

**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](http://www.ag.state.mn.us/charity)

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

(Pursuant to Minn. Stat. ch. 309)



**SECTION A: Organization Information**

Legal Name of Organization Friends of Ninos Adelante, Inc.

Federal EIN: 41-1940075

Fiscal Year-End: 06/30/2021

mm/dd/yyyy

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

<b>Mailing Address:</b> <u>Steven leighton</u> Contact Person <u>8830 Pointe Vista Drive</u> Street Address <u>Victoria, MN 55386</u> City, State, and Zip Code <u>612-670-9958</u> Phone Number <u>leightons999@gmail.com</u> Email Address	<b>Physical Address:</b> <u>same as mailing</u> Contact Person _____ Street Address _____ City, State, and Zip Code _____ Phone Number _____ Email Address _____
--	---

1. Organization's website: www.friendsofninosadelante.org

2. List all of the organization's alternate and former names (attach list if more space is needed).  
None

Alternate  Former

Alternate  Former

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

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

5. Total amount of contributions the organization received from Minnesota donors: \$ \_\_\_\_\_

6. Has the organization's tax-exempt status with the IRS changed?  
 Yes  No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?  
 Yes  No If yes, attach explanation.



CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

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

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

Name of Professional Fundraiser Compensation

Street Address City, State, and Zip Code

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

Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation\* of more than \$100,000? [ ] Yes [x] No If yes, provide the following information for the five highest paid individuals:

Table with 3 columns: Name and title, Compensation\*, Other compensation. Contains 5 empty rows for data entry.

\*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.

6 + 7 Blank



CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)

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

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

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the Past President (Title) and Board Member (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the Friends of Ninos Adelante (Board of Directors, Trustees, or Managing Group) adopted on the \_\_\_ day of September 9, 2021, approving the contents of the document, and do hereby certify that the Friends of Ninos Adelante (Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

Steven E Leighton

Name (Print)

[Signature]

Signature

Past President

Title

September 9, 2021

Date

Robert Albright

Name (Print)

[Signature]

Signature

Board Member ✓ Scott

Title

September 9, 2021

Date