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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Form **990-EZ**

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

(except black lung benefit trust or private foundation)
 ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
Parenting With Purpose
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
7111 W Broadway 206
 City or town, state or country, and ZIP + 4
Brooklyn Park, MN 55428

D Employer identification number
41-1821091

E Telephone number
763-503-2892

F Group Exemption Number ▶ _____

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **www.parentingwithpurpose.org**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

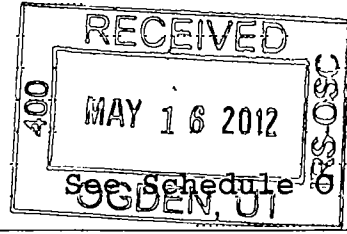
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **148,255.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

	Description		Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received	120,401.
	2	Program service revenue including government fees and contracts	22,520.
	3	Membership dues and assessments	
	4	Investment income	
	5a	Gross amount from sale of assets other than inventory	
	5b	Less: cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Gaming and fundraising events	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
Expenses	6b	Gross income from fundraising events (not including \$ 18,139. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	4,314.
	6c	Less: direct expenses from gaming and fundraising events	1,699.
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	2,615.
	7a	Gross sales of inventory, less returns and allowances	
	7b	Less: cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8	Other revenue (describe in Schedule O) See Schedule O	1,020.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	146,556.	
Net Assets	10	Grants and similar amounts paid (list in Schedule O)	
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	110,345.
	13	Professional fees and other payments to independent contractors	1,518.
	14	Occupancy, rent, utilities, and maintenance	5,202.
	15	Printing, publications, postage, and shipping	1,011.
	16	Other expenses (describe in Schedule O)	33,061.
	17	Total expenses. Add lines 10 through 16	151,137.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-4,581.	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	-3,769.	
20	Other changes in net assets or fund balances (explain in Schedule O)	0.	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	-8,350.	



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Form **990-EZ** (2011)

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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	4,295.	4,681.
23 Land and buildings		
24 Other assets (describe in Schedule O) See Schedule O	11,146.	5,326.
25 Total assets	15,441.	10,007.
26 Total liabilities (describe in Schedule O) See Schedule O	19,210.	18,357.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-3,769.	-8,350.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 See Schedule O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	64,536.
29 See Schedule O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	57,758.
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	122,294.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Michael Brass, 7111 W Broadway, Suite 206, Brooklyn Park, MN 55428	Board Chairman	2.00	0.	0.
Lisa Brass, 7111 W Broadway, Suite 206, Brooklyn Park, MN 55428	Board Secretary	5.00	0.	0.
Ramon Harris, 7111 W Broadway, Suite 206, Brooklyn Park, MN 55428	Board Treasurer	1.00	0.	0.
Austin H Coleman II, 7111 W Broadway, Suite 206, Brooklyn Park, MN 55428	Board Member	2.00	0.	0.
Melissa Coleman, 7111 W Broadway, Suite 206, Brooklyn Park, MN 55428	Board Member	2.00	0.	0.
Tom Wick, 7111 W Broadway, Suite 206, Brooklyn Park, MN 55428	Board Member	2.00	0.	0.
Wayne Wilson, 7111 W Broadway, Suite 206, Brooklyn Park, MN 55428	Board Member	2.00	0.	0.
Lori Strong, 7111 W Broadway, Suite 206, Brooklyn Park, MN 55428	Executive Director	40.00	60,000.	1,631.
Paul Strong, 7111 W Broadway, Suite 206, Brooklyn Park, MN 55428	President	40.00	47,083.	1,631.
Joyce Lamphere, 7111 W Broadway, Suite 206, Brooklyn Park, MN 55428	Board Member	1.00	0.	0.
Sharon Kennedy, 7111 W Broadway, Suite 206, Brooklyn Park, MN 55428	Board Member	1.00	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____ 0.		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____ N/A		
39	Section 501(c)(7) organizations Enter:		
39a	a Initiation fees and capital contributions included on line 9 39a _____ N/A		
39b	b Gross receipts, included on line 9, for public use of club facilities 39b _____ N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ 0. ; section 4912 ▶ _____ 0. ; section 4955 ▶ _____ 0.		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ 0.		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____ 0.		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ MN		
42a	The organization's books are in care of ▶ Lori Strong Telephone no. ▶ 763-503-2892 Located at ▶ 7111 W Broadway, Suite 206, Brooklyn Park, MN ZIP + 4 ▶ 55428		
42b	b 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)? If "Yes," enter the name of the foreign country: ▶ _____		X
42c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
43	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____ N/A		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c	Did the organization receive any payments for indoor tanning services during the year?		X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **NONE**

