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DLN: 93493166001235

Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2014 ca	lendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014	ļ		_	
<b>B</b> Ch	eck ıf a	pplicable	C Name of organization YOUTHPRISE		D Emplo	yer ide	ntification number
☐ Add	tress ch	nange	133 111 (132		27-4	12697	0
┌Na	me cha	nge	Doing business as				
┌ Init	al retu	m			E Talanda		I
Fin			Number and street (or P O box if mail is not delivered to street address) Room/sui	te	E Teleph	one num	iber
		minated	615 FIRST AVENUE NE NO 125		(612)	564-4	1858
Am	ended	return	City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55413		<b>G</b> Gross	rocounts	\$ 1,839,885
M Apı	olication	n pending	THINE I SEE, THE SET IS		G Gloss I	receipts	\$ 1,035,003
			F Name and address of principal officer	<b>H(a)</b> Is th	- ıs a group	returr	
			WO KIE WEAH 615 FIRST AVENUE NE NO 125	subo	rdinates?		┌ Yes ┌ No
			MINNEAPOLIS,MN 55413	<b>H(b)</b> Are a	all subord	ınates	┌ Yes ┌ No
				ınclu	ded?		
<b>I</b> Ta	x-exen	npt status	5 501(c)(3)	If "N	o," attach	n a list	(see instructions)
J W	ebsite	e:► YC	OUTHPRISE ORG	H(c) Grou	ıp exempt	tion nu	mber ►
<b>K</b> For	n of or	ganızatıor	n ▼ Corporation	<b>L</b> Year of fo	mation 20	010 <b>M</b>	State of legal domicile
Pa	rt I	Sun	ımary			111	IV.
			lescribe the organization's mission or most significant activities				
			PRISE CHAMPIONS LEARNING BEYOND THE CLASSROOM SO THA	T ALL MINN	ESOTA'S	YOUT	H THRIVE
3							
뎔							
Governance	2	Check t	his box 🛌 if the organization discontinued its operations or disposed o	f more than 2	25% of its	net as	sets
Ŝ			,				1
26			of voting members of the governing body (Part VI, line 1a)			3	15
ĭĕ			of independent voting members of the governing body (Part VI, line 1b)			4	15
Activities			ımber of ındıvıduals employed ın calendar year 2014 (Part V, line 2a)			5	21
a व			imber of volunteers (estimate if necessary)			6	25
	1		related business revenue from Part VIII, column (C), line 12 elated business taxable income from Form 990-T, line 34			7a	0
	<u> </u>	Net unit	elated business taxable income nom Form 990-1, line 34	1	r Year	7b 	Current Year
	8	Contr	ibutions and grants (Part VIII, line 1h)		5,190,	712	1,651,538
≗	9		am service revenue (Part VIII, line 2g)			320	169,432
Revenue	10	_	tment income (Part VIII, column (A), lines 3, 4, and 7d)			906	18,915
걆	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		•	0	. 0
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	:			
					5,207,		1,839,885
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)		2,880,		4,185,346
	14		its paid to or for members (Part IX, column (A), line 4)			0	0
82	15	5-10	les, other compensation, employee benefits (Part IX, column (A), lines )		533,	905	1,109,649
*	16a	Profe	ssional fundraising fees (Part IX, column (A), line 11e)			0	0
Expenses	Ь	Total f	undraising expenses (Part IX, column (D), line 25) ▶ 144,235				
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		441,	269	874,247
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		3,855,		6,169,242
	19		nue less expenses Subtract line 18 from line 12		1,352,		-4,329,357
8 % 9 8					g of Curre	nt	End of Year
Not Assets or Fund Balances			. (2.1)	<u> </u>	ear .	224	
Ass Be	20		assets (Part X, line 16)		6,712,		1,934,269
2 ×	21		liabilities (Part X, line 26)	•	1,065, 5,647,		1,318,336
	12 II		nature Block		3,047,	093	1,310,330
my k	nowled	dge and	perjury, I declare that I have examined this return, including accompan- belief, it is true, correct, and complete Declaration of preparer (other the mowledge	ian officer) is			
Sigr	<b>)</b>	IB	ature of officer		ate		
Her		woi	KIE WEAH PRESIDENT				
		Тур	e or print name and title				
					eck   If	PTIN P0096	<del></del> 5922
Paid		F	Firm's name FREDPATH AND COMPANY LTD	SCII	-employed n's EIN 🟲 4		
	pare	r	Firm's address ► 4810 WHITE BEAR PARKWAY		one no (651		
lise	On	IV	I IIII 3 GGGIC33 F. TOTO MITTLE DEWE LAWEMAN	Leuc	ייר ווח (סטן	., <del>-</del> 20-/	000

