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SCANNED FEB 0 2 2012

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2010
Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning OCT 22, 2010 and ending	JUN 30, 201	1
В	heck if pplicabl	C Name of organization	D Employer identi	fication number
X	Addre	YOUTHPRISE		
	Name chang		27-	4126970
X	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite E Telephone numb	er
	Termir ated	OID FIRST AVENUE NE 125	612	-564-4858
	Ameno return	City or town, state or country, and ZIP + 4	G Gross receipts \$	1,514,710.
	Application pendir	MINNEAPOLIS, MN 55415	H(a) Is this a group	
	portan	F Name and address of principal officer WOKIE WEAH	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates ii	
				a list (see instructions)
		e: ► YOUTHPRISE.ORG organization: X Corporation Trust Association Other Lyo	H(c) Group exempt	M State of legal domicile: MN
	art I	Summary	sai oi ioimation. ZULU	M State of legal dofficile. MIN
		Briefly describe the organization's mission or most significant activities. YOUTHPRI	SE CHAMPIONS	LEARNING
Activities & Governance	I	BEYOND THE CLASSROOM SO THAT ALL MINNESOTA'S		
rna	I	Check this box if the organization discontinued its operations or disposed of m		
ove	l	Number of voting members of the governing body (Part VI, line 1a)	<u>_</u> 3	9
<u>ග</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
es	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	_5	
ivit	6	Total number of volunteers (estimate if necessary)	6	
Act		Total unrelated business revenue from Part VIII, column (C), line 12	78	
	b	Net unrelated business taxable income from Form 990-T, line 34		
		Contributions and exacts (Dort VIII June 11)	Prior Year	Current Year 1,514,649.
Revenue		Contributions and gran te (Part VIII, line 1h) Program service revenue (Part (Part VIII) line 2d)		1,314,649.
Ver		Investment income (Part VI II, column (A), lines 3, 4, and 3 d)		61.
æ		Other revenue (Part VIII sediumn (A), lines 5, 6d, 8c, 9d, 3c, and 11e)		0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,514,710.
		Grants and similar amounts paid (Part IX, column (A), liftes 1-3)	· · · · · · · · · · · · · · · · · · ·	0.
	14	Benefits paid to or for members (Cart) From umh (A), line 4)		0.
es	15	Salaries, other compersation, employed benefite (Part-IX, column (A), lines 5-10)		48,238.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.
ž	l	Total fundraising expenses (Part IX, column (D), line 25)		1.50 -0.5
	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		159,706.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	· ==	207,944.
es	19	Revenue less expenses Subtract line 18 from line 12	Beginning of Current Year	1,306,766.
ets (20	Total assets (Part X, line 16)	beginning of Current Year	End of Year 1,351,891.
Ass		Total liabilities (Part X, line 26)		45,125.
Net Assets or Fund Balances		Net assets or fund balances Subtract line 21 from line 20		1,306,766.
Pa	rt II	Signature Block		
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	ements, and to the best of	my knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	rer has any knowledge.	
		Some Shah	1/2	20112
Sigr	1	Signature of officer	Date '	•
Here	е	WOKIE WEAH, PRESIDENT Type or print name and title		
			Date Check	PTIN
Paid		Print/Type preparer's name /Preparer's signature	01/11/12 if self-emplo	— І
Prep		Firm's name HLB TAUTGES REDPATH, LTD.	Firm's EIN	,,,,,
Use		Firm's address 4810 WHITE BEAR PARKWAY	LIIII 2 EIN	
230	,	WHITE BEAR LAKE, MN 55110	Phone no.	(651)426-7000
—— Mav	the IF	S discuss this return with the preparer shown above? (see instructions)	Ti Hollo ilo.	X Yes No

	n 990 (2010) YOUTHPRISE 27-4126970	Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	\mathbf{x}
1	Briefly describe the organization's mission:	
	YOUTHPRISE CHAMPIONS LEARNING BEYOND THE CLASSROOM SO THAT ALL	
	MINNESOTA'S YOUTH THRIVE.	
2	Did the organization undertake any significant program services during the year which were not listed on	
_		X No
	If "Yes," describe these new services on Schedule O.	L=E1140
3		X No
3	Electric organization codes conducting, or make digitalization and program conducting and p	140 LAX
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a)
	1. THROUGH GRANTMAKING AND PARTNERSHIPS, DISTRIBUTE, LEVERAGE AND	377370
	COORDINATE FUNDS TO EXPAND ACCESS TO QUALITY OPPORTUNITIES FOR LEAR	NING
	BEYOND THE CLASSROOM AND CLOSE THE OPPORTUNITY GAP.	
	2. IGNITE PUBLIC INSISTENCE FOR QUALITY LEARNING OPPORTUNITIES FOR	
	YOUTH THROUGH EDUCATION AND PUBLIC ADVOCACY.	
	3. MOBILIZE THE POWER AND LEADERSHIP OF YOUTH TO ENLIVEN, EXPAND,	AND
	TRANSFORM PROGRAMS AND SYSTEMS.	
	4. ADVANCE INTEGRATED COMMUNITY-BASED INFORMATION SYSTEMS TO	
	FACILITATE KNOWLEDGE EXCHANGE, RESOURCE MANAGEMENT AND SYSTEMS PLAN	NING
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)
		-
	<u> </u>	
	<u> </u>	
		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services. (Describe in Schedule O.)	
TU		
40	(Expenses \$ including grants of \$) (Revenue \$)	