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer: <u><i>Lori Strong</i></u>	Date: <u>5/11/12</u>
	Type or print name and title: <u>Lori Strong, Executive Director</u>	

Paid Preparer Use Only	Print/Type preparer's name Steven D. Anseth, CPA	Preparer's signature <u><i>Steven D. Anseth</i></u>	Date <u>5/10/12</u>	Check <input type="checkbox"/> if self-employed	PTIN P00552219
	Firm's name ▶ Francis & Associates, P.A.			Firm's EIN ▶ 30-0106468	
	Firm's address ▶ 1809 S Plymouth Road #200 Minnetonka, MN 55305			Phone no. (952) 593-4000	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2011

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Name of the organization **Parenting With Purpose** Employer identification number **41-1821091**

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h:
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	185,798.	159,505.	152,338.	135,196.	120,401.	753,238.
2 Tax revenues levied for the organization'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						
4 Total. Add lines 1 through 3	185,798.	159,505.	152,338.	135,196.	120,401.	753,238.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						181,222.
6 Public support. Subtract line 5 from line 4						572,016.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	185,798.	159,505.	152,338.	135,196.	120,401.	753,238.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	3,403.	11,377.	15,774.	2,940.	3,635.	37,129.
11 Total support. Add lines 7 through 10						790,367.
12 Gross receipts from related activities, etc (see instructions)					12	77,761.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	72.37 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	67.45 %
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Banquet (event type)	COPS Run (event type)	1 (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	15,654.	5,699.	1,100.	22,453.
	2	Less: Charitable contributions	13,464.	4,525.	150.	18,139.
	3	Gross income (line 1 minus line 2)	2,190.	1,174.	950.	4,314.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	1,079.	594.	26.	1,699.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(1,699.)
	11	Net income summary. Combine line 3, column (d), and line 10				2,615.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine line 1, column d, and line 7			

9 Enter the state(s) in which the organization operates gaming activities _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain _____

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Internal Revenue Service

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Form 990-EZ, Part I, Line 8, Other Revenue:

Description of Other Revenue:	Amount:
Other revenue	1,020.

Form 990-EZ, Part I, Line 16, Other Expenses:

Description of Other Expenses:	Amount:
Awards and Grants	1,829.
Bank Service Fees	1,058.
Depreciation Expense	1,817.
Insurance Expense	2,712.
Interest Expense	1,709.
Payroll Taxes	8,192.
Travel and Meetings	7,329.
Supplies Expense	2,915.
Telephone and Internet	5,056.
Worker's comp	444.
Total to Form 990-EZ, line 16	33,061.

Form 990-EZ, Part II, Line 24, Other Assets:

Description	Beg. of Year	End of Year
Accounts Receivable, net	5,164.	3,402.
Prepaid Expenses and Deferred Charges	233.	70.
Other Depreciable Assets	5,749.	1,854.
Total to Form 990-EZ, line 24	11,146.	5,326.

Form 990-EZ, Part II, Line 26, Other Liabilities:

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

Schedule O (Form 990 or 990-EZ) (2011)

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Description	Beg. of Year	End of Year
Accounts Payable	19,210.	18,357.

Form 990-EZ, Part III, Primary Exempt Purpose - For 17 years Parenting With Purpose (PWP) has made a tremendous impact on the families we serve by focusing on our mission. Through mentoring, education, and support, PWP will bring healing, restoration and liberty to families affected by incarceration. PWP accomplishes this by providing parent education and support services to families of incarcerated parents; including children, their guardians as well as the incarcerated parent. We believe that just because a parent has committed a crime does not stop them from being a parent or make them a bad parent. However, the incarcerated parent has a strong influence on their children and family. PWP has a plan and is committed to serve as a positive influence in the lives of children affected by a parent's incarceration. Currently, PWP is the only organization in Minnesota who provides services to the entire family affected by parental incarceration. PWP focuses on families in the Twin Cities metro area.

Form 990-EZ, Part III, Line 28, Program Service Accomplishments:

Parenting the Future With Purpose (PFWP) provides parenting education and support for incarcerated parents who have a desire to increase their parenting skills and improve family relationships in preparation for a return to their homes and communities. PFWP is currently facilitating parenting classes in the Minnesota Women's Correctional Facility in Shakopee (MCF/SHK);

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Minnesota Men's Correctional Facility in Faribault (MCF/FRB), and Hennepin County Adult Detention Center for women. PFWP also provides an umbrella of support services to children of these parents through C.H.O.S.E.N., a volunteer-based support service that provides transportation to children and youth to see their moms at MCF-SHK. Supportive home visits are provided to encourage appropriate behavior in home and the schools for the children. Upon release from prison, PFWP also provides transition support services to those moms and dads who desire to be reunited with their children and live in the metro area of Minneapolis and St. Paul, Minnesota. In 2011, the following goals and accomplishments were achieved.

- (1) 6 children visited their moms 16 times in the Minnesota Correctional Facility (MCF-SHK) in Shakopee, Minnesota.
- (2) 144-parent education classes to 131 women at MCF-SHK.
- (3) 52-parent education classes to 127 women at the Hennepin County Adult Detention Center (HCADC).
- (4) 144-parent education classes to 193 men at the Minnesota Correctional Facility (MCF-FRB) in Faribault, Minnesota.
- (5) 26-parent education classes to 29 women at VOA (Volunteers of America re-entry facility in Roseville, Minnesota.
- (6) 32 released parents received support services; including home visits, referrals, and family support.

Through these support services the following organizational goals were reached:

- (1) Parenting With Purpose has played an integral part in discontinuing the intergenerational cycle of criminal behavior in 500 families.

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(2)85% of the incarcerated parents served rated themselves higher in their parenting skills after they completed their parenting classes. 85% of the parenting program graduates became more involved in their children's school from the prison. 96% of the parents released acquired a job or schooling. 97% of the released parents acquired safe housing. 97% of the released parents remained crime-free.

Form 990-EZ, Part III, Line 29, Program Service Accomplishments:

The Mentoring For Life Change program is a one-on-one mentoring program created to break the intergenerational cycle of criminal behavior in youth affected by parental incarceration. Since July 1999, Mentoring For Life Change has made inroads in strengthening family relationships; improving or maintaining good behavior and academic progress in school; increased community service and career awareness in the lives of at-risk youth.

MLC program focuses on the expansion of services Parenting With Purpose provides to children and families affected by parental incarceration. This program is developed in response to a specific inmate need for assistance to restore and strengthen family relationships and to reduce and prevent the cycle of child abuse and neglect in families with an incarcerated parent. This expansion includes more intense services to the children and their families. PWP believes that as a family is strengthened they will be a greater asset to our communities. The strengthening we believe is holistic; including living a healthy lifestyle by maintaining regular check-ups for the children and the adults; eating healthy and exercising regularly and also learning

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skills to reduce stress.

The expected outcomes of MLC program are as follows:

To improve relationship with youth of incarcerated parent and their guardian(s).

To improve academic and school behavior for program participants.

To improve the physical health and emotional well being of children and youth of incarcerated parents and their parents by increasing their awareness in different areas of their lives.

To reduce the criminal activity in the children/youth of incarcerated parents.

In 2011, the following accomplishments were achieved:

(1) Monthly support services (rides, support group and home visits) to 38 children, age 5-25, who have or had an incarcerated parent.

(2) In the lives of the 38 children and teens that are involved in the Mentoring for Life Change (MLC) program, 95% were not involved in any criminal behavior throughout their year of involvement with Parenting With Purpose.

(3) 100% of the children and teens who were actively involved with Parenting With Purpose were able to remain in contact with their parents who were incarcerated or released.

(4) 95% of the families involved in the Mentoring for Life Change program reported/showed improvement in the family relationships.

(5) 100% of the children and teens, regularly involved with Parenting With Purpose, have continued to attend school. 94% have shown some improvement or maintained their academics or continued good behavior in school.