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Short Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1 000,000 and total assets less than \$2,500,000 at the end of the year may use this form  
► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

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A For the 2008 calendar year, or tax year beginning		10/01	, 2008, and ending	9/30	, 20 09
B Check if applicable		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Anime Twin Cities, Inc		51 0441604	
See Specific Instructions.		Number and street (or P O box, if mail is not delivered to street address)		Room/suite	
		PO Box 23700			
		City or town, state or country, and ZIP + 4			
		Richfield, Minnesota 55423-0700			
				E Telephone number ( 763 ) 432-3712	
				F Group Exemption Number ►	

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ► [www.animedetedtour.com](http://www.animedetedtour.com)J Organization type (check only one) —  501(c) ( 3 ) ▲ (insert no)  4947(a)(1) or  527K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 186417

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	723
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	138477
4	Investment income	4	45
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	22055
b	Less: direct expenses other than fundraising expenses	6b	2635
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	19420
7a	Gross sales of inventory, less returns and allowances	7a	24757
b	Less: cost of goods sold	7b	6515
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	18242
8	Other revenue (describe ► Replacement badges)	8	360
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	177267
10	Grants and similar amounts paid (attach schedule)	10	42105
11	Benefits paid to or for members	11	0
12	Salaries, other compensation, and employee benefits	12	0
13	Professional fees and other payments to independent contractors	13	5955
14	Occupancy, rent, utilities, and maintenance	14	49351
15	Printing, publications, postage, and shipping	15	4421
16	Other expenses (describe ► See Statement 1)	16	61966
17	Total expenses. Add lines 10 through 16	17	163798
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13469
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	55410
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	68879

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22	71555	22 87684
23	0	23 0
24	0	24 0
25	71555	25 87684
26	16145	26 18805
27	55410	27 68879

SCANNED JAN 2010

**Part III. Statement of Program Service Accomplishments (See the instructions for Part III.)**

## Expenses

(Required for 501(c)(3)  
and (4) organizations  
and 4947(a)(1) trusts,  
optional for others )

What is the organization's primary exempt purpose? See Statement 2

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 Annual Anime convention to further promote the understanding of how Japanese culture is reflected in animated movies, television programs, and graphic novels. 4000 attendees

(Grants \$ 42105 ) If this amount includes foreign grants, check here

(Grants \$ 42105 ) If this amount includes foreign grants, check here  ▶  28a 151085

29

(Grants \$ ) If this amount includes foreign grants check here

30

(Grants,  If this amount includes foreign grants, check here.)

Other program services (attach schedule) \_\_\_\_\_

31 Other program services (attach schedule) (Cont'd. \$ ) (M) (b) (1) (C)

(Grants \$ ) If this amount includes foreign grants, check here  (Title 28, line 21)

**Total program service expenses** (add lines 28a through 31a) . . . . . ► 32 151085

**Part IV List of Officers, Directors, Trustees, and Key Employees. List**

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Kelly Andrie PO Box 23700 Richfield, Minnesota 55423-0700	President 10	0	0	0
Kimberly Hofer PO Box 23700 Richfield, Minnesota 55423-0700	Treasurer/VP 15	0	0	0
Lori Fischer PO Box 23700 Richfield, Minnesota 55423-0700	Secretary 5	0	0	0
Kale Gannan PO Box 23700 Richfield, Minnesota 55423-0700	Board Member 5	0	0	0
Lauren Gannan PO Box 23700 Richfield, Minnesota 55423-0700	Board Member 5	0	0	0
Anton Peterson PO Box 23700 Richfield, Minnesota 55423-0700	Board Member 5	0	0	0
Joshua Spotts PO Box 23700 Richfield, Minnesota 55423-0700	Board Member 5	0	0	0
Jo Thompson PO Box 23700 Richfield, Minnesota 55423-0700	Board Member 5	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .

b If "Yes," has it filed a tax return on **Form 990-T** for this year? . . . . .

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► **37a** 0

b Did the organization file **Form 1120-POL** for this year? . . . . .