WHITE BEAR LAKE, MN 55110

) (Revenue \$

4d

(Expenses \$

Other program services (Describe in Schedule O)

Total program service expenses ►

including grants of \$

5,595,662

Part IV	Checklist of	Required	Schedules

			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 $I^{\bullet}$	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	Yes	
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? <i>If "Yes," complete Schedule C, Part III</i>	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 for escrow or custodial account liability, 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
LO	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, line 10?  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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 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
е	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	
L2a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	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 hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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	28a		No
b	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 direct or indirect owner? If "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		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part II</i>	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? If "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, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂_
4 _	Enterette number una statut Berr 2 of Ferry 1000 Feter Out the translated by 14-1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 42  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
Зa	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		110
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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 as charitable contributions?	6a		No
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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
	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		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the expension receive any funds directly or indirectly to now promiting an a personal honefit			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7g		
h	required?	/ <b>y</b>		
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	Νo
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14a 14b		INU

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 C	contains a	response	or note to	o anv li	ine in this	Part VI							.▽

Se	ection A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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 supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was 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	Yes	
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 R	evenu	ie Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod <b>Yes</b>	e.) <b>No</b>
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed►MN
- 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

- 19 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 during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►THE ORGANIZATION

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . . . . . .

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax vear

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

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

<u> </u>	,							,	,	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ect	not box h an or/tr	office ustee	ss er	(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 organizations
(1) TAWANNA BLACK CHAIR	5 00	x		Х				0	0	0
(2) LISA DESOTELLE CPA TREASURER	2 00	х		х				0	0	0
(3) ANTONIO CARDONA SECRETARY	1 00	х		х				0	0	0
(4) REV KELLY CHATMAN DIRECTOR	1 00	х						0	0	0
(5) THOMPSON ADERINKOMI DIRECTOR	1 00	х						0	0	0
(6) SHAMARI CHISM DIRECTOR	1 00	х						0	0	0
(7) JOSEPH STACKHOUSE DIRECTOR	1 00	х						0	0	0
(8) HON TANYA BRANSFORD DIRECTOR	1 00	х						0	0	0
(9) QUINCY LEWIS DIRECTOR	1 00	х						0	0	0
(10) KIT HADLEY DIRECTOR	1 00	х						0	0	0
(11) JACK TAMBLE DIRECTOR	1 00	х						0	0	0
(12) PETER GABLER DIRECTOR	1 00	х						0	0	0
(13) JOLENE ROTICH DIRECTOR	1 00	х						0	0	0
(14) JUVENTINO MEZA DIRECTOR	1 00	х						0	0	0
	ı									Form <b>990</b> (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers and	than on is	one bot	not box h ar or/tr	offic ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(15) LUE VANG DIRECTOR	1 00	х						0	0	0
(16) WOKIE WEAH PRESIDENT	40 00	х		х				110,552	0	37,423
(17) SHEILA GOTHMANN FINANCE/OPERATIONS DIRECTOR	34 00	х		х				73,326	0	23,301

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	•[			
d	Total (add lines 1b and 1c)	•[	183,878	0	60,724

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►1

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee		1	
	on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		1	
	ındıvıdual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νo

Section	R	Inda	nand	ont	$C \cap D$	trac	-tore

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part V	* • • •
ts nts	1a
3ran nour	b c
ffs, ( ır An	d
s, Gi mila	e
tion er Si	f
tribu Othe	c d e f g h
Contributions, Gifts, Grants and Other Similar Amounts	h
Tue	2a
Rever	b
МСе	c
Ser	d e
Program Serwce Revenue	2a b c d e f
<u>~</u>	g 3
	4 5 6a
	6-
	b b
	С
	d
	7a
	b
	c
	d 8a
nne	
Reven	
ier F	Ь
oŧ	С
	9a
	Ь
	С
	10a
	Ь
	С
	11a
	b
	c d
	е

