Docusign Envelope ID: 721A84DD-EA13-44AC-9637-3BC16DCA208A

CliftonLarsonAllen LLP

Instructions for filing

State of Minnesota

Charitable Organization
Annual Report Form

* * * * *

Signature:

The Minnesota return must be signed and dated by two authorized officers of the Organization, and the copy of the federal return that is attached must be signed and dated by an authorized officer of the Organization.

Filing:

This PDF should be printed, signed, dated, and emailed to:
charity.registration@ag.state.mn.us

Payment of tax:
Balance due of $25 and payment can be made via a credit card at:
www.ag.state.mn.us/Charity/CharFees.aspx

Docusign Envelope ID: 721A84DD-EA13-44AC-9637-3BC16DCA208A

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

STATE OF MINNESOTA

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

C2

SECTION A: Organization Information

Legal Name of Organization LAND BANK TWIN CITIES, INC.

Federal EIN: 61-1756962

Fiscal Year-End: 12 31 2024
mm/dd/yyyy

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

Mailing Address:	**Physical Address:**
AARICA COLEMAN	AARICA COLEMAN
Contact Person	Contact Person
2515 WABASH AVE, NO. 150	2515 WABASH AVE, NO. 150
Street Address	Street Address
SAINT PAUL, MN 55114	SAINT PAUL, MN 55114
City, State, and ZIP Code	City, State, and ZIP Code
612-238-8210	612-238-8210
Phone Number	Phone Number
ACOLEMAN@LANDBANKTWINCITIES.ORG	ACOLEMAN@LANDBANKTWINCITIES.ORG
Email Address	Email Address

1. Organization's website: WWW.LANDBANKTWINCITIES.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).
   Alternate Former
   Alternate Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).
   LAND BANK TWIN CITIES, INC.

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

5. Total amount of contributions the organization received from Minnesota donors: $ 382,815.

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

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

C2

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?
☐ Yes ☒ 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 ☒ 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 ☒ 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 ☐ No
If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation
EDWARD LANDENBERGER VS PRESIDENT & SR PROGRAM	168,782.	26,505.
SHANA WENGER CHIEF OPERATING OFFICER (	123,337.	9,444.
SCOTT ANDERSON PROGRAM MANAGER	115,000.	4,654.

*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.

12. A full list of the organization's board of directors, including names, addresses, and total compensation paid to each (attach list if more space is needed).

SEE STATEMENT 1

C2

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

13. A full list of the names of all banks or other financial institutions in which the organization's funds are deposited. DO NOT include account numbers. (Attach list if more space is needed.)

SEE STATEMENT 2

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1.	Contributions Received	$	1
2.	Government Grants	$	2
3.	Program Service Revenue	$	3
4.	Other Revenue	$	4
5.	**TOTAL INCOME**	**$**	**5**

EXPENSES

6.	Program Expenses	$	6
7.	Management & General Expenses	$	7
8.	Fund-raising Expenses	$	8
9.	**TOTAL EXPENSES**	**$**	**9**
10.	**EXCESS or DEFICIT** (Line 5 minus Line 9)	**$**	**10**

ASSETS

11.	Cash	$	11
12.	Land, Buildings & Equipment	$	12
13.	Other Assets	$	13
14.	**TOTAL ASSETS**	**$**	**14**

LIABILITIES

15.	Accounts Payable	$	15
16.	Grants Payable	$	16
17.	Other Liabilities	$	17
18.	**TOTAL LIABILITIES**	**$**	**18**

FUND BALANCE/NET WORTH

$ _____

(Line 14 minus Line 18)

C2

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees				
6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7. Other salaries and wages				
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other				
12. Advertising and promotion				
13. Office expenses				
14. Information technology				
15. Royalties				
16. Occupancy				
17. Travel				
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings				
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance				
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a. _____				
b. _____				
c. _____				
d. _____				
25. **Total functional expenses.** Add lines 1 through 24d				
26. **Joint costs.** Check here ▶ ☐ 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				

C2

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

- President (Title) and - Board of Directors Chair (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

Board of Directors (Board of Directors, Trustees, or Managing Group) adopted on the 17th

day of November, 20 25, approving the contents of the document, and do hereby certify that the

Board of Directors (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.

Aarica Coleman	Libby Starling
Name (Print)	Name (Print)
Aarica Coleman (Nov 17, 2025 11:31:50 CST)	Libby Starling (Dec 1, 2025 10:21:40 CST)
Signature	Signature
- President	- Chair, Board of Directors
Title	Title
17/11/2025	01/12/2025
Date	Date

Docusign Envelope ID: 721A84DD-EA13-44AC-9637-3BC16DCA208A

ANNUAL REPORT BOARD OF DIRECTORS STATEMENT 1
INITIAL REGISTRATION

NAME AND ADDRESS	COMPENSATION
AMY MCCULLOCH	0.
BARBARA MCCORMICK	0.
CHARLES HANLEY	0.
DAVID MCGEE	0.
ELFRIC PORTE II	0.
JASON CHAVEZ	0.
JAY JENSEN	0.
KARLA HENDERSON	0.
KEVIN ANDERSON	0.
KIZZY DOWNIE	0.
LIBBY STARLING	0.
NICOLLE GOODMAN	0.
CHENIQUA JOHNSON	0.

LAND BANK TWIN CITIES, INC. 61-1756962

MAI CHONG XIONG 0.

ANNUAL REPORT
INITIAL REGISTRATION

BANK OR FINANCIAL INSTITUTION
IN WHICH FUNDS ARE DEPOSITED

STATEMENT 2

NAME AND ADDRESS	PHONE NUMBER
BRIDGEWATER BANK	
SUNRISE BANKS	
WOODLANDS NATIONAL BANK	

LBTC MN AG 2024

Final Audit Report 2025-12-01

Created:	2025-11-17
By:	Jordynn Joyner (jjoyner@landbanktc.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAUR8hSmaIQ2yhLCnroVK7mY29lF4_JGmV

"LBTC MN AG 2024" History

Document created by Jordynn Joyner (jjoyner@landbanktc.org)
2025-11-17 - 5:29:30 PM GMT

Document emailed to Libby Starling (libby.starling@mpls.frb.org) for signature
2025-11-17 - 5:29:38 PM GMT

Document emailed to Aarica Coleman (acoleman@landbanktwincities.org) for signature
2025-11-17 - 5:29:38 PM GMT

Email viewed by Aarica Coleman (acoleman@landbanktwincities.org)
2025-11-17 - 5:30:47 PM GMT

Document e-signed by Aarica Coleman (acoleman@landbanktwincities.org)
Signature Date: 2025-11-17 - 5:31:50 PM GMT - Time Source: server

Email viewed by Libby Starling (libby.starling@mpls.frb.org)
2025-11-24 - 6:19:36 PM GMT

Document e-signed by Libby Starling (libby.starling@mpls.frb.org)
Signature Date: 2025-12-01 - 4:21:40 PM GMT - Time Source: server

Agreement completed.
2025-12-01 - 4:21:40 PM GMT