

**STATE OF MINNESOTA**  
**CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM**

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☒ Annual Reporting ☐ Initial Registration

**FEDERAL EIN NUMBER:** 41-1845868

**FOR YEAR ENDING:** 12/31/2010

**SECTION ONE: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING**

1. *Legal Name of Organization:* SILENT WITNESS NATIONAL INITIATIVE, INC.
- If annual reporting, is this a new name since the organization's last filing? ☐ Yes ☒ No
- If so, please state former name: \_\_\_\_\_
2. List all names under which the organization solicits contributions:  
MINNESOTA
3. *Mailing Address of Organization* 9447 MARSHALL ROAD  
EDEN PRAIRIE, MN 55347
- Physical Address of Organization* SAME
4. *Contact Person* KAREN HARTZ *E-mail* KARENHARTZ@COMCAST.NET  
*Tel. No.* 952-906-0525 *Fax No.* \_\_\_\_\_
5. Complete the following for the most recent twelve-month accounting year. *While this information should reflect the financials on the IRS Form 990, this section is required to be completed even if an IRS Form 990 is attached. Before completing this section, please refer to the Instructions.*

**INCOME**

Contributions from the public  
Government Grants  
Other revenue

**TOTAL REVENUE**

**For Year Ending:** 12/31/2010

\$ 355.00  
\$ \_\_\_\_\_  
\$ 685.00  
\$ 1,040.00

**EXPENSES**

Amount spent for program or charitable purposes  
Management/general expense  
Fund-raising expense

**TOTAL EXPENSES**

\$ 520.00  
\$ 256.00  
\$ 31.00  
\$ 807.00

EXCESS or DEFICIT \$ 233.00  
TOTAL Assets \$ 77,481.00  
TOTAL Liabilities \$ 0.00

**END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities)** \$ 77,248.00

For Office Use Only: ☐ ARF ☐ \$25 ☐ \$50 ☐ \$75 ☐ N (e-Postcard) ☐ 990 ☐ EZ ☐ PF ☐ FES ☐ SIG ☐ BD  
☐ SAL ☐ Audit

6. Does the organization use the services of a professional fund-raiser (outside solicitor or consultant)?  
☐ Yes ☒ No

If so, provide name and address of any outside professional fund-raiser employed by the organization and state the total amount of compensation each outside fund-raiser received from the filing organization during the year. *Attach schedule if more than one.*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Compensation \_\_\_\_\_

7. Does this professional fund-raiser solicit or consult in Minnesota? ☐ Yes ☐ No

8. Month and day accounting year ends: 12/31

9. Has the organization included the filing fee, late fee (if any) and all attachments required by the instructions? ☒ Yes ☐ No

**SECTION TWO: REQUIRED FOR INITIAL REGISTRATION ONLY**

1. Address of registered agent in the State of Minnesota or the address of the person who has custody of the organization's books and records if not kept at the organization's office.  
Name \_\_\_\_\_  
Street and Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_
2. Type of legal entity (**Attach** the creating document):  
☐ Nonprofit corporation ☐ Trust ☐ Unincorporated association
3. Place and date the organization was incorporated: \_\_\_\_\_  
(state) (date)
4. Is the organization exempt from federal income taxes?  
☐ Yes (**Attach** a copy of the IRS determination letter) Status: 501(c)(\_\_\_\_)  
☐ No Date organization submitted Form 1023 to the IRS \_\_\_\_\_
5. If the organization is not exempt from federal income taxes and uses a fiscal agent, state the fiscal agent's name, address and federal EIN: \_\_\_\_\_  
\_\_\_\_\_
6. Has the organization been denied the right to solicit contributions?  
a. By any government agency? ☐ Yes ☐ No If yes, attach explanation.  
b. By any court? ☐ Yes ☐ No If yes, attach explanation.
7. Explain in detail the charitable purposes of the organization, including major program activities.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Please mark all items that describe the organization's charitable mission:  
☐ Arts & Culture ☐ Human Services ☐ Civic/Lobbying ☐ International ☐ Health  
☐ Environment ☐ Mental Health ☐ Education ☐ Religious ☐ Other \_\_\_\_\_  
Or: List the NTEE code(s) that describe the organization's purpose: \_\_\_\_\_
9. Which of the above two best describes the organization's primary purpose(s)?  
1. \_\_\_\_\_ 2. \_\_\_\_\_
10. Check one or more methods of solicitation the organization anticipates using:  
☐ Telephone appeals ☐ Grant writing ☐ Sweep ☐ Other \_\_\_\_\_  
☐ Direct mail ☐ Internet ☐ Media
11. State the total contributions the organization received during the accounting year last ended:  
\$ \_\_\_\_\_
12. **Attach** a list of organization's officers, directors, trustees, and chief executive officer, including their titles, addresses, and total annual compensation paid to each. ☐ Attached

### SECTION THREE: REQUIRED FOR ANNUAL REPORTING ONLY

*ALL organizations 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 the **five** highest paid directors, officers and employees of the organization and its related organization(s) who receive total compensation of **\$50,000** or more, indicating their titles and total compensation paid to each. Total compensation includes salaries, fees, bonuses, fringe benefits, severance payments and deferred compensation paid by the organization and all related organizations. A "related organization" is an organization that controls, is controlled by or is under common control with another corporation. "Control" can exist through stock ownership or membership interests, the authority to appoint members, or the ability to direct the policies and management of other corporations. See Minn. Stat. § 317A.011, subd. 18.

	Name/Title	Compensation
1	NONE > \$50,000	
2		
3		
4		
5		

4. **Attach** a list of organization's board of directors. ☒ Attached  
☐ Included in IRS Return
5. **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. Minnesota law requires that an organization file a copy of any IRS Form 990-N (e-Postcard), 990, 990-EZ, or 990-PF informational return that was filed with the IRS. Has the organization included with this annual report a copy of all IRS Form 990-N (e-Postcard), 990, 990-EZ or 990-PF informational returns that it filed with the IRS (excluding Schedule B or any other donor list required by the IRS)?  
☒ Yes ☐ No (Not required to file a return with IRS or files with National Chapter).

*NOTE: By answering YES to the above question, you are attesting that the IRS informational return filed with this office is an exact copy, including all schedules and attachments, of the IRS informational return filed with the IRS (excluding Schedule B or any other donor list the IRS may require).*

7. The following organizations must complete and return the statement of functional expenses below:  
 1) organizations that file a 990-N (e-Postcard), 990-EZ, or 990-PF; and 2) organizations that file an IRS Form 990 that does not contain a completed functional expenses statement within the IRS Form 990.

<b>Statement of Functional Expenses</b>				
	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U.S.				
<b>2</b> 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.				
<b>4</b> 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))				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	150	120	15	15
<b>b</b> Legal				
<b>c</b> Accounting	400	200	200	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services				
<b>f</b> Investment management fees				
<b>g</b> Other				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	121	92	27	2
<b>14</b> Information technology	136	108	14	14
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a</b> .....				
<b>b</b> .....				
<b>c</b> .....				
<b>d</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24d	807	520	256	31
<b>26</b> <b>Joint costs.</b> Check here <input type="checkbox"/> 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				

**Must be prepared in accordance with generally accepted accounting principles.**

**SECTION FOUR: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING**

**BOARD OF DIRECTORS**  
**SIGNATURES AND ACKNOWLEDGMENT**

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the \_\_\_\_\_ (Title) and \_\_\_\_\_ (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the \_\_\_\_\_ (Board of Directors, Trustees, or Managing Group) adopted on the \_\_\_\_\_ day of \_\_\_\_\_, 20<sup>11</sup>, approving the contents of the document, and do hereby certify that the \_\_\_\_\_ (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 finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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.

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**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.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JACQUIE SKOG CO-PRESIDENT	1.00							0.	0.	0.
JEN STANLEY CO-PRESIDENT	1.00							0.	0.	0.
KAREN HARTZ TREASURER	1.00							0.	0.	0.
NANCI BOBROW BOARD MEMBER	1.00							0.	0.	0.
JEFFREY GALLUS BOARD MEMBER	1.00							0.	0.	0.
JANET HAGBERG BOARD MEMBER	1.00							0.	0.	0.
JIM HARDEMAN BOARD MEMBER	1.00							0.	0.	0.
MELANIE MARTIN BOARD MEMBER	1.00							0.	0.	0.
PATTY PEREZ BOARD MEMBER	1.00							0.	0.	0.
NANCY RAFI BOARD MEMBER	1.00							0.	0.	0.
CINDY WOLFSON BOARD MEMBER	1.00							0.	0.	0.