Form 990 (2010) YOUTHPRISE Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	Х	
3	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	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		₩.
_	during the tax year? If "Yes," complete Schedule C, Part II	4_	_	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_ ا		X
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		Λ
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide	- ا		
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	١		
	If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
•	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI, XII, and XIII	12a	_X_	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			17
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		-23
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u></u>		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_ _ _
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	990 t	2010)

Form 990 (2010) YOUTHPRISE
Part IV Checklist of Required Schedules (continued)

United States on Part IX, column (A), line 17 iii "Yes," complete Schedule I, Parts I and II 2 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 iii "Yes," complete Schedule I, Parts I and III 2 Did the organization answer "Yes" to Part IVI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, director, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and to the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K II" 'Not', go to line 28 Schedule K II" 'Not', go to line 28 Schedule I, Part II and the organization maintain an escrew account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 4 Did the organization maintain an escrew account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 5 Did the organization maintain an escrew account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 6 Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? 7 Did the organization and a same and "I" "Yes," complete Schedule L, Part II 8 Is the organization and any one of the organizations professor outstanding as of the end of the organizations professor outstanding as of the end of the organization is professor outstanding as of the end of the organization is any of the organization's professor outstanding as of the end of the organization short professor outstanding as of the end of the organization with a dequalitied person outstanding as of the end of the organization short professor outstanding as of the end of the organization short professor outstanding as of the end of the organization			l	Yes	No
22 Did the organization report more than \$5.000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 21 **I**es** complete Schedule I, Parts I and III and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If **I**es**, "complete Schedule Is Schedule Is *If *I**es**, "answer lines 24b through 4d and complete Schedule Is Schedule Is *If *I**es**, "answer lines 24b through 4d and complete Schedule Is Schedule Is *If *I**es**, "answer lines 24b through 4d and complete Schedule Is *If *I**es**, "answer lines 24b through 4d and complete Schedule Is *If *I**es**, "answer lines 24b through 4d and complete Schedule Is *If *I**es**, "answer lines 24b through 4d and complete Schedule Is *If *I**es**, "answer lines 24b through 4d and complete Schedule Is *If *I**es**, "answer lines 24b through 4d and complete Schedule Is *If *I**es**, "answer lines 24b through 4d and complete Schedule Is *If	21				
column (A), line 2º II "Yes," camplete Schedule I, Parts I and III 22		United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
23 bit the organization answer "Yes" to Part VII, Section A, Inic 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I but the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, "If "No", go to the 25 J Did the organization mines and an escrive account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? Did the organization mines and an escrive account other than a refunding escrive at any time during the year of defease any tax-exempt bonds? Did the organization and that it engaged in an excess benefit it ansaction with a disqualified person during the year? "Yes," complete Schedule L, Part I V Ses Schedule L, Part I I T Did the organization was that it engaged in an excess benefit it ansaction with a disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part I V Schedule L, Part I V T Did the organization provide a grant or other assistance to an officer, director, trustee, level employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV Sex Schedule L, Part II V S			22		<u> X</u>
Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No"; go to line 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding as of the east of the year? If "Yes," complete Schedule L, Part II the organization aware that it engaged in an excess benefit transaction with a disqualified person out any time that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II the organization and of the organization's tax year? If "Yes," complete Schedule L, Part IV Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV A family immedie of a current of former officer, director, fustore, or key employee? If "Yes," complete Schedule L, Part IV A family immedie of a current of former officer, director, fustore, or key employee (or a family member thereof) was an o	23	· · · · · · · · · · · · · · · · · · ·			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes, 'rasswer lines 24b through 24d and complete Schedule K If 'No', go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b					
is at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction was an excess benefit transaction with a disqualified person in a prior year, and that the transaction was an ordined that the transaction was an ordined to a prive the organization is active. If yes," complete Schedule L, Part II If			23		<u> </u>
Schedule K II *No*, go to line 25 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization and a single of the superior of the organization and the state it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If *Yes,* complete Schedule L, Part I ** Schedule L, Part I ** Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If *Yes,* complete Schedule L, Part II ** Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If *Yes,* complete Schedule L, Part II ** Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II ** A current or former officer, director, trustee, or key employee? If *Yes,* complete Schedule L, Part II ** A carent or former officer, director, trustee, or key employee? If *Yes,* complete Schedule L, Part II ** A the organization receive more than \$25,000 in non-cash contributions? If *Yes,* complete Schedule M ** Did the organization receive more than \$25,000 in non-cash contributions? If *Yes,* complete Schedule M ** Did the organization receive more than \$25,000 in non-cash contributions? If *Yes,* complete Schedule M ** Did the organization ore of the organization and that is treated organization or an ontrolled entity withi	24a				
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any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part II Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part III The was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part III The was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV The attraction of the part IIII III III III III III III III III			24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(s)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's pror Forms 990 or 990-EZ? If "Yes," complete Schedule I., Part II 25b X 26b X 27 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV 26c An entity of which a current or former ember, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV 27 X 28d Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) 28d A Current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29d Did the organization liquidate, terminate, or dissolve and cease operations? 29d If "Yes," complete Schedule M, Part II III, III, M, and V, Im III III III III III III III III III	С				
Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I I Is the organization of the that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II I I Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, bighly compensated employee, or disqualified person outstanding as of the end of the organization received as grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization provide a grant or other assistance to an officer, director, trustee, or part and the organization as provided as the person outstanding as of the end of the organization applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29b Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II "Yes," complete Schedu					
disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b			24d		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II 25b X 26b X 27c 28c 28d 28d 28d 28d 28d 28d 28	25a				v
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a 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," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X			34		
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Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	а				
If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X				,	
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	36				
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37			36		<u> X</u>
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	37				4.
Note. All Form 990 filers are required to complete Schedule O	^^		37		<u> </u>
	3 8			\ .	
		Note. All Form 350 mers are required to complete Schedule O			2010

