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DLN: 93493008003063

Department of the Treasury

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)

OMB No 1545-0047

Internal	Revenue	Service	► The organization may have to use a copy	y of this return to	satisfy st	ate reporting	requirements	Inspection
A Fo	or the 2	2011 cal	lendar year, or tax year beginning 07-01-201	1 and ending 06	5-30-2012		D F!	
B Ch	eck if ap	pplicable	C Name of organization YOUTHPRISE				D Employer Id	entification number
☐ Add	dress ch	ange	Doing Business As			_	27-412697 E Telephone n	
∏ Na	me char	nge	Doing business As				•	
┌ Ind	tıal retur	m	Number and street (or P O box if mail is not delive	red to street address)	Room/suit	<u>е</u>	(612) 564-	
Г Те	rmınated	d	615 FIRST AVENUE NE NO 125				G Gross receipts	\$ 10,607,877
┌ Am	nended r	return	City or town, state or country, and ZIP + 4			_		
┌ _{Api}	plication	pending	MINNEAPOLIS, MN 55413					
		ľ	F Name and address of principal officer			H(a) Is the	s a group retur	n for
			WOKIE WEAH			affilia		⊤Yes ▼ No
			615 FIRST AVENUE NE NO 125 MINNEAPOLIS,MN 55413			11/1-> • •		
						• •	l affiliates includ	led? Yes No (see instructions)
I Ta	ax-exem	pt status	▼ 501(c)(3)	4947(a)(1) or 5	527		p exemption ni	
	ebsite	∷ ⊳ YOL	JTHPRISE ORG			(-)		
			✓ Corporation Trust Association Other ►		<u> </u>		2010	Charles of learning
		janization	Corporation) Trust Association Other			L fear or lor		¶ State of legal domicile 1N
Pa	rt I	Sumi	mary					
			scribe the organization's mission or most sign RISE CHAMPIONS LEARNING BEYOND TI			· ALL MINNE	SOTA'S VOU	-H THDIVE
8	<u> </u>	I O O I IIIF	RISE CHAMPIONS LEARNING BETOND TI	TE CLASSROOM	30 THAT	ALL MINNE	3014 3 100	HIHRIVE
Activities & Governance	-							
<u>ē</u>	-		· · · · · · · · · · · · · · · · · · ·					
<u> </u>	1		is box 🔭 if the organization discontinued it			more than 2	1	I
×6			of voting members of the governing body (Pai				3	13
<u>e</u>	1		of independent voting members of the govern					13
Ĕ			nber of individuals employed in calendar yea		ne Za) .		5	6
্ব			nber of volunteers (estimate if necessary) elated business revenue from Part VIII, coli				7a	15
			ated business taxable income from Form 99				7a 7b	0
	b '	vec uniter	ated business taxable income from 1 om 1 om 1	0 1, IIII	•	Prio	r Year	Current Year
	8	Contrib	outions and grants (Part VIII, line 1h)			7110	1,514,649	10,589,042
9		9 Program service revenue (Part VIII, line 2g)					0	12,500
Revenue	10	-	ment income (Part VIII, column (A), lines 3,		61	6,335		
ř	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					0	0
	12		evenue—add lines 8 through 11 (must equal		-			
							1,514,710	10,607,877
	13		and similar amounts paid (Part IX, column (0	2,638,350
	14		s paid to or for members (Part IX, column (A				0	0
82	15	Salarie 5-10)	s, other compensation, employee benefits (P	'art IX, column (A), lines	48,238		556,757
Expenses	16a	•	sional fundraising fees (Part IX, column (A),	line 11e)			0	0
Š	Ь		ndraising expenses (Part IX, column (D), line 25) •49,					
ш	17		expenses (Part IX, column (A), lines 11a–11				159,706	708,560
	18		xpenses Add lines 13-17 (must equal Part				207,944	3,903,667
	19	Revenu	ue less expenses Subtract line 18 from line	12			1,306,766	6,704,210
% ₹8							of Current	End of Year
Not Assets or Fund Balances		T - 1 - 1	costs (Davit V. Line 1.C.)				ear	
A 8	20		ssets (Part X, line 16)		•		1,351,891 45,125	8,825,774
ză Z	21		abilities (Part X, line 26) sets or fund balances Subtract line 21 from				1,306,766	814,798 8,010,976
	rt III		ature Block	ille 20	• •		1,300,700	0,010,570
			erjury, I declare that I have examined this return	. including accomp	anving sch	nedules and st	atements, and t	o the best of my
know			, it is true, correct, and complete. Declaration o					
KIIO II	icage.							
		****	**			20	12-11-16	
Sigr	า	Signat	ture of officer			Da		
Her			E WEAH PRESIDENT					
		Туре	or print name and title					
		Preparer's		Date 2012-11-16		neck if		yer identification number
Paid		signature	THOMAS W HODNEFIELD CPA	2012-11-16		elf- nployed 🕨 🦵	(see instructions P00185415	?)
	arer's		me (or yours 👠 HLB TAUTGES REDPATH LTD			•		-72
Use	Only	ıf self-em address,	nployed), and ZIP + 4 4810 WHITE BEAR PARKWAY				EIN • 41-0975	0/3
]	WHITE BEAR LAKE, MN 55110				Phone no 🕨 (551) 426-7000
Mav	the IR:	S discus:	s this return with the preparer shown above?	(see instructions	;)			▼ Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Part		ment of Prog				Part III .			দ	<u> </u>
1	Briefly descr	ibe the organizat	ıon's mıssıo	n						
YOUT NATIONS INC	HPRISE WILI ON IN ACCEI CLUDED AND	L WORK WITH O LERATING LEAD	THER ORGA DERSHIP AN ERY FAMIL	ANIZATIONS A ND INNOVATIO Y HAS ACCESS	ND LEADERS ON BEYOND T 5, EVERY PRO	TO PROMOT HE CLASSRO GRAM HAS S	M SO THAT ALL M TE OUR VISION TH DOM, ENSURING T UPPORT TO ENSU	HAT MINNI HAT EVER	SOTA LEAD T Y YOUNG PERS	HE SON
		ızatıon undertake n 990 or 990-EZ			ervices during		n were not listed on	┌ Yes	✓ No	
]	If "Yes," desc	rıbe these new s	ervices on S	Schedule O						
!	services? .	ization cease col				ow it conduct	s, any program	✓ Yes	☐ No	
4	Describe the expenses Se	organization's pr ction 501(c)(3):	ogram servi and 501(c)(ce accomplishn 4) organizations	s and section 4	947(a)(1) tru	rgest program servi usts are required to gram service report	report the	asured by amount of	
	(Code) (Ex	penses \$	2,744,432	ıncludıng grants	of \$	2,638,350) (Revenue	: \$)	
	EMPOWER QUA	ALIFIED PROGRAMS T GENERAL OPERATI	O INCREASE Y	OUTH ENROLLMENT EXPAND ACCESS 1	T AND ACESS IN C TO QUALITY LEARN	RDER TO CLOSE ING PPORTUNIT	DISTRIBUTES, LEVERAGE THE OPPORTUNITY GA TES, AND PARTNERSHIF LY IN PUBLIC ADVOCAC	P STRATEGIO P INVESTMENT	INVESTMENTS	
4b	(Code) (Ex	penses \$	315,748	ıncludıng grants	of \$) (Revenue	\$	12,500)	
	FOLLOWING WARPROGRAM DES ADDRESS STRA QUALITY OPPOIL COMMUNITY-B INCREASE YOU MEASURES OF STATE, AND LO YOUTH-COORD	AYS -PARTNERING N IGN-CONVENING INT KTEGIC OPPORTUNIT RTUNITIES FOR LEAF ASED NETWORKS TO ITH CIVIC ENGAGEMI NON-ACADEMIC IND ICAL FUNDING PARTI	WITH ORGANIZ TERGENERATIC TES IN THE FIE TINING BEYOND TO DEVELOP COD TENT, AND ADVA TICATORS FOR	ZATIONS TO EXPAND NAL FORUMS, CON ELD-PROVIDING GR. THE CLASSROOM I WHEREHENSIVE LEAR ANCE OR DEVELOP I LEARNING BEYOND NG MUNICIPALITIES E AFTERSCHOOL ALI	O OPPORTUNITIES IDUCTING OUTRE/ ANTS FOR GENER. FOR MIDDLE AND INING SYSTEMS TH RELIABLE INFORM. THE CLASSROOM , TRIBES AND YOL LIANCE AND ADVO	FOR MINNESOT. ICH, AND PARTN AL OPERATING S HIGH SCHOOL-A HAT EXPAND PRO ATION SYSTEMS -COLLABORATIN. ITH PROVIDERS CATING WITH S	EARNING OPPORTUNTITY A YOUTH TO LEAD IN POPERING WITH GRASSROW UPPORT TO ORGANIZAT GED YOUTH (OPEN REP DORAM PARTICIPATION, (BY INVITATION)-COMM G ON FUNDING AND INI TO DEVELOP COMMUNI TATE AND LOCAL POLICY IONS	OLICYMAKING, OTS COMMUN TONS THAT EX TONS THAT EX TONS THAT EX TONS THAT EX TONS THAT TONS THAT TONS THAT TONS THAT TONS THAT TONS THAT TONS THAT THAT TONS THAT TONS THAT TONS THAT TONS THAT TONS THAT TONS THAT THAT TONS THAT THAT TONS THAT TONS THAT TONS THAT TONS THAT TONS THAT TONS THAT THAT	GRANTMAKING AN ITY LEADERS TO (PAND ACCESS TO FIGANTS TO FIGANTS TO FIGANTS TO DEVELO DIECTS WITH NATION ANS FOR AND WITH	D HIGH OP NAL
<u></u>	(Code) (Fx	penses \$	203,515	ıncludıng grants	of \$) (Revenue	\$,	
	SYSTEMS BUILD	DING ADVANCE INTE	GRATED COM	MUNITY-BASED INF	ORMATION SYSTE	MS TO FACILITA	TE KNOWLEDGE EXCHA	NGE, RESOUR		ND
	(Code) (Ex	penses \$	164,950	ıncludıng grants	of \$) (Revenue	\$)	
	SYSTEMS COM		TO DEVELOP I	MEASURES OF NON	-ACADEMIC INDIC	ATORS FOR LEA	I TO ENLIVEN, EXPAND, RNING BEYOND THE CL			D
	Other progra	am services (De	scribe in Sc	hadula O)						—
Tu	(Expenses \$	•		cluding grants o	of \$)	(Revenue \$)	
4e	Total progra	m service expens	ses + \$	3,428,64	5					

