Click on the question-mark icons to display help windows. The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

Form **990-EZ** 

# **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A F	or the	2017 calenda	ar year, or tax year beginning	October 13	, <b>2017</b> , aı	nd ending	Αι	igust 31	, 20	18	
В	Check if ap	pplicable: C Name of organization ? D Em				D Empl	D Employer identification number				
	Address c	hange	ANIME CRITICS UNITED INC					82-3084676			
	Name cha	•	Number and street (or P.O. box, if mail is not d	elivered to street address)	?	Room/suite	E Telephone number				
=	Initial retur	rn rn/terminated	PO BOX 925					(347)	766-3630		
=	Amended		City or town, state or province, country, and ZI	P or foreign postal code	•		F Grou	ıp Exem	ption		
=		n pending	NEW YORK NY 10116-0925				Num	nber 🕨	?		
G A	Account	ting Method:	☐ Cash	·) <b>&gt;</b>		Н	Check	► 🗹 if	the organization is	s <b>not</b>	
I V	Vebsite	: ► https:	//www.castlepointanime.com				required	to attac	ch Schedule B	?	
J T	ax-exen	npt status (che	eck only one) — 🗹 501(c)(3) 🗌 501(c) (	) <b>◀</b> (insert no.) ☐ 4947	'(a)(1) or	<u>527</u>	(Form 9	90, 990-	EZ, or 990-PF).		
K	orm of	organization:	✓ Corporation ☐ Trust	Association	Other						
LA	dd lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If	gross receipts are \$200,0	000 or mo	ore, or if tota	al assets				
(Pa	rt II, coli	umn (B) belov	v) are \$500,000 or more, file Form 990 inst	ead of Form 990-EZ				▶ \$	119	9,892	
Р	art I	Revenu	e, Expenses, and Changes in Ne	et Assets or Fund B	alance	s (see the	instruc	ctions	for Part I) 🔃		
		Check if	the organization used Schedule O t	o respond to any que	estion in	this Part	Ι			V	
?	1		ons, gifts, grants, and similar amounts					1		64	
?	2	Program se	ervice revenue including government	fees and contracts .				2	119	9,443	
?	3	Membersh	ip dues and assessments					3		385	
?	4	Investment	income					4		0	
	5a	Gross amo	ount from sale of assets other than inv	entory	5a		0				
	b	Less: cost	or other basis and sales expenses .		5b		0				
	С									0	
	6										
	а										
ne		\$15,000) .			6a		0				
Revenue	b	Gross inco	me from fundraising events (not inclu	ding \$	0 of 0	contributio	ns				
Re		from fundr	aising events reported on line 1) (atta	ach Schedule G if the							
_		sum of suc	ch gross income and contributions exc	ceeds \$15,000)	6b		0				
	С	Less: direc	t expenses from gaming and fundrais	ing events	6c		0				
	d	·									
								6d		0	
	7a	Gross sale	s of inventory, less returns and allowa	inces	7a		0				
	b	Less: cost	of goods sold		7b		0				
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						7с		0	
	8	Other revenue (describe in Schedule O)					8		0		
	9	Total reve	<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, a	nd 8			. ▶	9	119	9,892	
	10		l similar amounts paid (list in Schedule	•				10		0	
	11		aid to or for members					11		0	
es	12		ther compensation, and employee be					12		0	
Expenses	13		al fees and other payments to indepe					13	7	7,455	
χb	14		y, rent, utilities, and maintenance .					14	43	3,65 <u>5</u>	
Ш	15	•	ublications, postage, and shipping .					15	Ģ	9,887	
	16		enses (describe in Schedule O) 💈 .					16	45	5,327	
	17	Total expe	enses. Add lines 10 through 16				. ▶	17	106	6,324	
ī	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	13	3,569	
Sei	19										
As		=	r figure reported on prior year's returr					19		0	
Net Assets	20		iges in net assets or fund balances (ex					20	30	0,120	
_	21		or fund balances at end of year. Com		20 .		. ▶	21		3,689	
For	Paper	work Reduct	ion Act Notice, see the separate instruc	tions.	Cat. N	lo. 10642I			Form <b>990-EZ</b> (	(2017)	

Form 990-EZ (2017) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II . . . . . (A) Beginning of year (B) End of year 22 Cash, savings, and investments 0 22 43,689 0 23 23 Land and buildings . . . . . . . 0 0 24 24 Other assets (describe in Schedule O) 0 0 25 25 Total assets . . . . . . . . . 0 0 26 26 Total liabilities (describe in Schedule O) 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0 27 43,689 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? Organizing public events for cultural exchange with Japan 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 Organized the Castle Point Anime Convention, a cultural convention focused on Japanese animation and other published art and media, for 3,176 members of the general public, consisting of panels from industry professionals, musical acts, and other themed programming. 0) If this amount includes foreign grants, check here 28a ? (Grants \$ 102,811 29 29a ) If this amount includes foreign grants, check here . 30 ) If this amount includes foreign grants, check here 30a **31** Other program services (describe in Schedule O) ) If this amount includes foreign grants, check here 31a 32 102,811 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation TYLER ROMEO **DIRECTOR / CHAIRMAN** 0 0 0 JEFFREY MELI **DIRECTOR / SECRETARY** 0 0 0 ROBERT BASCIANO 0 0 DIRECTOR 0 FAYE MEDINETS 0 0 DIRECTOR JONATHAN ONG YAO **DIRECTOR** 0 0 0 VICTORIA THOMAS DIRECTOR 0 0 0 ANDRES DIAZ BORDA 0 0 0 DIRECTOR STEVEN HARRIGAN DIRECTOR 0 0 0 AUDREY DSOUZA PRESIDENT / DIRECTOR / VICE-PRESIDENT (FORMER) 0 0 0 RACHEL YAO TREASURER / DIRECTOR / VICE-PRESIDENT (FORMER) n n 0 **DIVYA UNNAM** 

VICE-PRESIDENT / DIRECTOR

VICE-PRESIDENT / DIRECTOR

AMANDA GOMES

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0

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Part	<b>,</b>				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part			-
33	Did the expenientian engage in any significant activity not provide the variety of the IDCO If "Vee " provide a		Yes	No	-
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~	- 6
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	0.4			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		<i>\</i>	-
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~	-
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? <i>If "No," provide an explanation in Schedule O</i> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		<b>V</b>	-
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		_	
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?	37b		~	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		<b>V</b>	
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved				
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 ▶				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year				
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~	
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
44	transaction? If "Yes," complete Form 8886-T	40e		~	-
41 42a		347) 76	56-363	0	-
724	Located at ► 576 5TH AVE STE 903, NEW YORK NY  ZIP + 4 ►	10036			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	-
	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: ▶	42b		~	-
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		~	-
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		. 1	<b>&gt;</b>	_
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No	I
b	completed instead of Form 990-EZ	44a		<b>'</b>	Ī
J	completed instead of Form 990-EZ	44b		~	1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		~	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44u 45a		~	-
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the				
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h		/	

OIIII 33	10-LZ (ZC	711)							age ¬
46	Did th	ne organization engage, directly or in	directly in political c	amnaign activities	on behalf (	of or in appositiv	on .	Yes	No
40		ndidates for public office? If "Yes," c							~
Part		Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51.	s must answer que			·	tables fo	or line	es
		Check if the organization used Sch	nedule O to respond	to any question i	n this Part	VI			
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II				ax <b>47</b>	Yes	No 🗸		
48 49a						48 49a		<b>V</b>	
b 50	b If "Yes," was the related organization a section 527 organization?								d key
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribut benefit pl	ealth benefits, cions to employee ans, and deferred mpensation	(e) Estimated amount of other compensation		
None									
f 51	Comp	number of other employees paid ove plete this table for the organization's 000 of compensation from the orga	s five highest compe	ensated independe	o ent contrac	tors who each	received	more	than
	(a)	Name and business address of each independ	ent contractor	<b>(b)</b> Type of	service	(c) (	Compensation	on	
None									
d	Total	number of other independent contra	ctors each receiving	over \$100,000		0			
52	Did t	he organization complete Schedu leted Schedule A	_		•	s must attach			No
		of perjury, I declare that I have examined this red complete. Declaration of preparer (other than					wledge and	belief,	it is
Sign		Signature of officer				Date			
Here	?	TYLER ROMEO (CHAIRMAN)  Type or print name and title							
Paid Prep	arer	Print/Type preparer's name	Preparer's signature		Date	Check is self-employe			
Use (		Firm's name ▶	-			Firm's EIN ▶			
Mav th	ne IRS	Firm's address ► discuss this return with the preparer	shown above? See i	nstructions		Phone no.	`		No
u		otalii miti tilo proparor	abovo. 000 i				169		10

