# **STATE OF MINNESOTA**

## CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM

#### ATTORNEY GENERAL LORI SWANSON SUITE 1200, BREMER TOWER

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FEDERAL EIN	NUMB	<b>ER:</b> 41-1388	406	
FOR YEAR ENI	OING:	6/30/2014		

If approal m	prouting is this a payy name since the	organization's last filing? Ves No
II annuai re	eporting, is this a new name since the	organization's last filing?  Yes No
If so, pleas	e state former name:	
	nes under which the organization sol	
AMPERS		
	ldress of Organization (required) LSTREAM CIRCLE	Physical Address of Organization (required) 2175 COOL STREAM CIRCLE
EAGAN, M	IN 55122	
Contact Pe	erson JOEL GLASER	E-mail JGLASER@AMPERS.ORG
Tel. No. 6  Does the c  Yes  If so, prov and state	No  ide name and address of any outside the total amount of compensation	Fax No. (651) 286-3822  rofessional fund-raiser (outside solicitor or consultar e professional fund-raiser employed by the organizat n each outside fund-raiser received from the fil
Does the one of Yes If so, provand state organization	organization use the services of a property No  ide name and address of any outside the total amount of compensation during the year. <i>Attach schedule</i>	Fax No. (651) 286-3822  rofessional fund-raiser (outside solicitor or consultar e professional fund-raiser employed by the organizat en each outside fund-raiser received from the fil eff more than one.
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Tel. No. 6  Does the of Yes  If so, prov and state organization  Name Address City  a) Does this property and the property of th	organization use the services of a professional fund-raiser solicit or contents.	Fax No. (651) 286-3822  rofessional fund-raiser (outside solicitor or consultate professional fund-raiser employed by the organizate each outside fund-raiser received from the file for more than one.  Compensation  onsult in Minnesota?  Yes No

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Upon request this material can be made available in alternate formats.

9. This Section A(9) must be completed by organizations filing a 990-N (e-Postcard) or organizations whose filing does not contain the information requested below. This includes organizations that: 1) do not file an IRS Form 990, 2) file an IRS Form 990-EZ or 990-PF, or 3) organizations that file a group return that does not include the filing organization's individual financial information.

#### **INCOME**

Contributions from the public	\$ 560,232.00
Government Grants	\$
Other revenue	\$ <u>91,610.00</u>
TOTAL REVENUE	<b>\$</b> _651,842.00

EXCESS or DEFICIT	\$ 167,940.00
TOTAL Assets	\$ <u>361,246.00</u>
TOTAL Liabilities	\$ <u>67,564.00</u>

END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities) \$293,682.00

# **SECTION B: REQUIRED FOR INITIAL REGISTRATION ONLY**

Succi and Numi	oer			
City	State	Zip	Telephone #	
	tity ( <b>Attach</b> the creorporation  Tr			Other
Place and date th	ne organization was	s incorporated:		
			(state)	(date)
Yes (Attach	on exempt from fed a copy of the IRS of anization submitted	determination 1	etter)	Status: 501(c)(_
_	_			a fiscal agent, state the
a by any nov	vernment agency?	Vec N	cit contributions?	nation
b. By any cou	ırt? Yes N	No If yes, attac	To If yes, attach explanch explanation.	nation.  ajor program activities.
Explain in detail  Please mark all i  Arts & Cultu	tems that describe tree Human Se	ooses of the organization crvices	No If yes, attach explanation.  ganization, including many many con's charitable mission:  vic/Lobbying   Into	ajor program activities.  ernational  Health
Explain in detail  Please mark all i  Arts & Cultu  Environmen  Or: List the NT	tems that describe ture Human Set Mental He EE code(s) that describe to two best describerations.	the organization crvices Cicalth Educribe the organization cribe the	on's charitable mission: vic/Lobbying  Intellucation  Religious hization's purpose:  zation's primary purpos	ajor program activities.  ernational  Health Other
Please mark all i Arts & Culto Environmen Or: List the NT	tems that describe ture Human Set Mental He EE code(s) that describe two best describered to the methods of solid peals Gra	the organization of the or	on's charitable mission: vic/Lobbying  Intellucation  Religious nization's purpose:  zation's primary purpos 2.	ajor program activities.  ernational