CHECKIIST OF REGULE CO SCHEDULE	art IV	Checklist o	f Required	Schedule
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	·		Yes	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
C	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 16? If "Yes," complete Schedule D, Part VIII.	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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	Yes	
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	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 J	23		No
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," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	25a		No
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 I	25b		No
26	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	26		No
27	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 III	27		No
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			1
		28a		N o
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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	37		No
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	Yes	
		F	orm 99 0	(2011)

Part 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
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 12			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
а	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			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	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 or securities account)?	4a		No
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			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	İ		
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		No
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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	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		
	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		
	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
) a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12			
,	facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
_	the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes." has it filed a Form 7.20 to report these payments? If "No." provide an explanation in Schedule O.	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Se	ction A. Governing Body and Management			
			Yes	No
1_	Enter the number of veting members of the governing heady at the and of the tay			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		No
4	supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was			INO
•	filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	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	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by	17	163	
•	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	Yes	
h	Other officers or key employees of the organization	15b	163	No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)	130		140
	11 Tes, to line 134 of 135, describe the process in senedule o (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ O wn website ☐ A nother's website ☑ U pon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 THE ORGANIZATION 615 FIRST AVENUE NE NO 125

MINNEAPOLIS, MN 55413 (612) 564-4858

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ 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) Name and Title	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related	
	for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organizations	
(1) KIT HADLEY CHAIR	5 00	х		х				0	0	0	
(2) IRENE FERNANDO TREASURER/SECRETARY	1 00	х		х				0	0	0	
(3) TAWANNA BLACK DIRECTOR	1 00	х						0	0	0	
(4) REV KELLY CHATMAN DIRECTOR	1 00	х						0	0	0	
(5) JENNIFER WALTMAN DIRECTOR	1 00	х						0	0	0	
(6) DICK MCFARLAND DIRECTOR	1 00	х						0	0	0	
(7) TERRIE ROSE DIRECTOR	1 00	х						0	0	0	
(8) THOMPSON ADERINKOMI DIRECTOR	1 00	х						0	0	0	
(9) SOLOME TIBEBU DIRECTOR	1 00	х						0	0	0	
(10) SHAMARI CHISM DIRECTOR	1 00	х						0	0	0	
(11) JOSEPH STACKHOUSE DIRECTOR	1 00	х						0	0	0	
(12) AMY HAMG DIRECTOR	1 00	х						0	0	0	
(13) TANYA BRANSFORD DIRECTOR	1 00	х						0	0	0	
(14) WOKIE WEAH PRESIDENT	40 00			Х				94,844	0	17,039	
(15) SHEILA GOTHMANNSTARTED 102011 FINANCE/OPERATIONS DIRECTOR	32 00			х				11,508	0	6,362	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (describe hours	unles an	on (d e tha	n on son er ai	e bo ıs bo nd a	x, oth)		Rep comp fro organiz	(D) ortable ensation m the ration (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estima mount o compens from t rganizati	ted f other sation the on and
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza	
1b	Sub-Total			<u> </u>	<u> </u>	_		<u> </u> ►						
С	Total from continuation sheets t							•						
2	Total (add lines 1b and 1c) . Total number of individuals (inclusion) in the state of the state	udıng but not lın	nited to	thos	e lıs		• above) who	receive	106,352 d more tha	ın	0		23,401
	\$100,000 of reportable compens	sation from the t	Ji gaili Z										Yes	No.
3	Did the organization list any form on line 1a? <i>If</i> " <i>Yes,"</i> complete Sch									t compens	ated employee	3	res	No No
4	For any individual listed on line 1 organization and related organization													
5	Individual										or individual for	4		No_
	services rendered to the organiz	ation? <i>If</i> " <i>Yes,"</i> (complet	e Sch	edul	e J f	or suci	n pers	son .		. [5		No_
	ction B. Independent Cont													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax you	the organizatio												
	Nan	(A) ne and business add	dress							Desc	(B) ription of services	(C) Compensation		
												#		
												1		
	Total number of independent conti \$100,000 of compensation from t			ot lin	nited	d to	those	liste	d above)	who recei	ved more than	+		

