



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Short Form Return of Organization Exempt From Income Tax

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

2013

Department of the Treasury  
Internal Revenue Service

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
Inspection

A For the 2013 calendar year, or tax year beginning

and ending

B Check if  
applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

**Parenting With Purpose**

Number and street (or P.O. box, if mail is not delivered to street address)

7111 W Broadway

Room/suite

206

D Employer identification number

41-1821091

City or town, state or province, country, and ZIP or foreign postal code

Brooklyn Park, MN 55428

E Telephone number

763-503-2892

G Accounting Method:  Cash  Accrual  Other (specify) ►I Website: ► [www.parentingwithpurpose.org](http://www.parentingwithpurpose.org)J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527K Form of organization:  Corporation  Trust  Association  Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 163,902.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I 

1 Contributions, gifts, grants, and similar amounts received	1	144,175.
2 Program service revenue including government fees and contracts	2	13,320.
3 Membership dues and assessments	3	
4 Investment income	4	
5a Gross amount from sale of assets other than inventory	5a	
b Less: cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
6 Gaming and fundraising events	6a	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	4,407.
b Gross income from fundraising events (not including \$ 17,928. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	3,698.
c Less: direct expenses from gaming and fundraising events		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	709.
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8 Other revenue (describe in Schedule O)	8	2,000.
9 Total revenue Add lines 1, 2, 3, 4, 5d, 6d, 7d, and 8 ► 10 2014	9	160,204.
10 Grants and similar amounts paid (list in Schedule O)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	110,982.
13 Professional fees and other payments to independent contractors	13	917.
14 Occupancy, rent, utilities, and maintenance	14	11,624.
15 Printing, publications, postage, and shipping	15	1,429.
16 Other expenses (describe in Schedule O)	16	32,023.
17 Total expenses. Add lines 10 through 16	17	156,975.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,229.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<11,011.>
20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	<7,782.>

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2013)

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

22 Cash, savings, and investments  
 23 Land and buildings  
 24 Other assets (describe in Schedule O) **See Schedule O**  
 25 Total assets  
 26 Total liabilities (describe in Schedule O) **See Schedule O**  
 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

(A) Beginning of year	(B) End of year
8,037.22	5,748.
23	
3,118.24	1,620.
11,155.25	7,368.
22,166.26	15,150.
<11,011.27	<7,782.27

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? **See Schedule O**

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

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

28 **See Schedule O**(Grants \$ 798.) If this amount includes foreign grants, check here ►  28a 67,094.29 **See Schedule O**(Grants \$ 918.) If this amount includes foreign grants, check here ►  29a 61,435.

30

(Grants \$ ) If this amount includes foreign grants, check here ►  30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here ►  31a

32 Total program service expenses (add lines 28a through 31a) ► 32 128,529.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Paul Strong</u> <u>President</u>	40.00	47,916.	1,533.	0.
<u>Michael Brass</u> <u>Board Chairman</u>	2.00	0.	0.	0.
<u>Lisa Brass</u> <u>Board Secretary</u>	5.00	0.	0.	0.
<u>Ramon Harris</u> <u>Board Treasurer</u>	1.00	0.	0.	0.
<u>Austin H Coleman II</u> <u>Board Member</u>	2.00	0.	0.	0.
<u>Tom Wick</u> <u>Board Member</u>	2.00	0.	0.	0.
<u>Wayne Sharp</u> <u>Board Member</u>	1.00	0.	0.	0.
<u>Joyce Lamphere</u> <u>Board Member</u>	2.00	0.	0.	0.
<u>Lori Strong</u> <u>Executive Director</u>	40.00	60,000.	1,533.	0.