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	990 (2010) YOUTHPRISE 27-4126	970	Р	age 5
P _, a	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			İ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		İ
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		İ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a		3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			ì
а	Initiation fees and capital contributions included on Part VIII, line 12			ì
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			ì
11	Section 501(c)(12) organizations. Enter.		ľ	ì
а	Gross income from members or shareholders 11a			ì
b	Gross income from other sources (Do not net amounts due or paid to other sources against			ì
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		C	മെവ	0040

Form 990 (2010) YOUTHPRISE 27-4126970 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Does the organization have members or stockholders? 6 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the aovernina body? 7a X Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Х 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Х X Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MN 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website X Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ►
 THE ORGANIZATION 612-564-4858

615 FIRST AVENUE NE, NO. 125, MINNEAPOLIS, MN 55413

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YOUTHPRISE

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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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- 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

(A)	(B)	l	111126		C)	npe	isai	(D)	l .	(E)
Name and Title	Average			ر) Pos		,		Reportable	(E) Reportable	(F) Estimated
, talke and , the	hours per	(cl				арр	ly)	compensation	compensation	amount of
	week	į						from	from related	other
	(describe hours for	direc				2		the	organizations	compensation
	related	stee o	rustee			en sa		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	lat tr	onal t		ploye	E 8		(112,1000,11100)		and related
	ın Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
KIT HADLEY	O)	┢	_	Ë		-	<u> </u>			
CHAIR	5.00	x		х				0.	0.	0.
IRENE FERNANDO	1 3133	<u> </u>	ļ .							
TREASURER	1.00	х		x				0.	0.	0.
ERIKA BINGER				==-						
SECRETARY	1.00	X		х				0.	0.	0.
NEAL CUTHBERT										
DIRECTOR	1.00	X						0.	0.	0.
MICHAEL BEASLEY										
DIRECTOR	1.00	X			<u> </u>			0.	0.	0.
DALE A BLYTH										
DIRECTOR	1.00	X						0.	0.	0.
TANYA BRANSFORD										
DIRECTOR	1.00	Х				_		0.	0.	0.
ALEXANDRIA RICE										
DIRECTOR	1.00	X				Ш		0.	0.	0.
KATE WOLFORD									_	_
DIRECTOR	1.00	X						0.	0.	0.
WOKIE WEAH (STARTED MARCH 2011)	40.00									
PRESIDENT	40.00	-		X				0.	0.	0.
					_			<u> </u>		
				\dashv						
			-	\dashv						·····

	990 (2010) YOUTHPRI	•								27-4120	<u> </u>) P	age 8
<u> Pai</u>	T VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average			(C Pos	C) ition	1		(D) Reportable	(E) Reportable	1	(F) stimat	
		hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	con 1 ore ar	mount other npensa from th ganiza nd rela anizat	ation ie tion ted
С	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A					> > >		0.	0			0.
2	Total number of individuals (including but recompensation from the organization	ot limited to th	ose	liste	d at	ove	e) wh	no re			<u> </u>		0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		stee	, key	/ em	plo	yee,	or h	nighest compensated er	nployee on	3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? <i>If "Yes</i> ,	" coi	mple	ete S	Sche	edule	J f	or such individual	_	4		х
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comption B. Independent Contractors					-		eiai	ed organization or indivi	dual for services	5		х
1	Complete this table for your five highest countered the organization NONE	mpensated inc	depe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of compen	sation	from	
	(A) Name and business	address							(B) Description of s	ervices	(Compe	C) ensatio	n