Part V	<u> </u>	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
22	1a	Federated campaigns 1a				
重量						
꽃궁	b	Membership dues 1b				
<u>"</u> ≣	С	Fundraising events 1c				
≝≌	d	Related organizations 1d				
ರ್ಷ						
%, <u>E</u>	е	Government grants (contributions) 1e 90,067				
_ই 2	f	All other contributions, gifts, grants, and 1f 10,498,975	j j	İ		j
돌		similar amounts not included above				
운동	g	Noncash contributions included in				
풀고		lines 1a-1f \$				
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	10,589,042			
		Business Code				
e E			-			
ē E	2a	FEES FOR SERVICE 900099	12,500	12,500		
, Š	ь					
a T	c					
ş						
Ŕ	d					
=	e					
Program Serwce Revenue	f	All other program service revenue				
္ဂ	-					<u> </u>
Δ	g	Total. Add lines 2a−2f	12,500			
	3	Investment income (including dividends, interest				
		and other similar amounts)	6,335			6,335
		Income from investment of tax-exempt bond proceeds	,			,
	4					
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	ь	Less rental	1			
		expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)	1 1			
	"	The following of (1000):				
	_	(i) Securities (ii) Other	-			
	7a	Gross amount from sales of				
		assets other				
		than inventory Less cost or	-			
	b	other basis and				
		sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising				
Other Revenue		s of contributions reported on line 1c) See Part IV, line 18				
Œ		a				
<u>₹</u>	ь	Less direct expenses b	1			
₹		Net income or (loss) from fundraising events	1			
J	C C	l l				
	9a	Gross income from gaming activities See Part IV, line 19 a				
	b	Less direct expenses b]			
	С	Net income or (loss) from gaming activities]			
	10a	Gross sales of inventory, less				
		returns and allowances .				
	b	Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory]			
		Miscellaneous Revenue Business Code				
	11a	333,1333 3040	1			
	b					
	С					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
		iotal. Add illies 11a-11d				
	12	Total revenue. See Instructions				
		- Octal revenue. See Tristi decitoris	10,607,877	12,500	0	6,335
						Form 990 (2011)

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

C	neck if Schedule O contains a response to any question in this Part IX	<u></u>		<u>, , , , , , , , , , , , , , , , , , , </u>	
	ot include amounts reported on lines 6b, o, 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 United States See Part IV, line 21	2,638,350	2,638,350		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	224,130	130,351	85,633	8,146
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	266,536	159,574	81,982	24,980
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,408	3,429	1,408	571
9	Other employee benefits	26,666	18,356	4,819	3,491
10	Payroll taxes	34,017	20,178	10,320	3,519
11	Fees for services (non-employees)				
а	Management	166,739	55,757	110,982	
b	Legal	18,555	7,561	10,994	
С	Accounting	18,060	,	18,060	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g g	Other	337,490	287,956	41,403	8,131
12	Advertising and promotion	337,130	201,530	11,103	0,131
13	Office expenses	32,301	12,099	20,038	164
14	Information technology	26,815	19,975	6,840	
15		20,813	19,973	6,840	
	Royalties	46,460	21.002	14 520	110
16	Occupancy	46,460		<u> </u>	119
17	Travel	51,960	42,612	9,066	282
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	1,953		1,953	
23	Insurance	2,400		2,400	
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 O)				
а	PROFESSIONAL DEVELOPMEN	4,320	645	3,675	
b	MEMBERSHIP DUES	1,507		1,507	
c					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,903,667	3,428,645	425,619	49,403
26	Joint costs. Check here ► ☐ If 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	,,,,,,,	,		,
				Fo	rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 492,022 1 1 273.046 2.849.025 2 2 3 1.074.649 5,333,743 3 4 3.044 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 3.187 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 1.009 9 5.683 Prepaid expenses and deferred charges 144,210 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 1,953 b Less accumulated depreciation 0 10c 142,257 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 1,351,891 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 8,825,774 45,125 69,798 17 17 Accounts payable and accrued expenses . 18 18 745,000 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D 26 45,125 26 814,798 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 232,117 27 Unrestricted net assets 593,218 1.074.649 28 7,417,758 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 1.306.766 33 8.010.976 Total net assets or fund balances 1,351,891 34 Total liabilities and net assets/fund balances 8.825.774 34

Pal	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		10,6	507,87
2	Total expenses (must equal Part IX, column (A), line 25)	2			903,66
3	Revenue less expenses Subtract line 2 from line 1	3		6,7	704,21
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,3	306,76
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
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		8,0	10,97
Par	TXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			v	
			2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssuea			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	•	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	equired	3b		

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As Filed Data -

DLN: 93493008003063

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

YOUTHPRISE

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Employer identification number

								27-41269		
Part I			blic Charity Sta						<u>istructions</u>	
_			e foundation becaus					ox)		
1	•		on of churches, or a			•)(1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	A hospital	or a coo	perative hospital se	rative hospital service organization described in section 170(b)(1)(A)(iii).						
4			n organization operat ty, and state	ted in conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii). E	nter the
5 厂	_		erated for the benefi	_	or universit	y owned or o	perated by a	government	:al unit desci	 ribed in
	section 170	(b)(1)(A)(iv). (Complete P	art II)						
6	A federal, s	tate, or	local government or	government	al unit desc	rıbed ın secti	on 170(b)(1	.)(A)(v).		
7	described i	n	at normally receives (A)(vi) (Complete P		l part of its	support from	a governme	ntal unit or fr	om the gene	ral public
8 🗆			described in section		A)(vi) (Con	nplete Part II)			
9			at normally receives					outions. mem	bership fees	, and gross
,	_		ities related to its e	` '		• •		•	•	
			oss investment inco							
			janization after June						tax, nom bas	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ıo 🗆			ganized and operated							
10 , 11			ganized and operated						o carry out t	he nurnoses of
,	one or more	public t descri	ly supported organiz bes the type of supp b Type I	ations descr oorting organ	ıbed ın sectı ızatıon and o	on 509(a)(1)	or section is 11e through	509(a)(2) Se gh 11h	ee section 5 0	
e f g	other than section 50° If the organ check this	foundati 9 (a)(2) nization box st 17, 2	ox, I certify that the on managers and other received a written do 2006, has the organic	her than one	or more pub	licly supporte	ed organizat Type I, Type	ions describe	ed in section	509(a)(1) or
			rectly or indirectly c	ontrols, eithe	er alone or to	oaether with i	persons des	cribed in (ii)		Yes No
			governing body of th					,	11g(
	, ,		er of a person descri		_				11g(
			led entity of a perso			hove?			11g(
h			ng information about							<u>, </u>
(i) Name suppoi organiz	e of rted	(iii) Type of organization (described on EIN lines 1 - 9 above or IRC section (iii) (iv) Is the organization in col (i) listed in your governing document? (v) Did you notify the organization in col (i) of your support?		Is the organization in col (i) listed in your governing		Is the organization in col (i) listed in your governing (V) Did you notify the organization in col (i) of your		(vi) Is the organizate col (i) orga	e Ion In anized	(vii) A mount of support?
			(see instructions))	Yes	No	Yes	No	Yes	No	1
			,,							†
										1
									†	†
									 	†
										
otal	- 								+	
	1			i e	ı	i	I	1	1	I .