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Yes  No   
 33  X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Yes  No   
 34  X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? Yes  No   
 35a  X

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Yes  No   
 35b  N/A

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Yes  No   
 35c  X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Yes  No   
 36  X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0. Yes  No   
 b Did the organization file Form 1120-POL for this year? Yes  No   
 37b  X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Yes  No   
 b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes  No   
 38a  X

39 Section 501(c)(7) organizations. Enter: Yes  No   
 a Initiation fees and capital contributions included on line 9 Yes  No   
 39a  N/A

b Gross receipts, included on line 9, for public use of club facilities Yes  No   
 39b  N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: Yes  No   
 section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0. Yes  No   
 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Yes  No   
 40b  X

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0. Yes  No   
 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0. Yes  No   
 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Yes  No   
 40e  X

41 List the states with which a copy of this return is filed ► MN Yes  No

42a The organization's books are in care of ► Lori Strong Telephone no. ► 763-503-2892 Yes  No   
 Located at ► 7111 W Broadway, Suite 206, Brooklyn Park, MN ZIP + 4 ► 55428 Yes  No   
 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► Yes  No   
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Yes  No   
 c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► Yes  No   
 42b  X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A Yes  No

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes  No   
 44a  X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes  No   
 44b  X

c Did the organization receive any payments for indoor tanning services during the year? Yes  No   
 44c  X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Yes  No   
 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes  No   
 45a  X

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Yes  No   
 45b

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

	Yes	No
47		X
48		X
49a		X
49b		

(a) Name and title of each employee  NONE	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

**Sign Here** **Lori Strong** **6/30/14**  
 Signature of officer  
**Lori Strong, Executive Director**  
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name  <b>Steven D Anseth, CPA</b>	Preparer's signature  <b>Steven D Anseth, CPA</b>	Date  <b>06/26/14</b>	Check <input type="checkbox"/> if self-employed	PTIN  <b>P00552219</b>
	Firm's name ► <b>ABDO, EICK &amp; MEYERS, LLP</b>			Firm's EIN ► <b>41-1397419</b>	
	Firm's address ► <b>5201 EDEN AVENUE, SUITE 250 EDINA, MN 55436</b>			Phone no. <b>(952) 835-9090</b>	

May the IRS discuss this return with the preparer shown above? See instructions

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

## Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

**4947(a)(1) nonexempt charitable trust.**

► Attach to Form 990 or Form 990-EZ.

► **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

2013

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

---

**Name of the organization**

**Employer identification number**

## Parenting With Purpose

41-1821091

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

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

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

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

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

**Schedule A (Form 990 or 990-EZ) 2013**

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	152,338.	135,196.	120,401.	120,924.	144,175.	673,034.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	152,338.	135,196.	120,401.	120,924.	144,175.	673,034.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						108,011.
6 Public support. Subtract line 5 from line 4						565,023.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	152,338.	135,196.	120,401.	120,924.	144,175.	673,034.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	15,774.	2,940.	3,635.	3,497.	709.	26,555.
11 Total support. Add lines 7 through 10						699,589.
12 Gross receipts from related activities, etc (see instructions)					12	97,848.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	80.76	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	76.79	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>	<input type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	<input checked="" type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						

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

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

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

Also complete this part for any additional information. (See instructions).

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

► Attach to Form 990 or Form 990-EZ.

► **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form\\_990](http://www.irs.gov/form_990).**

OMB No 1545-0047

2013

## Open To Public Inspection

---

Name of the organization

**Employer identification number**

## Parenting With Purpose

41-1821091

---

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

**Total**

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Banquet (event type)	COPS Run (event type)	1 (total number)	
Revenue	1 Gross receipts	14,391.	7,644.	300.	22,335.
	2 Less Contributions	10,877.	6,751.	300.	17,928.
	3 Gross income (line 1 minus line 2)	3,514.	893.		4,407.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,653.	1,271.	774.	3,698.
	10 Direct expense summary Add lines 4 through 9 in column (d)				3,698.
	11 Net income summary Subtract line 10 from line 3, column (d)				709.

**Part III**

**Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a

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

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_





**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**Open to Public  
Inspection

Name of the organization

Parenting With PurposeEmployer identification number  
41-1821091**Form 990-EZ, Part I, Line 8, Other Revenue:**

<u>Description of Other Revenue:</u>	<u>Amount:</u>
<u>Parenting Contract</u>	<u>2,000.</u>