VIII	Statement o	<b>f Revenue</b> ule O contains a resp	onse or note to any lu	ne in this Part VIII			
	Check if Schedi	are O contains a resp	onse of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated cam	paigns 1	a				
ь	Membership du	es <b>1</b>	ь				
c	Fundraising eve	ents <b>1</b>	с				
d	Related organiz	rations 1	d				
e	Government grants						
	_	_	· ———				
f g	sımılar amounts no	ons, gifts, grants, and <b>1</b> ot included above ons included in lines	f 1,251,410				
"	1a-1f \$						
h	Total. Add lines	s 1a-1f	· · · · •	1,651,538			
			Business Code				
2a	FEES FOR SERVICE	<u> </u>	900099	169,432	169,432		
Ь							
C							
d							
e							
f	All other progra	am service revenue					
g	Total. Add lines	s 2a – 2f		169,432			
3		ome (ıncludıng dıvıde		·			
	and other simila	aramounts)	•	5,774			5,774
4		tment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·				
5	Royalties						
	C	(ı) Real	(II) Personal				
b b	Gross rents Less rental						
"	expenses						
C	Rental income or (loss)						
d	Net rental inco	me or (loss)					
		(ı) Securities	(II) Other				
7a	Gross amount from sales of assets other	13,141					
Ь	than inventory Less cost or						
-	other basis and sales expenses	0					
c	Gain or (loss)	13,141					
d	Net gain or (los	s)		13,141			13,141
8a	Gross income f events (not inc						
	\$of contributions See Part IV , lin	 reported on line 1c) le 18					
1	,		a				
ь	Less direct ex	penses I	ь				
C	Net income or (	(loss) from fundraising	g events . 🕨				
9a	Gross income f See Part IV, lin	rom gaming activities ie 19					
1		•	a				
		•	b				
		(loss) from gaming ac	tivities				
10a	Gross sales of returns and allo	• •					
1		a					
ь	Less cost of g	oods sold <b>b</b>					
C		(loss) from sales of in	ventory				
	Miscellaneous	s Revenue	Business Code				
11a							
ь							
С							
d	All other reven	ue					
e	Total. Add lines	s 11a-11d	🕨				
12	Total revenue.	See Instructions .		1,839,885	169,432	0	18,915

### Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All Check if Schedule O contains a response or note to any line in this				
Do no	ot include amounts reported on lines 6b,	(A)	(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,185,346	4,185,346		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	244,602	96,183	118,824	29,595
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	673,668	591,911	33,514	48,243
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,764	27,817	688	2,259
9	Other employee benefits	85,026	74,652	10,374	
10	Payroll taxes	75,589	49,562	20,348	5,679
11	Fees for services (non-employees)				
а	Management	57,910	33,200	20,359	4,351
ь	Legal	20,201	1,334	18,867	
c	Accounting	51,435		51,435	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	341,649	322,102	794	18,753
12	Advertising and promotion				-
13	Office expenses	75,771	51,063	20,615	4,093
14	Information technology	65,362	21,693	28,334	15,335
15	Royalties				· ·
16	Occupancy	116,029	85,933	15,946	14,150
17	Travel	50,352	43,721	5,673	958
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	30,332	13,721	3,073	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	54,573		54,573	
23	Insurance	12,423	750	11,673	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	12,123	,33	11,073	
а	PROFESSIONAL DEVELOPMEN	18,938	10,281	7,838	819
b	MEMBERSHIP DUES	60		60	
c					
d					
e	All other expenses	9,544	114	9,430	
25	Total functional expenses. Add lines 1 through 24e	6,169,242	5,595,662	429,345	144,235
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)		-		

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in th	us Part	x	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			352,417	1	2114 01 y 041
	2	Savings and temporary cash investments		_	1,031,658	2	1,447,145
	3	Pledges and grants receivable, net		-	5.085.856	$\vdash$	309,242
	4	Accounts receivable, net		•	325	$\vdash$	6,930
	5	Loans and other receivables from current and former officers, dil employees, and highest compensated employees Complete Par Schedule L	rectors, t II of			-	
4ssets	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and coand sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	ontribut iployees	ing employers		6	
Š	7	Notes and loans receivable, net				7	
₫.	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			37,107	9	13,728
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	- 264,309	,		,
	ь	Less accumulated depreciation	10b	107,085	205,521	10c	157,224
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		_		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			6,712,884	16	1,934,269
	17	Accounts payable and accrued expenses			123,493	17	146,063
	18	Grants payable			928,598	$\vdash$	412,983
	19	Deferred revenue			13,100	19	56,887
	20	Tax-exempt bond liabilities		_		20	<u> </u>
	21	Escrow or custodial account liability Complete Part IV of Scheo	dule D			21	
lities	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualifi	rs, trust				
Liabili		persons Complete Part II of Schedule L				22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties		Ī		24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	t X of Sc	hedule			
		D				25	0.5.000
	26	Total liabilities. Add lines 17 through 25			1,065,191	26	615,933
S O O		Organizations that follow SFAS 117 (ASC 958), check here ► □ lines 27 through 29, and lines 33 and 34.	and co	omplete			
181	27	Unrestricted net assets		•	309,208	27	311,964
<b>7</b>	28	Temporarily restricted net assets		•	5,338,485	28	1,006,372
Ξ	29	Permanently restricted net assets				29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	re ► ┌	and			
	30	Capital stock or trust principal, or current funds				30	
SetS etS	31	Paid-in or capital surplus, or land, building or equipment fund				31	
ž	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
ξ	33	Total net assets or fund balances			5,647,693	33	1,318,336
_	34	Total liabilities and net assets/fund balances			6,712,884	34	1,934,269