# **SECTION C: REQUIRED FOR ANNUAL REPORTING ONLY**

## ALL Annual Report filers MUST complete questions 1-6

1.		Has the organization's accounting year changed since the last report was filed? Yes No If yes, provide the new year-end date:					
2.		Attach an explanation if there has been any change in the organization's tax status with the Internal Revenue Service; a significant change in the purposes of the organization; or if the organization's right to solicit funds has been denied, suspended, revoked or enjoined by any state agency or court in any state, or if there are proceedings pending.   None  Attached					
3.	List of the five highest paid directors, officers, and employees of the organization and its relate organizations, as that term is defined by section 317A.011, subdivision 18, that receive tota compensation of more than \$100,000, together with the compensation paid to each. For purposes of this subdivision, "compensation" is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. The value of fringe benefits and deferred compensation paid by the charitable organization and all relate organizations as that term is defined by section 317A.011, subdivision 18, shall also be reported as separate item for each person whose compensation is required to be reported pursuant to this subdivision.						
		Name/Title	Compensation	Deferred Compensation	Fringe Benefits		
1 NONE			•				
	2						
	3						
	4	4					
	5						
4. 5.	Attach a list of organization's board of directors. ☐ Attached ☐ Included in IRS Return  Attach a GAAP audit if total revenue exceeds \$750,000. ☐ Attached ☐ Audit not included under the Food Shelf Exemption (excluding from total revenue the value of food donated to a nonprofit food shelf for redistribution at no cost). ☐ Audit not required						
6.	I a r (	Minnesota law requires that an organization file a copy of all tax or informational returns filed with the IRS, including IRS Form 990-N (e-Postcard), 990, 990-EZ, or 990-PF, including all schedules and amendments. Has the organization included with this annual report a copy of all tax or informational returns, including IRS Form 990-N (e-Postcard), 990, 990-EZ or 990-PF that it filed with the IRS (excluding Schedule B or any other donor list)?   Yes No (Not required to file a return with IRS or files a group return).					
		NOTE: By answering YES to the above questivith this office is an exact copy, including all					

filed with the IRS (excluding Schedule B or any other donor list the IRS may require).

7. This Section C(7) must be completed by organizations that: 1) do not file an informational return with the IRS; 2) file a 990-N (e-Postcard), 990-EZ, or 990-PF; 3) file a group return that does not include the filing organization's functional expense information; or 4) file an IRS Form 990 that does not contain a completed functional expenses statement within the IRS Form 990.

	Statement of Functional Expenses				
	Statement of 1 a	(A)	(B)	(C)	( <b>D</b> )
		Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S.		•		
2	Grants and other assistance to individuals in the U.S.				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ and persons described in section $4958(c)(3)(B)$				
	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
	Payroll taxes				
	Fees for services (non-employees):				
	Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising services				
f	Investment management fees				
	Other				
	Advertising and promotion				
	Office expenses				
14	Information technology				
15	Royalties				
	Occupancy				
	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance Other control of the contr				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
	•				
a					
b					
c					
	All other expenses	4	4		<b>*</b>
	Total functional expenses. Add lines 1 through 24d	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
26	Joint costs. Check here ► ☐ if following SOP 98-2. Complete this line only if the agreement of the costs.				
	this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				
1	solicitation				
	Must be prepared in accordance with a		<u> </u>		

Must be prepared in accordance with generally accepted accounting principles.

For 990-EZ filers: Column A, Line 25 should equal line 17 IRS Form 990-EZ For 990-PF filers: Column A, Line 25 should equal line 26 IRS Form 990-PF The total of Column A, lines 1 through 24d should equal line 25a.

The total of lines 25b, 25c and 25d, should equal line 25a

# SECTION D: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING

## BOARD OF DIRECTORS SIGNATURES AND ACKNOWLEDGMENT

We, the undersigned, stat	e and acknowledge that we are di	uly constituted officers of this organization,
being the	(Title) and	(Title) respectively, and
that we execute this docum	nent on behalf of the organiz	ation pursuant to the resolution of the
	(Board of Directors, Truste	ees, or Managing Group) adopted on the
day of	, 20, approving the	contents of the document, and do hereby
certify that the	(Board o	of Directors, Trustees or Managing Group)
has assumed, and will contin	ue to assume, responsibility for	determining matters of policy, and have
supervised, and will continue	to supervise, the finances of th	ne organization. We further state that the
information supplied is true, co	orrect and complete to the best of o	our knowledge.
Name (Print)	Name	(Print)
Signature	Signatur	e
Title	Title	
Date	Date	

#### \* NOTICE \*

Documents required to be filed are public records. Please do not include *social* security numbers, driver's license numbers or bank account numbers on the documents filed with this Office as they are not required, but could become part of the public records. A charitable organization is not required to file a list of its donors. If it is included, it may become part of the public file.