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

<u>Description of Other Expenses:</u>	<u>Amount:</u>
<u>Awards and Grants</u>	<u>1,715.</u>
<u>Bank Service Fees</u>	<u>832.</u>
<u>Depreciation Expense</u>	<u>857.</u>
<u>Insurance Expense</u>	<u>2,635.</u>
<u>Interest Expense</u>	<u>2,549.</u>
<u>Payroll Taxes</u>	<u>8,256.</u>
<u>Travel and Meetings</u>	<u>7,005.</u>
<u>Supplies Expense</u>	<u>2,268.</u>
<u>Telephone and Internet</u>	<u>5,777.</u>
<u>Worker's comp</u>	<u>87.</u>
<u>Miscellaneous expense</u>	<u>42.</u>
<u>Total to Form 990-EZ, line 16</u>	<u>32,023.</u>

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

<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
<u>Accounts Receivable, net</u>	<u>2,260.</u>	<u>1,620.</u>
<u>Other Depreciable Assets</u>	<u>858.</u>	<u>0.</u>
<u>Total to Form 990-EZ, line 24</u>	<u>3,118.</u>	<u>1,620.</u>

**Form 990-EZ, Part II, Line 26, Other Liabilities:**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
332211  
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

Parenting With Purpose

Employer identification number  
**41-1821091**

<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
<u>Accounts Payable</u>	<u>22,166.</u>	<u>15,150.</u>

Form 990-EZ, Part III, Primary Exempt Purpose - For 19 years Parenting

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

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

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

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Parenting With Purpose

Employer identification number  
41-1821091

Hennepin County Adult Detention Center for women and Re-entry Connect at Twin Cities Rise. PFWP also provides supportive home visits encourage appropriate behavior in home and the schools for the children and to assist the caregivers in their efforts to raise the children who have been affected by incarceration of a parent. Upon release from prison, PFWP also provides transition support services to those moms and dads who desire to be reunited with their children and live in the metro area of Minneapolis and St. Paul, Minnesota. In 2013, the following goals and accomplishments were achieved.

(1) PWP provided support services to 26 guardians and released parents who have the demanding task of raising the children of incarcerated parents.

(2) PWP provided 48-parent education classes to 120 women at the Hennepin County Adult Detention Center

(3) PWP provided 148-parent education classes to 340 men at the Minnesota Correctional Facility (MCF-FRB) in Faribault, Minnesota.

(4) PWP provided Re-entry support to 37 released parents.

Through these support services the following organizational goals were reached:

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

(2) 85% of the incarcerated parents served rated themselves higher in their parenting skills after they completed their parenting classes.

86% of the parenting program graduates became more involved in their children's school from the prison. 98% of the parents released acquired a job or schooling. 98% of the released parents acquired safe

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Parenting With Purpose

Employer identification number  
**41-1821091**

housing. 98% of the released parents remained crime-free.

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

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

MLC program focuses on the expansion of services Parenting With Purpose  
provides to children and families affected by parental incarceration.

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

The expected outcomes of MLC program are as follows:

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

To improve academic and school behavior for program participants.

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

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

Parenting With Purpose

Employer identification number  
41-1821091

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

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

In 2013, the following accomplishments were achieved:

(1) Weekly support services (rides, support group and home visits) to 43 children, age 5-25, who have or had an incarcerated or released parent.

(2) In the lives of the 43 children and teens that are involved in the Mentoring for Life Change (MLC) program, 93% were not involved in any criminal behavior throughout their year of involvement with Parenting With Purpose.

(3) 95% of the children and teens who were actively involved with Parenting With Purpose were able to remain in contact with their parents who were incarcerated or released.

(4) 92% of the families involved in the Mentoring for Life Change program reported/showed improvement in the family relationships.

(5) 95% of the children and teens, regularly involved with Parenting With Purpose, have continued to attend school. 90% have shown some improvement or maintained their academics or continued good behavior in school.

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

OMB No. 1545-1709

► File a separate application for each return.  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).



**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only



*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions <b>Parenting With Purpose</b>	Employer identification number (EIN) or <b>41-1821091</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions. <b>7111 W Broadway, No. 206</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Brooklyn Park, MN 55428</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**Lori Strong**

- The books are in the care of ► **7111 W Broadway, Suite 206 - Brooklyn Park, MN 55428**  
Telephone No ► **763-503-2892** Fax No ► **\_\_\_\_\_**
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **\_\_\_\_\_**. If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for



1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until

**August 15, 2014**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for

►  calendar year **2013** or

►  tax year beginning **\_\_\_\_\_**, and ending **\_\_\_\_\_**

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return

Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions