#### Mail To:

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

#### **Website Address:**

www.ag.state.mn.us/charity

#### STATE OF MINNESOTA

### CHARITABLE ORGANIZATION ANNUAL REPORT FORM INSTRUCTIONS

(Pursuant to Minn. Stat. ch. 309)



#### WHO SHOULD FILE

- A charitable organization registered to solicit contributions in Minnesota must file an annual report with the Attorney General's Office.
- A charitable organization is a person who engages in or purports to engage in solicitation for a charitable purpose. *See* Minn. Stat. 309.50, subd. 5. "Solicit" and "solicitation" have the meanings set forth in Minn. Stat. § 309.50, subd. 10 and include oral or written requests.
- Please refer to the definitions set forth in Minn. Stat. § 309.50 when completing registration and report forms.

#### WHEN TO FILE

- An organization's annual report must be postmarked by the 15<sup>th</sup> day of the seventh month after its fiscal year-end. If the due date falls on a Saturday, Sunday, or federal holiday, the report must be postmarked by the next business day.
- An organization may request a four-month extension. Extension requests must be submitted on or before the due date. If an organization fails to file its annual report or request an extension by the due date, a \$50 late fee is assessed. Visit <a href="https://www.ag.state.mn.us/Charity/ExtensionRequest.aspx">www.ag.state.mn.us/Charity/ExtensionRequest.aspx</a> to request an extension.

Fiscal Year-End	<b>Due Date</b>	<b>Extended Due Date</b>	
January 31	August 15	December 15	
February 28	September 15	January 15	
March 31	October 15	February 15	
April 30	November 15	March 15	
May 31	December 15	April 15	
June 30	January 15	May 15	
July 31	February 15	June 15	
August 31	March 15	July 15	
September 30	April 15	August 15	
October 31	May 15	September 15	
November 30	June 15	October 15	
December 31	July 15	November 15	



## CHARITABLE ORGANIZATION ANNUAL REPORT FORM INSTRUCTIONS (Continued)

#### WHAT TO FILE

#### If submitting these forms via mail, please <u>do not</u> use staples.

Charitable Organization Annual Report Form.
IRS Form 990, 990-EZ, 990-PF, or 990-N plus all schedules and attachments.
IRS Form 990-T (if the organization files one).
A full list of the organization's board of directors, including names, addresses, and total compensation paid
to each.
An audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA if the organization has total revenue of more than \$750,000. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.
\$25 registration fee.
\$50 late fee, if the organization failed to request an extension or submit its complete report by the due date.

#### **HOW TO FILE**

#### This form may be submitted via email and the fee may be paid electronically.

- The form and all attachments should be emailed to *charity.registration@ag.state.mn.us*. The email and attachments can be **no larger than 25 MB**. The subject line of the email must contain the organization's name. If the materials you are submitting are more than 25 MB, submit the attachments in separate emails properly labeled in the subject line (e.g., email 1 of 3).
- Documents must be in PDF format and named in an identifying manner (e.g., Charity Annual Report).
- You will receive an automatically generated confirmation email. Receipt of the email confirms only that
  this Office received your submission and is not an attestation regarding the validity or completeness of the
  submitted materials.
- You may pay the \$25 registration fee and/or \$50 late fee via credit card at www.ag.state.mn.us/Charity/CharFees.aspx, or you may submit a check via U.S. mail. If paying by check, make the check payable to "State of Minnesota."



## CHARITABLE ORGANIZATION ANNUAL REPORT FORM INSTRUCTIONS (Continued)

#### **PLEASE NOTE**

- Some organizations may be exempt from registration and reporting. See Minn. Stat. § 309.515 for more information.
- An organization may submit the Unified Registration Statement, but it must also file the Minnesota Supplement.
- Include all required attachments. Registration statements and reports that fail to include all required attachments will be considered deficient and will not be effective until all required materials are received by the Minnesota Attorney General's Office. You will be informed of your registration status by letter from the Minnesota Attorney General's Office.
- Failure to maintain registration while soliciting may result in the imposition of civil penalties up to \$25,000 for each violation of Minn. Stat. ch. 309.
- NOTICE: All information and documentation provided as part of registration and reporting shall be public records.