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,8	339,885
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,1	169,242
3	Revenue less expenses Subtract line 2 from line 1	3			329,357
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			<del>, , , , , , , , , , , , , , , , , , , </del>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,3	318,336
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	1e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
За	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?	е	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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As Filed Data -

DLN: 93493166001235

**Employer identification number** 

OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

Open to Public Inspection

YOUTH	PRISE						27-4126970	
Pai	tΙ	Reason for Publi	c Charity S	<b>Status</b> (All organiza	tions must co	mplete this i		ons.
		zation is not a private fo						
1	$\sqcap$	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(</b>	b)(1)(A)(i).	
2	Γ	A school described in	section 170(b	)(1)(A)(ii). (Attach S	chedule E )			
3	$\sqcap$	A hospital or a cooper	atıve hospıtal	service organization of	described in <b>sec</b>	tion 170(b)(1	(A)(iii).	
4	$\Gamma$	A medical research or	ganızatıon ope	erated in conjunction v	vith a hospital d	lescribed in <b>se</b>	ction 170(b)(1)(A)(iii	). Enter the
		hospital's name, city,						<u> </u>
5	Γ	An organization opera			versity owned o	or operated by	a governmental unit d	escribed in
	_	section 170(b)(1)(A)		·				
6		A federal, state, or loc	al governmen	t or governmental unit	described in <b>se</b>	ection 170(b)(:	L)(A)(v).	
7	<u>~</u>	An organization that n	•	•	• •	om a governme	ental unit or from the g	jeneral public
8	$\overline{}$	described in <b>section 1</b> A community trust des				+ 11 \		
9	Ė.	An organization that n					hutions membershin	fees and aross
	'	receipts from activitie						
		its support from gross						
		acquired by the organi				•	•	
10	Г	An organization organ		•			•	
11	Ė	An organization organ	·		•	•		ut the purposes of
	•	one or more publicly s						
	_	the box in lines 11a th						
а	ı	<b>Type I.</b> A supporting of supported organization						
		organization <b>You mus</b>				ty of the direct	ors or crustees or the	supporting
b	Γ	Type II. A supporting	•			with its suppo	rted organization(s), l	y having control or
		management of the su			same persons t	hat control or r	manage the supported	$organization(s) \   \textbf{You}$
_	_	must complete Part IV	•		n anaratad in a	onnoction with	and functionally into	aratad weth sta
С	1	Type III functionally is supported organization	_		•			grated with, its
d	Γ	Type III non-function						anızatıon(s) that ıs
		not functionally integr					ement and an attentiv	eness requirement
_	_	(see instructions) <b>Yo</b>					ca Type I Type II T	una III functionally
е	'	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functions integrated, or Type III non-functionally integrated supporting organization						ype III lunctionally
f		Enter the number of supported organizations						
g		Provide the following i	nformation abo	out the supported orga	ınızatıon(s)			
		ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org		(v) A mount of	(vi) Amount of
organization			organization (described on lines	listed in your docume		monetary support (see instructions)	other support (see instructions)	
			1-9 above or IRC	docume	:110,	(see ilistructions)	ilistructions)	
				section (see				
				ınstructions))				
					Yes	No		
Total								

supported organization

instructions

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 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 1,514,649 10,589,042 166,007 5,190,712 1,651,538 19,111,948 include any "unusual grants ") 7 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 1,514,649 10,589,042 166,007 5,190,712 1,651,538 19,111,948 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 15,762,018 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 3,349,930 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 **(c)** 2012 (d) 2013 **(e)** 2014 (f) Total beginning in) 🟲 1,514,649 10,589,042 166,007 5,190,712 1,651,538 19,111,948 Amounts from line 4 Gross income from interest, dividends, payments received on 61 6,335 5,479 4,906 5,774 securities loans, rents, royalties 22,555 and income from similar sources 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 VI) 11 Total support Add lines 7 through 19,134,503 10 Gross receipts from related activities, etc (see instructions) 12 12 240,633 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) 13 ►V Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2013 Schedule A, Part II, line 14 15 15 16a 33 1/3% support test - 2014. 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—2013. 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 17a 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported  $\vdash \Gamma$ organization b 10%-facts-and-circumstances test - 2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies 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