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

	990 rt VI		HPRISE				27-4126	970 Page 9
_					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats st	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
ts,	c	Fundraising events	1c					
ig is	d	Related organizations	1d		ļ			
S.E	е	Government grants (contribu	itions) 1e		ļ	!		
흕	f	All other contributions, gifts, gra						
흔딂		similar amounts not included ab	ove 111 ,	<u>514,649.</u>				
20		Noncash contributions included in line	s 1a-1f \$	<u> </u>				
0 8	<u>h</u>	Total. Add lines 1a 1f			1,514,649.		· · · · · · · · · · · · · · · · · · ·	
_ [Business Code				
ļçe	2 a							
že a	b							
Ke a	C							-
Program Service Revenue	d	-						
윤	e	All other program service rev						
ĺ		Total. Add lines 2a-2f	enue	<u> </u>			•••	
	3	Investment income (including	dividends inter					
	Ū	other similar amounts)	g dividends, inten	>	61.			61.
	4	Income from investment of ta	ax-exempt bond r	-	<u> </u>			01.
İ	5	Royalties		•				
}	-	,	(i) Real	(II) Personal				
-	6 a	Gross Rents	(7	(-7]
	b	Less rental expenses						
	С							
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
}		assets other than inventory	:					
	b	Less cost or other basis						
		and sales expenses						
		Gain or (loss)		<u></u>				
		Net gain or (loss)						_
Other Revenue	8 a	Gross income from fundraising \$						
ě		contributions reported on line	e 1c) See			i		
P		Part IV, line 18	а					
돭	b	Less. direct expenses	b					
-		Net income or (loss) from fun	-	_				
	9 a	Gross income from gaming a	ctivities See	1				
		Part IV, line 19	a					
		Less: direct expenses	b					
		Net income or (loss) from gar	-					
	10 a	Gross sales of inventory, less						
		and allowances Less cost of goods sold	а					
		_	b as of unwanters					
H	C	Net income or (loss) from sale		Business Carls	-			
 -	11 a	Miscellaneous Revenu		Business Code				
	ıı a b							-
	C							
	d	All other revenue						
	_	Total. Add lines 11a-11d						
_	12	Total revenue See instructions.		-	1,514,710.	0.	0.	61.
032009	10							Form 990 (2010)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp		not required to complete		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(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. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
4	See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
3	trustees, and key employees	43,706.	13,112.	21,853.	8,741.
6	Compensation not included above, to disqualified	13,7000	13/1111	21/0300	<u> </u>
•	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	4,532.	1,360.	2,266.	906.
11	Fees for services (non-employees)				
а	Management	33,768.	10,130.	23,638.	
b	Legal	26,231.		26,231.	
С	Accounting	6,480.		6,480.	
d	Lobbying Co. Book IV. Inc. 47				
e	Professional fundraising services. See Part IV, line 17	-			
f	Investment management fees	71,378.		71,378.	
g 12	Other Advertising and promotion	71,576.		11,5700	
13	Office expenses	512.		512.	
14	Information technology	285.		285.	
15	Royalties				
16	Occupancy	479.		479.	
17	Travel	1,315.		1,315.	
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	0 405		0.105	
23	Insurance	2,135.	***	2,135.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	EMPLOYEE SEARCH FEES	15,164.		15,164.	
b	PROFESSIONAL DEVELOPMEN	1,400.		1,400.	
С	MEMBERSHIP DUES	500.		500.	
d	BANK FEES	59.		59.	
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	207,944.	24,602.	173,695.	9,647.
26	Joint costs Check here Inf following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			_	
		•			Form 990 (2010)

Form 990 (2010)
Part X Balance Sheet

<u>P</u> ar	t X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments			2	273,046.
	3	Pledges and grants receivable, net			3	1,074,649.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, t	rustees, key			
		employees, and highest compensated employees Comp	olete Part II			
		of Schedule L			5	3,187.
	6	Receivables from other disqualified persons (as defined in	under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), are				
		employers and sponsoring organizations of section 501(c)(9) voluntary			
" l		employees' beneficiary organizations (see instructions)			6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	1,009.
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D 10a				
- 1	b	Less accumulated depreciation 10b			10c	
	11	Investments · publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related See Part IV, line 11		13		
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	4 054 004
	16	Total assets. Add lines 1 through 15 (must equal line 34		0.	16	1,351,891.
	17	Accounts payable and accrued expenses		17	45,125.	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	Code ed to D		20	<u> </u>
Liabilities	21	Escrow or custodial account liability. Complete Part IV of			21	
Piii	22	Payables to current and former officers, directors, trusted				
Lia		highest compensated employees, and disqualified perso of Schedule L	ns. Complete Part II			
	23	Secured mortgages and notes payable to unrelated third	nartics		22	· · · · · · · · · · · · · · · · · ·
	23 24	Unsecured notes and loans payable to unrelated third pa			24	
- 1	25	Other liabilities Complete Part X of Schedule D	111103		25	
	26	Total liabilities. Add lines 17 through 25		0.	$\overline{}$	45,125.
		Organizations that follow SFAS 117, check here	X and complete	•	20	20/1200
ω		lines 27 through 29, and lines 33 and 34.	und complete			
2	27	Unrestricted net assets		0.	27	232,117.
<u>aa</u>	28	Temporarily restricted net assets		0.	28	1,074,649.
9 P	29	Permanently restricted net assets			29	
ا <u>ج</u>		Organizations that do not follow SFAS 117, check her	e ▶ ☐ and			
<u>ة</u>		complete lines 30 through 34.				
şt	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment	fund		31	
et	32	Retained earnings, endowment, accumulated income, or			32	
ž	33	Total net assets or fund balances		0.	33	1,306,766.
	34	Total liabilities and net assets/fund balances		0.	34	1,351,891.

Form **990** (2010)

Form	990'(2010) YOUTHPRISE	27-412	6970	Pa	ge 12
Ŗа	t XI Reconciliation of Net Assets		_		
	Check if Schedule O contains a response to any question in this Part XI	_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,514	4,7	<u> 10.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	20	7,9	<u>44.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	1,300	5,7	66.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	_		0.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,300	5,7	66.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	nale Audit			
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			-
	or audite, explain why in Schedule O and describe any steps taken to undergo such audite		3h		

Form **990** (2010)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 27-4126970 YOUTHPRISE