Schedule A (Form 990 or 990-EZ) 2011 Page 2 Part II Support Schedule for Organizations Described in IRC 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 1 Gifts, grants, contributions, and membership fees received (Do not 1,514,649 10,589,042 12,103,691 include any "unusual grants ") 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 10,589,042 12,103,691 1,514,649 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 10,902,506 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public Support.** Subtract line 5 from 1,201,185 line 4 Section B. Total Support Calendar year (or fiscal year (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total beginning in) 1,514,649 10,589,042 12,103,691 Amounts from line 4 Gross income from interest, dividends, payments received on 6,335 securities loans, rents, royalties 61 6,396 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets 11 Total support (Add lines 7 12,110,087 through 10) Gross receipts from related activities, etc (See instructions) 12 12,500 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, 13 check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) 14 14 Public Support Percentage for 2010 Schedule A, Part II, line 14 15 **15** 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 b 33 1/3% support test - 2010. If the organization did not check the 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 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

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 gualifies as a publicly

Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see

organization

instructions

supported organization

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test								
	Explanation								

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID: Software Version:

> EIN: 27-4126970 Name: YOUTHPRISE

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 164,950 including grants of \$) (Revenue \$)
MOBILZE THE POWER AND LEADERSHIP OF YOUTH MOBILIZE THE POWER AND LEADERSHIP OF YOUTH TO ENLIVEN, EXPAND,

MOBILZE THE POWER AND LEADERSHIP OF YOUTH MOBILIZE THE POWER AND LEADERSHIP OF YOUTH TO ENLIVEN, EXPAND, AND TRANSFORM PROGRAMS AND SYSTEMS COMMISSION RESEARCH TO DEVELOP MEASURES OF NON-ACADEMIC INDICATORS FOR LEARNING BEYOND THE CLASSROOM COLLABORATE ON FUNDING AND INNOVATIVE PROJECTS WITH NATIONAL, STATE, AND LOCAL FUNDING PARTNERS

DLN: 93493008003063

OMB No 1545-0047

Inspection

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number YOUTHPRISE 27-4126970 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I 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 2 Aggregate contributions to (during year) 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? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ✓ Yes conferring impermissible private benefit Part II 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 pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 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)

d	Number of conservation easements included in (c) acquired after 8/17/06	2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminate the taxable year ▶	d by th	e organızatıon d	urıng	
4	Number of states where property subject to conservation easement is located 🛌				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand enforcement of the conservation easements it holds?	dling of	violations, and	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easem	ents di	uring the year 🛌		
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	durıng	the year		
	▶ \$				

170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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 conservation easements

Does each conservation easement reported on line 2(d) above satisfy the requirements of section

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, 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
- If the organization elected, as permitted under SFAS 116, 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 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

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Schedule D (Form 990) 2011

46.11	Organizations Maintaining Co	llections of Art	:, His	tori	<u>cal Treas</u>	ures, or Ot	<u>her Sim</u>	<u>illar Asse</u>	ts (cc	<u>ontinued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing that a	ire a significan	nt use of It	s collection	1	
а	Public exhibition		d	Γ	Loan or ex	change progra	ms			
b	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ıın hov	w they	/ further the	organization's	exempt p	ourpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an					on answered	"Yes" to	Form 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	edıary	forc	ontributions	or other asse	ts not	_	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving ta	able	Г		Amou	ınt	
_	Reginning halance					<u> </u>	.c	Alliou		
c d	Additions during the year						.c .d			
e	Additions during the year Distributions during the year					-	.e			
f	•					_	.f			
	Ending balance Did the organization include an amount on Fo	orm 000 Bort V I:-	A 212				••		Yes	┌ No
2a 	-	•	e 21 '					,	165	1 140
	If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete in		n and		nd "Voc" to	Form 000 [22 rt TV	lino 10		
Pa	rt V Endowment Funds. Complete	(a)Current Year)Prior \			(d) Three Ye)Four Y	ears Back
1a	Beginning of year balance	(a) can che i can	χ	,	(5).		()	(0,	<i>,</i> ,	
b	Contributions									
С	Investment earnings or losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the yea	r end balance held	as		•	•		•		
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
c	Term endowment ▶									
За	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that a	are held and	administered	for the		Yes	No
	(i) unrelated organizations							. 3a(i)		
	(ii) related organizations							. 3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organizatio	•						. 3b		<u> </u>
4	Describe in Part XIV the intended uses of th									
Par	t VI Land, Buildings, and Equipme	ent. See Form 95	7U, Pa							
	Description of property) Cost or other sis (investment			ccumulated preciation	(d) B	ook value
1a	Land									
	Buildings		•							
b	_					1	1			
	Leasehold improvements		•							
c	Leasehold improvements					144,2	210	1,953		142,257
c d e	·						210	1,953		142,257

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talab	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	

- 6	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	112	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,607,877
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,903,667
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,704,210
4	Net unrealized gains (losses) on investments	4	
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 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,704,210
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	10,607,877
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	10,607,877
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	10,607,877
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	3,903,667
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
– a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	3,903,667
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,903,667
Par	t XIV Supplemental Information		· · ·
_		. 15.7	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		FASB ASC 740-10 PROVIDES THAT A TAX EXPENSE OR BENEFIT FROM AN UNCERTAIN INCOME TAX POSITION (INCLUDING TAX-EXEMPT STATUS) MAY BE RECOGNIZED ONLY WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES MANAGEMENT BELIEVES THE ORGANIZATION HAS NO UNCERTAIN INCOME TAX POSITIONS THAT WOULD RESULT IN AN ACCRUAL, EXPENSE OR BENEFIT UNDER THE MORE LIKELY THAN NOT STANDARD

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Internal Revenue Service Name of the organization

DLN: 93493008003063 OMB No 1545-0047

Governments and Individuals in the United States Department of the Treasury

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Grants and Other Assistance to Organizations,

Inspection Employer identification number

VOUTUBBICE						1 ' '	
YOUTHPRISE						27-4126970	
Part I General Information	n on Grants and	Assistance				•	
 Does the organization maintain the selection criteria used to av Describe in Part IV the organization 	vard the grants or as:	sistance?			the grants or assist	ance, and	▽ Yes ┌
Part II Grants and Other A Form 990, Part IV, In Part IV and Schedule	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 5	1 01(c)(3) and govern	nent organizations list	ed in the line 1 table.				110

Part TIT	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 2	2
	Use Schedule I-1 (Form 990) if additional space is needed.	۲.

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
				I	1

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier Return Reference **Explanation** WHEN ACCEPTING A GRANT, FUNDS ARE TYPICALLY DESIGNATED TO SERVE A GEOGRAPHIC AREA, MEET LISTED CONDITIONS, AND FOR A PERIOD OF TIME GRANTEES AGREE TO USE GRANT FUNDS EXCLUSIVELY FOR CHARITABLE PURPOSES AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE CODE) NO PORTION OF THIS GRANT IS EARMARKED FOR USE IN CARRYING ON PROPAGANDA OR OTHERWISE ATTEMPTING TO INFLUENCE LEGISLATION GRANTEES AGREE NOT TO USE ANY PORTION OF THE GRANT FUNDS TO PARTICIPATE IN ANY POLITICAL CAMPAIGN ON BEHALF OF OR IN OPPOSITION TO ANY CANDIDATE FOR PUBLIC OFFICE, TO MAKE GRANTS TO INDIVIDUALS ON A NON-OBJECTIVE BASIS, OR FOR ANY NON-CHARITABLE PURPOSE IN ADDITION, EACH GRANTEE AGREES THAT IT WILL NOT PROMOTE, SUPPORT, OR ENGAGE IN TERRORISM OF ANY KIND, NOR WILL IT MAKE SUB-GRANTS TO ANY ENTITY OR INDIVIDUAL THAT ENGAGES IN THESE ACTIVITIES ANY UNUSED PORTION OF THE GRANT, OR AMOUNTS NOT USED FOR CHARITABLE PURPOSES, WILL BE RETURNED TO YOUTHPRISE THIS GRANT IS AWARDED WITH THE UNDERSTANDING THAT A REPORT WILL BE SUBMITTED TO YOUTHPRISE DESCRIBING PROGRESS TOWARD OUTCOMES OF THE GRANT REPORTS COVER THE USE OF GRANT FUNDS (INCLUDING, WITHOUT LIMITATIONS, SALARIES, TRAVEL AND SUPPLIES) COMPLIANCE WITH THE TERMS OF THE GRANT, AND PROGRESS MADE TOWARD ACHIEVING THE PURPOSE OF THE GRANT SUCH REPORTS SHALL INCLUDE COPIES OF ALL PRESS RELEASES AND OTHER PUBLIC ANNOUNCEMENTS OF THE GRANT INSTALLMENT PAYMENT MAY BE WITHHELD IN THE EVENT OF DELAYS IN COMPLETING THE PURPOSES OF THE GRANT AND/OR A BREACH BY THE GRANTEE OF ANY OF THE TERMS OF THE AGREEMENT OR THE GRANT CONDITIONS THE GRANTEE SHALL MAINTAIN FINANCIAL AND OTHER RECORDS THAT SPECIFICALLY SHOW USE OF GRANT FUNDS EXCLUSIVELY FOR THE PURPOSES OF THE GRANT A SEPARATE BANK ACCOUNT FOR THE GRANT IS NOT REQUIRED, BUT IT IS NECESSARY THAT A SEPARATE ACCOUNTING OF THIS GRANT BE MAINTAINED GRANTEES ARE ALSO REQUIRED TO SATISFY GRANT CONDITIONS BASED ON PROGRESS TOWARD COMPLETION OF THE DELIVERABLES DESCRIBED IN THE GRANT CONDITIONS THE GRANTEE HAS SUBMITTED TO YOUTHPRISE A DETERMINATION LETTER OF TAX EXEMPTION ISSUED BY THE INTERNAL REVENUE SERVICE THAT STATES THE GRANTEE IS TAX EXEMPT UNDER SECTION 501(C)(3), AND IS NOT A PRIVATE FOUNDATION AS DEFINED IN SECTION 509(A) OF

THE CODE THE GRANTEE FURTHER STATES THAT ITS DETERMINATION LETTER IS STILL VALID AND THE ORGANIZATION'S TAX EXEMPT STATUS HAS NOT BEEN REVOKED THE GRANTEE IS REQUIRED TO PROVIDE IN WRITING TO YOUTHPRISE WITHIN 10 DAYS OF RECEIVING NOTICE OF ANY CHANGES TO ITS TAX EXEMPT STATUS, INCLUDING PRIVATE FOUNDATION STATUS UNDER SECTION 509(A) IN THE EVENT THE GRANTEE HAS FAILED TO COMPLY WITH THE TERMS OF THE AGREEMENT OR IF ITS TAX-EXEMPT STATUS IS REVOKED BY THE INTERNAL REVENUE SERVICE, THE GRANTEE, UPON WRITTEN NOTICE FROM YOUTHPRISE, SHALL IMMEDIATELY RETURN ALL UNEXPENDED GRANT FUNDS TO YOUTHPRISE AND YOUTHPRISE MAY TERMINATE THE AGREEMENT

Software ID: Software Version:

EIN: 27-4126970 **Name:** YOUTHPRISE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACADEMIA CESAR CHAVEZ1800 AMES AVENUE SAINT PAUL, MN 55119	41- 1972242	501(C)(3)	15,000				GENERAL OPERATING
ACES - ATHLETES COMMITTED TO EDUCATING STUDENTS1115 EAST HENNEPIN AVENUE MINNEAPOLIS, MN 55414	41- 1789659	501(C)(3)	25,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACHIEVEMINNEAPOLIS 111 3RD AVE SOUTH SUITE 5 MINNEAPOLIS, MN 55401	41- 1425264	501(C)(3)	15,000				GENERAL OPERATING
AMERICAN INDIAN FAMILY CENTER579 WELLS STREET SAINT PAUL, MN 55130	41- 1841352	501(C)(3)	20,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN OROMO COMMUNITY OF MINNESOTA450 N SYNDICATE STREET SUITE 40 ST PAUL, MN 55104	41- 1999251	501(C)(3)	10,000				GENERAL OPERATING
AMHERST H WILDER FOUNDATION451 LEXINGTON PARKWAY NORTH SAINT PAUL, MN	41- 0693889	501(C)(3)	20,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN MEDIA ACCESS INC2418 PLYMOUTH AVENUE NORTH MINNEAPOLIS, MN 55411	41- 1736822	501(C)(3)	25,000				GENERAL OPERATING
AUGSBURG COLLEGE2211 RIVERSIDE AVENUE SOUTH CB 10 MINNEAPOLIS, MN	41- 0694721	501(C)(3)	20,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BANYAN FOUNDATION DBA THE BANYAN COMMUNITY2647 BLOOMINGTON AVE SOUTH SUITE 300 MINNEAPOLIS, MN 55407	41- 1922813	501(C)(3)	25,000				GENERAL O PERATING
BIG BROTHERS BIG SISTERS OF THE GREATER TWIN CITIES2550 UNIVERSITY AVENUE WEST SUITE 410N ST PAUL, MN 55114	32- 0017737	501(C)(3)	15,000				GENERAL O PERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOLDER OPTIONS 2100 STEVENS AVENUE SOUTH MINNEAPOLIS, MN 55404	41- 1909408	501(C)(3)	20,000				GENERAL OPERATING
BOYS & GIRLS CLUBS OF THE TWIN CITIES690 JACKSON STREET ST PAUL, MN 55130	41- 0842657	501(C)(3)	15,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR HMONG ARTS AND TALENT (CHAT)995 WEST UNIVERSITY AVENUE SUITE 220 SAINT PAUL, MN 55104	41- 1771925	501(C)(3)	25,000				GENERAL O PERATING
CENTER SCHOOL INC (NAWAYEE) 2421 BLOOMINGTON AVENUE SOUTH MINNEAPOLIS, MN 55404	36- 3591386	501(C)(3)	25,000				GENERAL O PERATING