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .

b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 . . . . .

b Gross receipts, included on line 9, for public use of club facilities . . . . .

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► **0** ; section 4912 ► **0** ; section 4955 ► **0**

b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I . . . . .

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ► **0**

d Enter amount of tax on line 40c reimbursed by the organization . . . . . ► **0**

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .

41 List the states with which a copy of this return is filed. ► **Minnesota**

42a The books are in care of ► **Kimberly Hofer** Telephone no. ► ( 763 ) 432-3712  
Located at ► **POBox 23700 Richfield, MN** ZIP + 4 ► **55423-0700**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .

If "Yes," enter the name of the foreign country: ► \_\_\_\_\_  
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .  
If "Yes," enter the name of the foreign country: ► \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ► **43**

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

	Yes	No
33		✓
34		✓
35a		✓
35b		
36		✓
37a		
37b		✓
38a		✓
38b		
39a		
39b		
40a		
40b		✓
40c		
40e		✓

	Yes	No
42b		✓
42c		✓

	Yes	No
44		✓
45		✓

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

b If "Yes," was the related organization(s) a section 527 organization? . . . . .

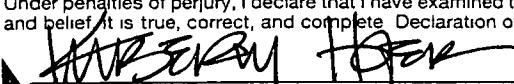
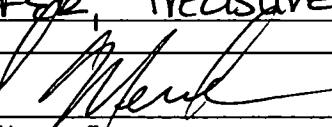
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		✓
47		✓
48		✓
49a		✓
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 . . . ►		

Sign Here	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			
		Date Nov. 30, 2009		
	Signature of officer KIMBERLY HOYER, TREASURER	Type or print name and title		
Paid Preparer's Use Only	Preparer's signature 	Date 11/12/09	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instructions) EIN ► 41 ► 1479097 Phone no ► ( 651 ) 647-1216
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► MAP for Nonprofits 2314 University STE 28 St Paul, MN 55114			
	May the IRS discuss this return with the preparer shown above? See instructions . . . . . ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

# Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**2008**

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Name of the organization

Anime Twin Cities, Inc

Employer identification number

51 0441604

**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: (Please check only one organization.)

- 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)**. (Attach Schedule H.)
- 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 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III-Functionally integrated      d  Type III-Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
    - (ii) A family member of a person described in (i) above?
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

**h** Provide the following information about the organizations the organization supports.

(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 in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
					Yes	No	
<b>Total</b>							

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 . . . . .						
4 <b>Total.</b> Add lines 1-3 . . . . .						
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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	15	%
16a <b>33½ % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33½ % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>33½ % support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33½ % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)
**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .		17668	5865	0	723	24256
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .		56095	119058	132732	185289	493174
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .		0	0	0	360	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .		0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .		0	0	0	0	0
<b>6 Total. Add lines 1-5 . . . . .</b>	<b>73673</b>	<b>124923</b>	<b>132732</b>	<b>186372</b>	<b>517430</b>	
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .		0	0	0	0	0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .		0	0	0	0	0
<b>c</b> Add lines 7a and 7b . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>8 Public support</b> (Subtract line 7c from line 6) . . . . .						<b>517430</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .		<b>73673</b>	<b>124923</b>	<b>132732</b>	<b>186372</b>	<b>517430</b>
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .		0	130	78	45	253
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .		0	0	0	0	0
<b>c</b> Add lines 10a and 10b . . . . .	<b>0</b>	<b>130</b>	<b>78</b>	<b>45</b>	<b>253</b>	
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .		0	0	0	0	0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .		0	0	0	0	0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						<b>517683</b>
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input checked="" type="checkbox"/>						

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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	%

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

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	%
<b>19a 33 1/3 % support tests—2008.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3 % support tests—2007.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**

OMB No 1545-0047

**2008****Open to Public  
Inspection**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization

**Anime Twin Cities, Inc**

Employer identification number

**51****0441604****Form 990EZ - Part 1 - Line 16 - Other Expenses****Statement 1**

<b>Equipment Rental</b>	<b>\$11935</b>
<b>Food &amp; Beverage</b>	<b>18843</b>
<b>Supplies</b>	<b>10034</b>
<b>Travel</b>	<b>5386</b>
<b>Bank/Credit Card Fees</b>	<b>5579</b>
<b>Equipment Purchases</b>	<b>6189</b>
<b>Conference Expenses</b>	<b>4000</b>
 <b>Totals</b>	 <b>\$62082</b>