Part I	Reason	for Public Char	rity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions			
he orga	anization is not	a private foundation	because it is (For lines	1 through 1	11, check	only one b	ox)				
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).			
2	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)							
3	A hospital or	a cooperative hosp	ital service organization	described	ın section	170(b)(1)	(A)(iii).				
4	A medical re	search organization	operated in conjunction	with a hos	pital desci	nbed in se	ction 170	(b)(1)(A)(i	ii). Enter th	ne hospital's nam	ne,
	city, and stat	te									
5] An organizat	on operated for the	benefit of a college or un	niversity ov	wned or op	perated by	a governi	mental un	ıt describe	d in	
	section 170	(b)(1)(A)(iv). (Compl	ete Part II)								
6	A federal, sta	ate, or local governm	nent or governmental uni	t described	d in sectio	n 170(b)(1)(A)(v).				
7 X	An organizat	on that normally red	ceives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	ublic described i	ın
	section 170	(b)(1)(A)(vi). (Comple	ete Part II)								
8 🖳	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)						
9	J An organızat	on that normally red	ceives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembersh	ıp fees, an	d gross receipts	from
	activities rela	ited to its exempt fu	nctions - subject to certa	ain exception	ons, and (a	2) no more	than 33 1	1/3% of its	s support f	rom gross invest	ment
	income and i	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anızatıon a	fter June 30, 197	75.
_	See section	509(a)(2). (Complete	e Part III)								
10 📙	n	-	perated exclusively to te	•	-			•			
11 🗀			perated exclusively for the								or
			ations described in secti				2) See se e	ction 509((a)(3). Che	ck the box that	
			organization and compl		•						
	a Type		• •	,.		tionally in	•		d	Type III - Other	
e L	-	-	at the organization is not		_	•	•		-		ın
		•	than one or more publicly		_				9(a)(1) or s	ection 509(a)(2)	
f	_		tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
		rganization, check the		•					•		Ц
g	-		organization accepted ar			-				[₁₄	I
	**	=	directly controls, either al	one or tog	etner with	persons o	iescribed	ın (II) and ((III) below,	Yes	No
	_		upported organization?	,						11g(i)	-
	• • • •	•	n described in (i) above?							11g(ii)	-
L	• •	•	a person described in (i) o							11g(iii)	L
h	Provide trie i	onowing information	about the supported or	yarıızatıorı	(8)						
//\ Ala		(**) CIN	(iii) Type of	(iv) Is the o	rganization	(v) Did vo	u notify the	(vi) !s	s the	(!!) A	
	ne of supported coanization	(ii) EIN	organization	in col. (i) hs		, , ,	ion in col.	i organizati	on in col. I	(vii) Amount o support)T
U.	gamzation		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S	5.7	Support	
			(see instructions))	Yes	No	Yes	No	Yes	No		
				 						-	
		-									
							ļ				
											_
								<u> </u>			
		ĺ				1	1	1	1 1		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990 EZ) 2010 YOUTHPRISE 27-4126970 Page 2 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 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)

Se	ction A. Public Support		<u>-</u> -				
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")		ļ	ļ		1514649.	1514649.
2	Tax revenues levied for the organ-						
	ization'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					ļ	
4	Total, Add lines 1 through 3					1514649.	1514649.
	The portion of total contributions						
Ĭ	by each person (other than a						
	governmental unit or publicly						
	supported organization) included			İ			
	on line 1 that exceeds 2% of the			1			
	amount shown on line 11,						
	column (f)						1194118.
6	Public support. Subtract line 5 from line 4						320,531.
	ction B. Total Support			·	<u> </u>		320,331.
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	[0] = 000	(5) 2007	(0) 2000	(4) 2000	1514649.	1514649.
8	Gross income from interest,			-		13210231	
Ü	dividends, payments received on						
	securities loans, rents, royalties			İ			
	and income from similar sources					61.	61.
9	Net income from unrelated business					01.	<u> </u>
9	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain					· · · · · · · · · · · · · · · · · · ·	
10	or loss from the sale of capital						
	assets (Explain in Part IV.)			1			
44	Total support. Add lines 7 through 10					<u> </u>	1514710.
	Gross receipts from related activities,	oto (oco inotnict	L	<u> </u>	<u> </u>	12	1314/10.
	First five years. If the Form 990 is for		•	rd fourth or fifth to	av voor oo o oostu	<u> </u>	
13	organization, check this box and stop		s mst, second, triii	u, louren, or mer te	ax year as a secu	JII 301(C)(S)	$\triangleright x$
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2010 (li		 -	column (fl)		14	%
	Public support percentage from 2009		•	Solutili (i))		15	
	33 1/3% support test - 2010. If the or			n line 13 and line 1	IA is 33 1/3% or n		
102	stop here. The organization qualifies				14 13 33 17370 01 1	nore, check this bo	N and ►
r	33 1/3% support test - 2009.If the or		•		line 15 is 33 1/3%	or more check th	is hox
•	and stop here. The organization quali	=			iiie 13 i3 33 1737	of more, check in	▶ □
17-	10% -facts-and-circumstances test		• • •		13 16a or 16b	and line 14 is 10%	or more
170							
	and if the organization meets the "fact meets the "facts-and-circumstances":				· ·	art iv now the organ	Zation
9	10% -facts-and-circumstances test	•	*		•	17a and less 15 is 1	▶
IC.							
	more, and if the organization meets the				- ·		·
10	organization meets the "facts-and-circ						
10	Private foundation. If the organization	i dia not check a	LUCK OFFICE 13, 10	a, 100, 174, 01 171		and see instruction	

Schedule A (Form 990 or 990-EZ) 2010 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 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)