(a) Name and address of organization	(b) EIN	(c) IRC Code section	(d) A mount of cash grant	(e) A mount of non-cash	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		ıf applıcable		assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
CENTRO CULTURAL CHICANO INC1915 CHICAGO AVENUE MINNEAPOLIS, MN 55404	41- 1290349	501(C)(3)	20,000				GENERAL OPERATING
CHILDREN'S DEFENSE FUND555 PARK STREET SUITE 410 ST PAUL.MN 55103	0895622	501(C)(3)	15,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF BROOKLYN PARK 5200 85TH AVENUE NORTH BROOKLYN PARK, MN 55443	41- 6008804	CITY OF BROOKLYN PAR	20,000				GENERAL OPERATING
CITY OF BURNSVILLE100 CIVIC CENTER PARKWAY BURNSVILLE, MN 55337	41- 6008848		25,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMONBOND COMMUNITIES328 KELLOGG BOULEVARD WEST ST PAUL, MN 55102	41- 1260469	501(C)(3)	20,000				GENERAL OPERATING
COMMUNITY DESIGN CENTER OF MINNESOTA731 EAST 7TH STREET SUITE 100 ST PAUL MN 55106	41- 0975429	501(C)(3)	35,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY MEDIATION SERVICES INC9220 BASS LAKE RD STE 270 NEW HOPE, MN 55428	41- 1484089	501(C)(3)	25,000				GENERAL OPERATING
COMMUNITY RENEWAL THROUGH INNOVATIVE BUILDING INC1516 VINCENT AVENUE NORTH MINNEAPOLIS, MN 55411	27- 1363426	501(C)(3)	10,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPAS INC75 FIFTH STREET WEST SUITE 304 SAINT PAUL, MN 55102	41- 1228092	501(C)(3)	25,000				GENERAL OPERATING
COOKIE CART1119 WEST BROADWAY AVE MINNEAPOLIS, MN 55411	41- 1866804	501(C)(3)	25,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CULTURAL WELLNESS CENTER (CWC)2025 PORTLAND AVENUE SOUTH MINNEAPOLIS, MN 55404	41- 1850859	501(C)(3)	20,000				GENERAL OPERATING
EAST SIDE NEIGHBORHOOD SERVICES INC1700 SECOND STREET NE MINNEAPOLIS, MN 55413	41- 0873798	501(C)(3)	20,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECO EDUCATION 1295 BANDANA BLVD SUITE 118 ST PAUL,MN 55108	41- 1699448	501(C)(3)	25,000				GENERAL OPERATING
EL COLEGIO CHARTER SCHOOL 4137 BLOOMINGTON AVENUE SOUTH MINNEAPOLIS, MN 55407	41- 1953998	501(C)(3)	20,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMERGE COMMUNITY DEVELOPMENT1101 WEST BROADWAY AVENUE MINNEAPOLIS, MN 55411	41- 1277423	501(C)(3)	15,000				GENERAL OPERATING
FAMILY PARTNERSHIP414 SOUTH 8TH STREET MINNEAPOLIS, MN 55404	41- 0693858	501(C)(3)	20,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILYMEANS1875 NORTHWESTERN AVENUE SOUTH STILLWATER, MN 55082	41- 6045574	501(C)(3)	20,000				GENERAL OPERATING
FULL CIRCLE COMMUNITY INSTITUTE5878 STATE ROAD 70 WEBSTER, WI 54893	41- 1915164	501(C)(3)	25,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GALAXY YOUTH CENTERS BLOOMINGTON PUBLIC SCHOOLS 2575 W 88TH STREET BLOOMINGTON, MN 55431	41- 6001463	501(C)(3)	20,000				GENERAL OPERATING
GENESYS WORKS445 MINNESOTA STREET SUITE 720 SAINT PAUL, MN 55101	26- 2999242	501(C)(3)	20,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS400 ROBERT STREET SOUTH ST PAUL, MN 55107	41- 0693910	1 50177 1731	15,000				GENERAL OPERATING
GREATER MINNEAPOLIS COUNCIL OF CHURCHES1001 EAST LAKE STREET MINNEAPOLIS, MN 554070509	41- 0693933	501(C)(3)	15,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	 (f) Method of valuation (book, FMV,	(g) Description of non-cash	(h) Purpose of grant or assistance
				appraisal, other)	assistance	
GREATER MINNEAPOLIS COUNCIL OF CHURCHESDIVISION OF INDIAN WORK1001 EAST LAKE STREET MINNEAPOLIS, MN 554070509	41- 0693933	501(C)(3)	15,000			GENERAL OPERATING
HEARTLAND DEMOCRACY CENTER 2091 LINCOLN AVE ST PAUL.MN 55105	26- 0899440	501(C)(3)	6,000			GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HENNEPIN COUNTY LIBRARY12601 RIDGEDALE DRIVE MINNETONKA, MN 55305	41- 6005801	HENNEPIN COUNTY LIBR					GENERAL OPERATING
HIGH SCHOOL FOR RECORDING ARTS 550 VANDALIA STREET ST PAUL, MN	41- 1915563	501(C)(3)	20,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HMONG AMERICAN PARTNERSHIP1075 ARCADE STREET SAINT PAUL, MN 55106	41- 1667580	501(C)(3)	25,000				GENERAL O PERATING
IN PROGRESS213 FRONT AVENUE SAINT PAUL, MN 55117	41- 1603279	501(C)(3)	35,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDEPENDENT FEATURE PROJECT- NORTH (DBA IFP MINNESOTA)2446 UNIVERSITY AVENUE WEST 100 ST PAUL, MN 55114	41- 1594894	501(C)(3)	25,000				GENERAL OPERATING
INTERMEDIA ARTS OF MINNESOTA INC 2822 LYNDALE AVENUE SOUTH MINNEAPOLIS, MN 55408	41- 1226945	501(C)(3)	30,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JABBOK FAMILY SERVCIES2608 BLAISDELL AVENUE SOUTH MINNEAPOLIS, MN 55408	41- 1889548	501(C)(3)	25,000				GENERAL OPERATING
JUXTAPOSITION INC 2007 EMERSON AVE N MINNEAPOLIS, MN 55411	41- 1851915	501(C)(3)	25,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KA JOOG NONPROFIT ORGANIZATION 2625 FRANKLIN AVE E MINNEAPOLIS, MN 55406	39- 2073475	501(C)(3)	15,000				GENERAL OPERATING
KALEIDOSCOPE PLACE2400 PARK AVE MINNEAPOLIS, MN 55404	20- 8449852	501(C)(3)	30,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KWANZAA COMMUNITY CHURCH PCUSA 2100 EMERSON AVENUE NORTH MINNEAPOLIS, MN 55411	27- 0031853	501(C)(3)	25,000				GENERAL OPERATING
LA OPORTUNIDAD 2700 EAST LAKE STREET SUITE 3200 MINNEAPOLIS, MN 55406	36- 3537919	501(C)(3)	25,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA OPORTUNIDAD 2700 EAST LAKE STREET SUITE 3200 MINNEAPOLIS, MN 55406	36- 3537919	501(C)(3)	2,500				SPONSORSHIP
LEGACY KEEPERS INC (PROGRAM NAME GRIOT LEADERSHIP PROJECT)1322 BOARDWALK AVENUE NORTH MINNEAPOLIS, MN	41- 1428993	501(C)(3)	15,000				GENERAL O PERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTORING PARTNERSHIP OF MINNESOTA (MPM)81 S 9TH STREET SUITE 200 MINNEAPOLIS, MN 55402	41- 1859085	1 5017631	15,000				GENERAL OPERATING
MIGIZI COMMUNICATIONS INC3123 EAST LAKE STREET MINNEAPOLIS, MN 55406	41- 1379114	501(C)(3)	20,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNEAPOLIS AMERICAN INDIAN CENTER1530 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 55404	41- 0966005	501(C)(3)	15,000				GENERAL OPERATING
MINNESOTA AFRICAN WOMEN'S ASSOCIATION3300 COUNTY ROAD 10 SUITE 510 BROOKLYN CENTER, MN 55429	48- 1259139	501(C)(3)	30,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA BICYCLE AND PEDESTRIAN ALLIANCE712 UNIVERSITY AVENUE WEST SAINT PAUL, MN 55104	41- 1816453	501(C)(3)	19,000				GENERAL OPERATING
MINNESOTA IMMIGRANT FREEDOM NETWORK 1516 E LAKE STREET SUITE 202 MINNEAPOLIS, MN 55407	20- 2997380	501(C)(3)	4,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA LANDSCAPE ARBORETUM FOUNDATION3675 ARBORETUM DRIVE CHASKA, MN 55318	23- 7081057	501(C)(3)	20,000				GENERAL OPERATING
NATIONAL YOUTH LEADERSHIP COUNCIL1667 SNELLING AVE N STE D300 SAINT PAUL, MN 55108	41- 1449746	501(C)(3)	5,000				SPONSORSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HOUSE179 ROBIE STREET EAST SAINT PAUL, MN 55107	41- 0693916	501(C)(3)	20,000				GENERAL OPERATING