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**

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**2008****Open to Public  
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Name of the organization

**Anime Twin Cities, Inc**

Employer identification number

**51 0441604****Form 990EZ - Page 2 - Part III****Statement 2****Mission Statement**

**To conduct education, 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 well as the study of Japanese language as it is used in anime and manga.**

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008****Open to Public  
Inspection**

Name of the organization

**Aime Twin Cities, Inc**

Employer identification number

**51****0441604****Form 990EZ - Part I - Line 10 - Grant Listing**

Organization for Transformative Works PO Box 13501 Silver Springs, MD 20910	\$500.00
American Red Cross 1201 W River Parkway Minneapolis, MN 55454	\$10,703.50
Greg Ayres 12058 Sela Lane Houston, TX 77072	\$11,401.81
H2O for Life 5527 Hugo Road White Bear Lake, MN 55110	\$2,500.00
Library Foundation of Hennepin County 300 Nicollet Mall Minneapolis, MN 55401	\$4,000.00
Japan-American Student Conference 1819 L Street NW Washington, DC 20036	\$1,500.00
The Nature Conservancy 1101 W River Parkway, Suite 200 Minneapolis, MN 55415	\$1,000.00
Normandale Japanese Garden 1841 Eagle Ridge Drive Mendota Heights, MN 55118	\$500.00
Como Friends/Japanese Gardens 1225 Estabrook Drive St. Paul, MN 55103	\$500.00
Emergency Food Shelf Network 8504 - 54th Ave North New Hope, MN 55428	\$1,000.00
Gordon R. Dickson Scholarship Fund PO Box 31264 Seattle, WA 98103	\$1,000.00
Second Harvest Heartland 1140 Gervais Ave St. Paul, MN 55109	\$1,500.00
Bob & Emily DeJesus 2220 N 23rd Street Lafayette, IN 47904	\$3,000.00
Bloomington Sister City Organization 1800 W Old Shakopee Road Bloomington, MN 55431	\$1,000.00
Comic Book Legal Defense Fund 271 Madison Ave, Suite 1400 New York, NY 10016	\$1,000.00
Friends of the St. Paul Library 325 Cedar Street, Suite 555 St. Paul, MN 55101	\$1,000.00

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2008

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

Anime Twin Cities, Inc

Employer identification number

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 <b>Charity Auction</b> (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue				
1 Gross receipts . . . . .	22055			22055
2 Less: Charitable contributions . . . . .				
3 Gross revenue (line 1 minus line 2) . . . . .	22055			22055
Direct Expenses				
4 Cash prizes . . . . .				
5 Non-cash prizes . . . . .				
6 Rent/facility costs . . . . .				
7 Other direct expenses . . . . .	2635			2635
	8 Direct expense summary. Add lines 4 through 7 in column (d) . . . . .			( 2635 )
	9 Net income summary. Combine lines 3 and 8 in column (d) . . . . .			19420

**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.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue				
1 Gross revenue . . . . .				
Direct Expenses				
2 Cash prizes . . . . .				
3 Non-cash prizes . . . . .				
4 Rent/facility costs . . . . .				
5 Other direct expenses . . . . .				
	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	6 Volunteer labor . . . . .			
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .			( )
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . .			

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

Yes	No
9a	

a Is the organization licensed to operate gaming activities in each of these states? . . . . .

10a	

b If "No," Explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

11	

b If "Yes," Explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? . . . . .

12	

13 Indicate the percentage of gaming activity operated in:

13a	%	Yes	No
13b	%		

a The organization's facility . . . . .

b An outside facility . . . . .

14 Provide 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?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....

c If "Yes," enter name and address:

Name ► .....

Address ► .....

16 Gaming manager information:

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....

15a

17a