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e)	2010	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Gross receipts from admissions, merchandise sold or services per-							_
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose					<u> </u>		
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ızatıon's benefit and either paid to							
	or expended on its behalf				<u> </u>			
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
78	Amounts included on lines 1, 2, and	1						
	3 received from disqualified persons							
k	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							
	Add lines 7a and 7b					-		
	Public support (Subtract line 7c from line 6) ction B. Total Support			l,	<u>i</u>	<u>. </u>		
	·· · · · · · · · · · · · · · · · · · ·	4 > 2000	# \ 000T		1	1		
	indar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e)	2010	(f) Total
	Amounts from line 6 Gross income from interest.				*****	1		
108	dividends, payments received on securities loans, rents, royalties and income from similar sources							
	Unrelated business taxable income					+		
	(less section 511 taxes) from businesses	ĺ	:					
	acquired after June 30, 1975	ĺ						
	· '					+		
	Add lines 10a and 10b Net income from unrelated business	-				-		·
•	activities not included in line 10b, whether or not the business is							
12	regularly carried on Other income. Do not include gain					<u> </u>		
12	or loss from the sale of capital		i					
	assets (Explain in Part IV)					1		
	Total support (Add lines 9, 10c, 11, and 12)				<u> </u>	<u> </u>		
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organız	ation,
<u></u>	check this box and stop here	a Cumpart Da						<u> </u>
	ction C. Computation of Publi							
	Public support percentage for 2010 (li	• • • • • • • • • • • • • • • • • • • •	•	column (f))		15		%
	Public support percentage from 2009					16		%
	ction D. Computation of Inves							
	Investment income percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne 13, column (f))		17		<u>%</u>
	Investment income percentage from 2					18		%
19a	33 1/3% support tests - 2010. If the	=					, and line 1	7 is not
	more than 33 1/3%, check this box ar	id stop here. The	organization qual	fies as a publicly	supported organiz	ation		▶□
b	33 1/3% support tests - 2009. If the	_					-	and
	line 18 is not more than 33 1/3%, che							▶Щ
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check ti	his box and see in	struction	าร	<u> </u>

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010
Open to Public Inspection

Name of the organization Employer identification number YOUTHPRISE 27-4126970 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7, Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	dule D (Form 990) 2010 YOUTHPR	ISE					<u> 27-41</u>	<u> 26970</u>	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Historical T	reasures,	or Oth	er Simila	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of th	e following th	at are a s	ignificant ι	use of its	collection	items
	(check all that apply)								
а	Public exhibition	c	Loan or ex	change progr	rams				
b	Scholarly research	e		• , •					
С	Preservation for future generations			•					
4	Provide a description of the organization's co	ollections and explai	in how they further	the organizat	ion's exe	mpt purpo	se in Pari	XIV	
5	During the year, did the organization solicit o	-	•	_					
•	to be sold to raise funds rather than to be ma					. 4000.0		Yes	☐ No
Par	t IV Escrow and Custodial Arran				"Yes" to	Form 990	Part IV I		
	reported an amount on Form 990, Par		oto ii tilo organizat		, , , ,	. 0 000,	,	0, 0.	
12	Is the organization an agent, trustee, custod		diany for contribution	one or other a	eeate not	included			
ıa	on Form 990, Part X?	ian or other intermet	ulary for contribution	ons or other a	33613 1101	included		Yes	□ No
	•	and complete the fe	Marriage Apples				L	_ res	L NO
В	If "Yes," explain the arrangement in Part XIV	and complete the it	bllowing table:					A A	
	Decision in balance							Amount	
С.	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			$\overline{}$
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					Yes	L No
-	If "Yes," explain the arrangement in Part XIV								
Par	t V Endowment Funds. Complete	-	1						
		(a) Current year	(b) Prior year	(c) Two yea	ars back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance								
þ	Contributions								
С	Net investment earnings, gains, and losses			1					
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year	r end balance held a	as:						
а	Board designated or quasi-endowment		%						
b	Permanent endowment >	%							
С	Term endowment ▶	%							
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are held	and administ	ered for t	he organız	ation		
	by							Y	res No
	(i) unrelated organizations							3a(ı)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?					3b	
4	Describe in Part XIV the intended uses of the								
Par	t VI Land, Buildings, and Equipm							-	
	Description of investment	(a) Cost or c	other (b) Co	st or other	(c) A	ccumulate	d	(d) Book	value
	·	basis (investr	1	s (other)	,	preciation		` '	
1a	Land							-,	
b	Buildings								
-	Leasehold improvements		-						
ď	Equipment		·						
	Other		-		 		-		·
	Add lines to through to (Column (d) must a		. V. aab.aa. (D) baa	404-11	<u> </u>				0