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

ANIME CRITICS UNITED INC 82-3084676 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total** 

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 **(e)** 2018 (f) Total Gifts, grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . revenues levied organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 4 The portion of total contributions by 5 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) . . . . Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (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 . . . . . . . . Net income from unrelated business 9 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 VI.) . . . . . . . **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 % Public support percentage from 2017 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 331/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2018. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2017. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			•	·	,	
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")					449	449
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					119,443	119,443
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf					0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge					0	0
6	<b>Total.</b> Add lines 1 through 5					119,443	119,443
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .					0	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						_
_	· ·	-				0	0
C	Add lines 7a and 7b					0	0
8	line 6.)						110.440
Secti	on B. Total Support						119,443
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6	(a) 2011	(2) 2010	(6) 2010	(4) 2017	119,443	119,443
10a	Gross income from interest, dividends,					117/110	,
	payments received on securities loans, rents,						
	royalties, and income from similar sources .					0	0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975					0	0
С	Add lines 10a and 10b					0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on					0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)					0	0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	L organization	n'e firet soos	d third fourth	or fifth tax v	119,443	119,443
'-	organization, check this box and <b>stop he</b>	•					. , . ,
Secti	on C. Computation of Public Suppor						· · · ·
15	Public support percentage for 2018 (line			13. column (f))		15	%
16	Public support percentage from 2017 Sci	, , , , , , , , , , , , , , , , , , , ,	•	, ,,,		16	%
	on D. Computation of Investment In					1 1	
17	Investment income percentage for 2018 (			oy line 13, colu	ımn (f))	17	%
18	Investment income percentage from 201	•		-		18	%
19a	331/3% support tests-2018. If the organ					nore than 331/3%	
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2017. If the organize	zation did not c	check a box on	line 14 or line	19a, and line 16	3 is more than	
	line 18 is not more than 331/3%, check this	box and <b>stop h</b>	<b>nere.</b> The organ	ization qualifies	s as a publicly s	upported organiz	zation ▶ □
20	Private foundation. If the organization di	id not check a	box on line 14	. 19a. or 19b	check this box	and see instruc	tions ▶ □

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

CU	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	8		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9a		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	9c		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	V Supporting Organizations (continued)		-	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
<u> </u>	77 6 6	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Sooti	on D. All Type III Supporting Organizations	1		
Secu	bir b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see in		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
	•	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
_		2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	- Vi na autovicio vivgini guvua : II. 16a. 1960.iue ili <b>Fait Vi</b> ilie tule ulaved DV IIIe uluanizanon ili iliis fedato	UU '		i

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	zations					
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1 Net short-term capital gain	1						
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3						
4 Add lines 1 through 3.	4						
5 Depreciation and depletion	5						
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		(=) =				
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):							
a Average monthly value of securities	1a						
<b>b</b> Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e Discount claimed for blockage or other factors (explain in detail in Part VI):							
2 Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d.	3						
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4						
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6 Multiply line 5 by .035.	6						
7 Recoveries of prior-year distributions	7						
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C—Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1						
<b>2</b> Enter 85% of line 1.	2						
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4 Enter greater of line 2 or line 3.	4						
5 Income tax imposed in prior year	5						
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6						
7 Check here if the current year is the organization's first as a non-functional	_	tegrated Type III supporti	ng organization (see				
instructions).	y 1111	logration Type III supporti	ng organization (366				

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)				
Sect	ion D—Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	onses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets	oses of supported orga	ilizations				
	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in <b>Part VI</b> ). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to whic	h the organization is res	noneiva				
Ū	(provide details in <b>Part VI</b> ). See instructions.	ir the organization is rec	porisive				
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.						
3	Excess distributions carryover, if any, to 2018						
а	From 2013						
b	From 2014						
С	From 2015						
d	From 2016						
е	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а	Excess from 2014						
b	Excess from 2015						
С	Excess from 2016						
d	Excess from 2017						
6	Excess from 2018						