NEIGHBORHOOD INVOLVEMENT PROGRAM INC 2431 HENNEPIN AVENUE SOUTH MINNEAPOLIS, MN	41- 0956858	501(C)(3)	15,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW AMERICAN ACADEMY6875 WASHINGTON AVENUE SOUTH 103 EDINA,MN 55439	32- 0241006	501(C)(3)	15,000				GENERAL OPERATING
NORTHWEST YOUTH & FAMILY SERVICES3490 LEXINGTON AVE N SUITE 205 SHOREVIEW, MN	41- 1284306	501(C)(3)	15,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPPORTUNITY NEIGHBORHOOD 1417 10TH STREET NW 104 NEW BRIGHTON, MN 55112	41- 1923622	501(C)(3)	30,000				GENERAL OPERATING
PATCHWORK QUILT 3700 BRYANT AVENUE NORTH MINNEAPOLIS, MN 55412	41- 2007001	501(C)(3)	20,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PETA WAKAN TIPIP O BOX 68 SCANDIA, MN 55073	41- 1632662	501(C)(3)	30,000				GENERAL OPERATING
PHYLLIS WHEATLEY COMMUNITY CENTER1301 - 10TH AVENUE NORTH MINNEAPOLIS, MN 55411	41- 0706132	501(C)(3)	20,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PILLSBURY UNITED COMMUNITIES1200 37TH AVENUE NORTH MINNEAPOLIS, MN 55412	41- 0916478	501(C)(3)	25,000				GENERAL OPERATING
PILLSBURY UNITED COMMUNITIES1200 37TH AVENUE NORTH MINNEAPOLIS, MN 55412	41- 0916478	501(C)(3)	400				SPONSORSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLYMOUTH CHRISTIAN YOUTH CENTER2210 OLIVER AVENUE NORTH MINNEAPOLIS, MN 55411	41- 0794440	501(C)(3)	20,000				GENERAL OPERATING
POWER OF PEOPLE LEADERSHIP INSTITUTEGIRLS IN ACTION600 18TH AVENUE NORTH SUITE 1 MINNEAPOLIS, MN 55411	26- 1209294	501(C)(3)	20,000				GENERAL O PERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT FOR PRIDE IN LIVING INC1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 55404	23- 7232208	501(C)(3)	25,000				GENERAL O PERATING
PROJECT FOR PRIDE IN LIVING INC1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 55404	23- 7232208	501(C)(3)	500				SPONSORSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REDEEMER CENTER FOR LIFE1800 GLENWOOD AVENUE MINNEAPOLIS, MN 55405	41- 1912560	501(C)(3)	30,000				GENERAL OPERATING
MINNESOTA 4-H FOUNDATIONUMN EXTENSION URBAN YOUTH DEVELOPME T OFFICE URBAN 4- H 90 COFFEY HALL 1	41- 1408161	501(C)(3)	20,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REVE ACADEMY 1200 WEST BROADWAY AVENUE SUITE 140 140 MINNEAPOLIS, MN 55411	27- 4148333	501(C)(3)	15,000				GENERAL OPERATING
SAINT PAUL AREA COUNCIL OF CHURCHES1671 SUMMIT AVENUE ST PAUL MN 55105	41- 0694741	501(C)(3)	20,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT PAUL NEIGHBORHOOD NETWORK375 JACKSON ST SUITE 250 SAINT PAUL, MN 55101	41- 1500773	501(C)(3)	20,000			GENERAL OPERATING
SAINT PAUL NEIGHBORHOOD NETWORK375 JACKSON ST SUITE 250 SAINT PAUL, MN 55101	41- 1500773	1 501763731	200			SPO NSO RSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANNEH FOUNDATION1511 GRAND AVENUE ST PAUL,MN 55105	56- 2332269	501(C)(3)	25,000				GENERAL OPERATING
SCIENCE MUSEUM OF MINNESOTA120 WEST KELLOGG BOULEVARD SAINT PAUL, MN 551021202	41- 0706172	501(C)(3)	20,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOMALI AMERICAN PARENT ASSOCIATION (SAPA)1421 PARK AVE SUITE 204 MINNEAPOLIS, MN 55404	26- 3120451	501(C)(3)	15,000				GENERAL OPERATING
SPECIAL SCHOOL DISTRICT #1 AKA MINNEAPOLIS PUBLIC SCHOOL- COMMUNITY EDUCATIO807 NE BROADWAY MINNEAPOLIS, MN 55413	41- 0851980	501(C)(3)	15,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STAIRSTEP FOUNDATION1404 14TH AVENUE NORTH MINNEAPOLIS, MN 55411	41- 1709346	501(C)(3)	250				SPONSORSHIP
STEPPING STONE THEATRE CO55 VICTORIA STREET N SAINT PAUL, MN 55104	36- 3557115	501(C)(3)	15,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STUDENTS TODAY LEADERS FOREVER 619 SOUTH 10TH STREET SUITE L10 MINNEAPOLIS, MN 55404	20- 2797098	501(C)(3)	20,000				GENERAL OPERATING
TEENWORKS INC DBA THE A-LIST 7652 BROOKLYN BLVD BROOKLYN PARK, MN 55443	26- 4735422	501(C)(3)	25,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TENNIS & EDUCATION INC 100 FEDERAL DRIVE ST PAUL,MN 55111	41- 1965977	501(C)(3)	20,000				GENERAL OPERATING
TVBYGIRLS3404 PLEASANT AVENUE SOUTH MINNEAPOLIS, MN 55408	80- 0074891	501(C)(3)	6,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MINNESOTA 1404 GORTNER AVE ST PAUL, MN 55108	41- 6007513	UNIVERSITY OF MINNES	15,000				GENERAL OPERATING
UNIVERSITY OF ST THOMAS2115 SUMMIT AVENUE ST PAUL, MN 55105	41- 0693970	501(C)(3)	20,000				GENERAL O PERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN ARTS ACADEMY3901 CHICAGO AVE S MINNEAPOLIS, MN 55407	41- 2016187	501(C)(3)	20,000				GENERAL OPERATING
WALKER WEST MUSIC ACADEMY 777 SELBY AVENUE SAINT PAUL, MN 55104	41- 1678368	501(C)(3)	25,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WE WIN INSTITUTE INC3805 THIRD AVENUE SOUTH MINNEAPOLIS, MN 55409	41- 1820911	501(C)(3)	25,000		ou.e.,		GENERAL OPERATING
WELLSHARE INTERNATIONAL122 WEST FRANKLIN AVENUE SUITE 510 MINNEAPOLIS, MN 55403	41- 1397062	501(C)(3)	15,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST 7TH COMMUNITY CENTER265 ONEIDA ST SAINT PAUL, MN 55102	23- 7319301	501(C)(3)	20,000				GENERAL OPERATING
WOMEN'S INITIATIVE FOR SELF EMPOWERMENT INC HAMLINE PARK PLAZA 570 ASBURY STREET SUITE 202 ST PAUL MN 55104	41- 1791358	501(C)(3)	35,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF THE GREATER TWIN CITIES30 SOUTH 9TH STREET MINNEAPOLIS, MN 55402	45- 2563299	501(C)(3)	15,000				GENERAL O PERATING
YMCA OF MINNEAPOLIS30 SOUTH 9TH STREET MINNEAPOLIS, MN 55402	45- 2563299	501(C)(3)	500				SPONSORSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE GREATER TWIN CITIES (FISCAL AGENT30 SOUTH 9TH ST MINNEAPOLIS, MN 55402	45- 2563299	501(C)(3)	30,000				GENERAL OPERATING
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF ST PAUL375 SELBY AVENUE SAINT PAUL, MN 55102	41- 0693892	501(C)(3)	20,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH EXPRESS 1150 SELBY AVENUE SAINT PAUL, MN 55404	41- 1683427	501(C)(3)	25,000				GENERAL OPERATING
YOUTH FARM AND MARKET PROJECT 128 W 33RD STREET SUITE 2 MINNEAPOLIS, MN 55408	41- 1896055	501(C)(3)	30,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash	(h) Purpose of grant or assistance
					appraisal, other)	assistance	
YOUTH PERFORMANCE COMPANY3338 UNIVERSITY AVENUE SE MINNEAPOLIS, MN 55414	41- 1753681	501(C)(3)	25,000				GENERAL OPERATING
YOUTHCARE2701 UNIVERSITY AVE SE SUITE 205 MINNEAPOLIS, MN	41- 1322470	501(C)(3)	25,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTHLINK41 N 12TH STREET MINNEAPOLIS, MN 55403	41- 1341773	501(C)(3)	14,000		,		GENERAL OPERATING
YWCA OF MINNEAPOLIS1130 NICOLLET MALL MINNEAPOLIS, MN 55403	41- 0693891	501(C)(3)	20,000				GENERAL OPERATING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTHRIVE615 FIRST AVENUE NE SUITE 155 MINNEAPOLIS, MN 55413	56- 2536131	501(C)(3)	160,000				PARTNERSHIP
MINNESOTA ALLIANCE WITH YOUTH2233 UNIVERSITY AVENUE WEST SUITE 235 ST PAUL, MN 55114	45- 3774063	501(C)(3)	380,000				PARTNERSHIP

