)

(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 non-cash assistance
1					
2				1	
3					
				<u>_</u> .	
			0	97	
rt IV Supplemental Information. Pro	ovide the information r	equired in Part I. I	ine 2. Part III. columi	h (b), and any other addition	onal information.
edule I, Part I, Line 2 - Donations are made to		•			

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	American Red Cross	53-0196605	24,140	0
	1201 West River Parkway			
	Minneapolis, MN 55454			
IRC code section	501(c)3			
Method of valuation	Cash Value			
Desc. of Non-Cash Asst.				
Purpose of grant	General operations support			

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047					
(Form 990 or 990-EZ)	2014						
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 	Open to Public Inspection					
Name of the organization	Employer identific						
Anime Twin Cities Inc	51	0441604					
Form 990, Part VI, Sec	tion B, Line 11b - The Treasurer works with a third party agency to prepare the Form 990 and the	related state filing.					
A draft of the complete	e Form 990 is given to the Treasurer who reviews the form, and then forwards to the rest of the B	oard of Directors for					
comments, questions,	and corrections prior to filing.						
	tion C, Line 19 - Public documents are posted to the organization's website (www.animetwincitie						
	npletion. They can be found and viewed under the documents tab. All non-public documents are	available approval of					
a written request made	e to the organization's Board of Directors.						
	0						

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