Part VI	Ill, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization				Employer identification	
ANIME CRITICS UNITED IN	NC .			82-30	084676
PART I, LINE 16 - Other ex	penses				
Advertising	215	Internet	1,000		
Attendee Distributables	548	Lodging	2,545		
Bank Charges	685	Sales Tax	1,042		
Capital Improvements	764	Prizes for Skill Compet	itions 478		
Dues & subscriptions	1,707	Travel	1,975		
Entertainment Meals	74	Uncategorized Expendit	ures 3,860		
Equipment Rental	13,279	Venue Labor Services	13,390		
Insurance	495	Volunteer Distributables	3,270		
PART I, LINE 20 - Other ch  The organization is a succ		r fund balances s described in Form 1023 Applicatio	n for Recognition of	Exemption. At the	time of the
tormation of the corporation	on, assets were trans	ferred from the predecessor organize	zation. These assets	consisted of \$30,1	20.00 III Cash.
PART IV - List of Officers,	Directors, Trustees, a	and Key Employees			
(a) NAME	(a) TITLE		(c) COMPENSATIO	N (d) BENEFITS	(e) OTHER COM
ERIC YUN LAI	VICE-PRESIDENT	/ DIRECTOR	-0-	-0-	-0-
YANQING LIANG	VICE-PRESIDENT	/ DIRECTOR	-0-	-0-	-0-
BENJAMIN KNUTSON	PRESIDENT (FOR	MER) / DIRECTOR	-0-	-0-	-0-
EVAN VAN TINE	TREASURER (FOR	RMER) / DIRECTOR	-0-	-0-	-0-
IVAN CHING	VICE-PRESIDENT (	(FORMER) / DIRECTOR (FORMER)	-0-	-0-	-0-
KAH SOON YAP	VICE-PRESIDENT (	FORMER) / DIRECTOR (FORMER)	-0-	-0-	-0-

Schedule O (Form 990 or 990-EZ) (2018)		Page 2
Name of the organization	Employer identification number	
·		

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a>.

#### **Purpose of Schedule**

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Don't use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

#### Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization isn't required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

#### **Specific Instructions**

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return isn't filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time.

Don't use this schedule to provide the late-filing statement.

Amended return. If the organization checked the Amended return box on Form 990, Heading, item B, or Form 990-EZ, Heading, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

**Group return.** If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. **Don't use** this schedule. See the instructions for Form 990, *I. Group Return.* 

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

- 1. Part III, Statement of Program Service Accomplishments.
  - a. "Yes" response to line 2.
  - b. "Yes" response to line 3.
  - c. Other program services on line 4d.
- 2. Part V, Statements Regarding Other IRS Filings and Tax Compliance.
  - a. "No" response to line 3b.
  - b. "Yes" or "No" response to line 13a.
  - c. "No" response to line 14b.
- 3. Part VI, Governance, Management, and Disclosure.
- a. Material differences in voting rights among members of the governing body in line 1a.
- b. Delegation of governing board's authority to executive committee in line 1a.
- c. "Yes" responses to lines 2 through 7b.
- d. "No" responses to lines 8a, 8b, and 10b.
  - e. "Yes" response to line 9.
- f. Description of process for review of Form 990, if any, in response to line 11b.
  - g. "Yes" response to line 12c.
- h. Description of process for determining **compensation**, in response to lines 15a and 15b.
- i. If applicable, in response to line 18, an explanation as to why the organization checked the *Other* box or didn't make any of Forms 1023, 1024, 1024-A, 990, or 990-T publicly available.
- j. Description of public disclosure of documents, in response to line 19.
- 4. Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors.
- a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.
- b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).
- 5. Explanation for Part IX, Statement of Functional Expenses, line 11g (other fees

for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

- 6. Explanation for Part IX, Statement of Functional Expenses, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).
- 7. Part XI, Reconciliation of Net Assets. Explain any other changes in net assets or fund balances reported on line 9.
- 8. Part XII, Financial Statements and Reporting.
- a. Change in accounting method or description of other accounting method used on line 1.
- b. Change in committee oversight review from prior year on line 2c.
  - c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions.

- 1. Part I, Revenue, Expenses, and Changes in Net Assets or Fund Balances.
- a. Description of other revenue, in response to line 8.
- b. List of grants and similar amounts paid, in response to line 10.
- c. Description of other expenses, in response to line 16.
- d. Explanation of other changes in net assets or fund balances, in response to line 20.
  - 2. Part II, Balance Sheets.
- a. Description of other assets, in response to line 24.
- b. Description of total liabilities, in response to line 26.
- 3. Description of other program services, in response to Part III, Statement of Program Service Accomplishments, line 31.
  - 4. Part V, Other Information.
  - a. "Yes" response to line 33.
  - b. "Yes" response to line 34.
- c. Explanation of why organization didn't report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.
  - d. "No" response to line 44d.

**Other.** Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



**Don't** include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available