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493008003063

Employer identification number

27 4126070

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

YOUTHPRISE

"|

LINE 15A

FORM 990, PART

VI, SECTION C, LINE 19 THE BOARD OF DIRECTORS

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011

Open to Public Inspection

		27-4120970
ldentifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	IN FY 2012, YOUTHPRISE BECAME FULLY OPERATIONAL AND MADE ITS FIRST ROUND OF GRANTS
	FORM 990, PART VI, SECTION A, LINE 8B	THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION B, LINE 11	THE PRESIDENT, FINANCE AND OPERATIONS DIRECTOR, AND FINANCE COMMITTEE REVIEW THE DRAFT RETURN, PROVIDING ANY COMMENTS AND SUGGESTIONS THE FINAL DRAFT IS PROVIDED TO ALL VOTING BOARD MEMBERS PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, THE ADULT BOARD OF DIRECTORS FILL OUT A CONFLICT OF INTEREST FORM THE GOVERNANCE COMMITTEE ENSURES THAT ALL BOARD MEMBERS FILL OUT THE FORM AND EVALUATES ANY MATTERS THAT MAY BE REPORTED A TRANSACTION INVOLVING A CONFLICT OF INTEREST MAY BE APPROVED BY THE BOARD OF DIRECTORS 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,	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

PUBLIC DOCUMENTS WOULD BE PROVIDED UPON REQUEST

REGARDING COMPENSATION BASED ON SURVEY OF MARKET RATES TO THE SEARCH COMMITTEE OF