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### **STATE OF MINNESOTA**

### CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)



SECTION A: Organization Information				
Legal Name of Organization Anime Twin Cities Inc.				
Federal EIN: 51-0441604	Fiscal Year-End: 09/30/2023			
reactar Diff.	mm/dd/yyyy			
	Did the organization's fiscal year-end change?   Yes  No			
Mailing Address:	Physical Address:			
Kimberley Hofer	Kimberley Hofer			
Contact Person	Contact Person			
904 109th Lane NW	904 109th Lane NW			
Street Address	Street Address			
Coon Rapids, MN 55448 Coon Rapids, MN 55448				
City, State, and Zip Code	City, State, and Zip Code			
763-432-3712	763-432-3712			
Phone Number Phone Number				
kim.hofer@animedetour.com kim.hofer@animedetour.com				
Email Address	Email Address			
1. Organization's website: www.animetwincities.	org			
2. List all of the organization's alternate and forme	er names (attach list if more space is needed).			
	Alternate Former			
	Alternate Former			
3. List all names under which the organization solicits contributions (attach list if more space is needed).  Anime Twin Cities				
4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A?  Yes No				
5. Total amount of contributions the organization	5. Total amount of contributions the organization received from Minnesota donors: \$\frac{968.00}{}			
6. Has the organization's tax-exempt status with the IRS changed?  ☐ Yes ■ No If yes, attach explanation.				
7. Has the organization significantly changed its p  ☐ Yes ■ No If yes, attach explanation.	urpose(s) or program(s)?			



# CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

	Name and title	Compensation*	Other compensation		
11.	Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000?  Yes No  If yes, provide the following information for the five highest paid individuals:				
10.	O. Is the organization a food shelf?  Yes No  If yes, is the organization required to file an audit? Yes, audit attached No  Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared accordance with generally accepted accounting principles by an independent CPA or LPA. The value donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated subsequent distribution at no charge and is not resold.				
	Street Address City, State, and Zip Code				
	Name of Professional Fundraiser Compensation				
9.	Does the organization use the services of a professional fundraiser (outside solicitor or consulta solicit contributions in Minnesota?   Yes No  If yes, provide the following information for each (attach list if more space is needed):				
8.	Has the organization been denied the right to solicit contributions by any court or government agency?  Yes No If yes, attach explanation.				

<sup>\*</sup>Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. *See* Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.



# CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

### **SECTION B: Financial Information**

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

INCOME	
1. Contributions Received	\$ 1
2. Government Grants	\$ 2
3. Program Service Revenue	\$ 3
4. Other Revenue	\$ 4
5. TOTAL INCOME	\$ 5
EXPENSES	
6. Program Expenses	\$ 6
7. Management & General Expenses	\$ 7
8. Fund-raising Expenses	\$ 8
9. TOTAL EXPENSES	\$ 9
10. EXCESS or DEFICIT	\$ 10
(Line 5 minus Line 9)	
ASSETS	
11. Cash	\$ 11
12. Land, Buildings & Equipment	\$ 12
13. Other Assets	\$ 1.2
14. TOTAL ASSETS	\$ 14
LIABILITIES	
15. Accounts Payable	\$ 15
16. Grants Payable	\$ 16
17. Other Liabilities	\$ 17
18. TOTAL LIABILITIES	\$ 18
FUND BALANCE/NET WORTH	\$ 
(Line 14 minus Line 18)	



# CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

## **Section B (continued): Statement of Functional Expenses**

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

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



### CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

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

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknow	vledge that we are duly	constituted offi	cers of this organization,		
being the Interim-President (Title	e) and Treasurer	(Ti	tle) respectively, and that		
we execute this document on behalf	of the organization	pursuant to	the resolution of the		
Board of Directors (Board o	f Directors, Trustees, or	r Managing Grou	up) adopted on the 12		
day of December , $20^{23}$ , appr	oving the contents of th	e document, and	do hereby certify that the		
Poord of Directors			Group) has assumed, and		
will continue to assume, responsibility for det	ermining matters of pol	icy, and have sup	pervised, and will continue		
to supervise, the operations and finances of t	he organization. We fu	irther state that th	ne information supplied is		
true, correct and complete to the best of our k	nowledge.				
Alli Cassel	Kimberley H	łofer			
Name (Print)	Name (Prin	Name (Print)			
Allison L Cassel	Kimberly Hofe	Kimberly Hofer			
Signature	Signature	Signature			
Interim-President	Treasurer				
Title	Title				
12/19/2023	12/21/2023				
Date	Date				