Caba	due D. (Farres 000) 0040				ο π	410	C 0 E 0	_ 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to A	Audit	od Einon	oial S			<u>6970</u>	Page 4
<u> </u>		Auuii	eu rinan	1 1	tateme			710
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			,514,	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			207,	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3		<u>+</u>	<u>,306,</u>	766.
4	Net unrealized gains (losses) on investments			4			<u> </u>	
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV)			8				
9	Total adjustments (net) Add lines 4 through 8	_		9			,306,	0.
10 Dar	Excess or (deficit) for the year per audited financial statements Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statemen		ith Dayo	10	or Botu		,306,	700.
		112 44	IIII NEVE	ilue p	1	_	,514,	710
1	Total revenue, gains, and other support per audited financial statements				1	+	, 514,	710.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	ا ما						
a	Net unrealized gains on investments	2a						
b	Donated services and use of facilities	2b				ļ		
C	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIV)	2d			-			^
	Add lines 2a through 2d				2e		,514,	710
3	Subtract line 2e from line 1				3	╅	, 514,	/10.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	ا . ا				İ		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				ļ		
b	Other (Describe in Part XIV)	4b			— .			0
c	Add lines 4a and 4b				4c		,514,	<u>0.</u>
Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) t XIII Reconciliation of Expenses per Audited Financial Stateme	nte V	Vith Eyne	neae			<u>, этч,</u>	<u>/ 1 U •</u>
	Total expenses and losses per audited financial statements	1100	vitii Expe	,113C3	 	<u></u>	207,	011
1	Amounts included on line 1 but not on Form 990, Part IX, line 25.				1	+	401,	744.
2	Donated services and use of facilities	2a						
a b	Prior year adjustments	2a 2b						
D	Other losses	20 2c						
d	Other (Describe in Part XIV)	2d				-		
u ^	Add lines 2a through 2d	_ <u>zu</u> _			\dashv ,,	}		0.
3	Subtract line 2e from line 1				2e 3	+	207,	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				3	+	201,	<i>J</i> 4 4 •
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
	Other (Describe in Part XIV)							
	Add lines 4a and 4b	4b						0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				4c 5		207,	
_	t XIV Supplemental Information			-			201,	
	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	linos :	La and 4 Ba	art IV/ Jur	oc 1b on	d 2h Pa	rt V. Jino /	l: Bart
	2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comple							, rait
	B ASC 740-10 PROVIDES THAT A TAX EXPENSE O				-			N
1110	D 110C / 40 TO TROVIDED TIME A TAX BALLADE O	<u> </u>	DMDI II		m m	<u> </u>	DICTAL	7.4
TNC	OME TAX POSITION (INCLUDING TAX-EXEMPT STAT	tig)	MAY E	e e	COGN	TZED	ONLY	
	one the robition (thoughthe the main't bill	<u>00 /</u>	1111111	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	100011	<u> </u>	OHDI	
WHE	N IT IS MORE LIKELY THAN NOT THAT THE POSI	ሞፐብ	N WTT.T	. BE	SHET	ΔΤΝΕ	ח נופח	N
*****	N 11 10 MORD BIRDDI IMM NOI IMMI IMB 1001	110	TA MITT	ם ע	DODI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	010	11
EXZ	MINATION BY TAXING AUTHORITIES. MANAGEMENT	BE	T.TRVRS	ועים י	r ORG	ANTZ	ארד∩א	
13777	MINATION DI TAKING AUTHORITIED: MANAGEMENT	نارا	<u> </u>	, 1111	ond.	-71VI 21	MITON	
ная	NO UNCERTAIN INCOME TAX POSITIONS THAT WO	ת.זוז	RESUIT	ידית.	J AN	ልሮሮው	TAT.	
****	TO CHOLICIAN INCOME TAN LOGITIONS THAT WO	بريدد	TOCH	<u> </u>	. 171 .	CN	<u>, пп</u>	
EXE	ENSE OR BENEFIT UNDER THE MORE LIKELY THAN	NΩ	ጥ ვጥልእ	ומעחו) .			
	LIOL ON DEMELTI ONDER THE MONE DINEDI HAM	140	T DIM	TITTE	<u>,</u>			

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization	THPRIS	Е						Employer 27 – 41			umber
			on 501(c)(3	3) and section	n 501(c)(4) organization	ns only)		<u> 47 44</u>	2001	<u> </u>	
					ine 25a or 25b, or Fori		Z, Part	V. line 40	Ob.		
1										(c) Cor	rected?
(a) Name of disc	quaimed pers	son			(b) Description of	transa	ction			Yes	No
											
										_	
2 Enter the amount of tax impo	sed on the c	organization	managers	or disqualifie	ad persons during the	vear un	der				
section 4958	Sed on the c	ngai nzatioi	rmanagers	o disquaime	ed persons during the	year um	uei	▶ \$			
3 Enter the amount of tax, if an	v. on line 2.	above, reim	bursed by	the organiza	tion			▶ \$			
	, , ,		,								
Part II Loans to and/or	From Int	erested	Persons								•
Complete if the organ	nization ansy	vered "Yes'	on Form 9	990, Part IV, I	ine 26, or Form 990-E2	Z, Part V	, line 3	8a			
(a) Name of interested	(b) Loan t			nal principal	(d) Balance due	(e)		(f) App	oroved ard or		ritten
person and purpose	the organ	nization?	am	nount		defa	ult?	comm	uttee?	agree	ment?
	То	From	1	2 4 2 5		Yes	No	Yes	No	Yes	No
<u> WOKIE WEAH - COBR</u>	 	X		3,187.	3,187.		X	X		X	
	ļ		-					-			
			+						 		
· · · · · · · · · · · · · · · · · · ·								 	-	-	
			-					 		 	-
	-							1	 	 	
			 					 			
								 			
Total				\$	3,187.			1			
Part III Grants or Assist	ance Ber	nefiting li	ntereste	d Persons	·						
Complete if the organ	nzation ansv	vered "Yes'	on Form 9	990, Part IV, !	ine 27						
(a) Name of interested p	erson		(b) Relation		en interested person a janization	and			iount an assistan	d type o	f
							<u> </u>				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990 or 990-EZ) 2010

Page 2 Part IV | Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of organization's (b) Relationship between interested (a) Name of interested person (c) Amount of (d) Description of person and the organization transaction transaction revenues? Yes No Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: WOKIE WEAH (A) PURPOSE OF LOAN: COBRA PAYMENTS, REPAID TO ORGANIZATION AFTER YEAR END.

' SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

YOUTHPRISE

Employer identification number 27-4126970

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
BETWEEN GOVERNMENTAL BODIES, HIGHER EDUCATION ENTITIES, SCHOOL
DISTRICTS, AND YOUTH-SERVING ORGANIZATIONS.
FORM 990, PART VI, SECTION B, LINE 11: THE PRESIDENT, FINANCE AND
OPERATIONS DIRECTOR, AND FINANCE COMMITTEE WILL REVIEW A DRAFT OF FORM 990
AND OTHERS MAY READ THROUGH THE FORM. FEEDBACK WILL BE PROVIDED TO THE TAX
PREPARER WHO PROVIDES THE FINAL FILING COPY. YOUTHPRISE WILL THEN CHECK
THAT COPY TO VERIFY CHANGES HAVE BEEN MADE. A COPY WILL THEN BE PROVIDED TO
ALL VOTING BOARD MEMBERS AND THEY CAN COMMENT IF THEY LIKE. PRIOR TO
FILING, FORM 990 IS APPROVED BY THE BOARD OF DIRECTORS ALONG WITH RELATED
FILINGS WITH THE MINNESOTA ATTORNEY GENERAL'S OFFICE.
FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, THE ADULT BOARD OF
DIRECTORS FILL OUT A CONFLICT OF INTEREST FORM. THE AD-HOC GOVERNANCE
COMMITTEE ENSURES THAT ALL BOARD MEMBERS FILL OUT THE FORM. BOARD MEMBERS
ARE REQUESTED TO RECUSE THEMSELVES FROM DISCUSSING OR VOTING ON ANYTHING
THAT MAY BE CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15: YOUTHPRISE RETAINED A SEARCH FIRM
TO SCREEN, INTERVIEW AND RECOMMEND CANDIDATES FOR THE POSITION OF
PRESIDENT. AS PART OF THIS PROCESS, THE SEARCH FIRM PROVIDED INPUT
REGARDING COMPENSATION BASED ON SURVEY OF MARKET RATES TO THE SEARCH
COMMITTEE OF THE BOARD OF DIRECTORS.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization YOUTHPRISE	Employer identification number 27 – 4126970
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS UPON REQUEST	1.
FORM 990, PART VIII, LINE 1 AND SCHEDULE B:	
CONTRIBUTIONS DISCOUNTED FOR FUTURE PAYMENT	
TOTAL CONTRIBUTIONS REPORTED ON SCHEDULE B ARE HIGHER THA	N THE TOTAL
CONTRIBUTION REVENUE REPORTED ON FORM 990, PART VIII DUE	TO DISCOUNTING
FOR FUTURE CONTRIBUTION RECEIVABLE PAYMENTS. SCHEDULE B	REPORTS THE
TOTAL, UNDISCOUNTED CONTRIBUTION AMOUNTS. PART VIII REPO	RTS THE
PRESENT VALUE OF CONTRIBUTIONS, WHICH INCLUDES A DISCOUNT	OF \$5,351.
	

Form 8868

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		•	\mathbf{X}
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of this	form)		
Do not c	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previously fil	ed Fo	m 8868	
Electron	ic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time to	o file (6	months for a corpo	ration
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 88	368 to request an ex	tension
	file any of the forms listed in Part I or Part II with the ex					
Personal	Benefit Contracts, which must be sent to the IRS in page	er format	(see instructions) For more details on the	ne elec	tronic filing of this fo	orm,
	rrs gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time					
•	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and com	plete		
Part I onl					•	
	corporations (including 1120-C filers), partnerships, REN ome tax returns.	1ICs, and t	rusts must use Form 7004 to request an	exten	sion of time	
	 			· · · · ·		
Type or	Name of exempt organization			Empl	oyer identification	number
print	WOMEN'S TOP			١ ۾	7 4106070	
File by the	YOUTHPRISE		· · · · · · · · · · · · · · · · · · ·	4	<u>7-4126970 </u>	
due date for filing your	Number, street, and room or suite no If a P O. box, s		tions			
return See	615 FIRST AVENUE NE, NO. 1					
instructions	City, town or post office, state, and ZIP code For a for	oreign add	iress, see instructions			
	MINNEAPOLIS, MN 55413			-		
Enter the	Datum and for the value that this application is far (file		**			0 1
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			
Applicati		Datum	Application			Return
Applicati	OII	Return	Application Is For			
Form 990		Code 01	Form 990-T (corporation)			Code 07
Form 990	 	02	Form 1041-A			08
Form 990		03	Form 4720			09
Form 990		03	Form 5227			10
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	O-T (trust other than above)	06	Form 8870			12
1 01111 000	Transfer and radio and above)	1 00	1 0111 007 0			1
• The bo	ooks are in the care of THE ORGANIZATI	ON				
	none No ► 612-564-4858	<u> </u>	FAX No ▶			
	organization does not have an office or place of business	s in the Ur				
	is for a Group Return, enter the organization's four digit			s is foi	the whole aroup, cl	heck this
box ▶	. If it is for part of the group, check this box	-				
	quest an automatic 3-month (6 months for a corporation		• • •		ore title exterior to	101
	FEBRUARY 15, 2012, to file the exemp				The extension	
ıs fe	or the organization's return for.	3				
▶[calendar year or					
▶ [X tax year beginning OCT 22, 2010	, an	d ending JUN 30, 2011			
					_	
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on 🗶 Initial return 🔲 Fina	l retur	n	
	Change in accounting period					
	J.					
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax. less any			
	nrefundable credits. See instructions	,	,	3a	\$	0.
_	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and		-	
	mated tax payments made Include any prior year overp	-		3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa					
	using EFTPS (Electronic Federal Tax Payment System)	-	•	3с	\$	0.
	If you are going to make an electronic fund withdrawal			8879·I	O for payment insti	