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 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) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 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 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 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 section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V  $\,)$ 

Section A. All Supporting Organizations
---

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

#### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

#### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	

Return Reference	Explanation
•	YOUTHPRISE HAD A SHORT PERIOD OF 7/1/13 - 12/31/13 DUE TO A CHANGE IN YEAR END AMOUNTS REPORTED IN THE 2013 COLUMN REFLECT THE SHORT PERIOD

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493166001235

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization YOUTHPRISE Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the

amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	( <b>b)</b> Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

# Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	<b>▶</b> □	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,	,
		expenses, and share of excess lobbying expenditures)	

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)	0	
b	<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
c	c Total lobbying expenditures (add lines 1a and 1b)			
d	Other exempt purpose expenditures		6,169,242	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	6,169,242	
f	Lobbying nontaxable amount Enter the amount f	from the following table in both	458,462	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	ļ	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	ļ	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)	114,616	
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -	0	
i	Subtract line 1f from line 1c If zero or less, ente	er-0-	0	
j	If there is an amount other than zero on either li	ne 1h or line 1i, did the organization file Form 472	0 reporting	

# 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) Total beginning in) 345,183 346,673 342,782 458,462 Lobbying nontaxable amount 1,493,100 Lobbying ceiling amount 2,239,650 (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount 86,296 86,668 85,696 114,616 373,276 Grassroots ceiling amount 559,914 (150% of line 2d, column (e)) Grassroots lobbying expenditures

(b) Amount	No
Amount	No
-	
-	
or section	)(5), o
Yes	
1	
2	
3	
or section	
Part III-	R (b)
[-A, lines 1 a	Part II
I	Part I

Part IV Supplemental Information (continued)				
Return Reference	Explanation			

Schedule C (Form 990 or 990EZ) 2014

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

#### DLN: 93493166001235

OMB No 1545-0047

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public

	e of the organization		Emp	loyer identifica	ation number	er
				4126970		
art	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990		Funds	or Accounts	s. Comple	te if the
		(a) Donor advised funds		<b>(b)</b> Funds and	other accou	ınts
Т	otal number at end of year					
Δ	ggregate value of contributions to (during year)					
Δ	ggregate value of grants from (during year)					
Δ	ggregate value at end of year					
	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the or		nor adv	ised	☐ Yes	┌ No
ι	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?				┌ Yes	┌ No
art	<b>Conservation Easements.</b> Complete if	the organization answered "Yes"	to Forn	n 990, Part I\	V, line 7.	
Γ Γ (	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation  Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a	or education)  Preservation of a	ı certifie	d historic struc	ture	
6	easement on the last day of the tax year			11-14 -4 44-	End of the	
7	Total number of conservation easements		2a	neid at the	e End of the	теаг
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified histo	ric structure included in (a)	2c			
1	Number of conservation easements included in (c) acq nistoric structure listed in the National Register	• •	2d			
1	Vumber of conservation easements modified, transferr	ed. released. extinguished. or termina	ted by th	ne organization	durina	
	he tax year 🛌	,	,	,		
	· · · · · · · · · · · · · · · · · · ·					
	Number of states where property subject to conservati			- , ,	1	
e	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?				☐ Yes	┌ No
9	Staff and volunteer hours devoted to monitoring, inspect.	cting, and enforcing conservation ease	ements o	luring the year		
	Amount of expenses incurred in monitoring, inspecting	, and enforcing conservation easemen	ts durin	g the year		
	<b>*</b> \$					
	Does each conservation easement reported on line 2(c and section 170(h)(4)(B)(II)?	l) above satisfy the requirements of se	ection 17	70(h)(4)(B)(ı)	☐ Yes	┌ No
t	In Part XIII, describe how the organization reports corpalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financi nts	al stater	ments that des	cribes	
rt	Organizations Maintaining Collection Complete if the organization answered "Y		, or Ot	her Similar	Assets.	
٧	f the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education	, or rese	arch in further		
٧	f the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to these	ts held for public exhibition, education	e statem , or rese	ent and balance arch in further	e sheet ance of pub	lıc
(	i) Revenue included in Form 990, Part VIII, line 1			<b>F</b> \$		
(	(ii) Assets included in Form 990, Part X			<b>F</b> \$		
Ι	f the organization received or held works of art, historiollowing amounts required to be reported under SFAS					
F	Revenue included in Form 990, Part VIII, line 1			<b>-</b> \$		
	Assets included in Form 990, Part X					
A	assets included in Follii 990, Palit X			<b>-</b> →		

Part	Organizations Maintaining Col	<u>lections of Art,</u>	<u>His</u>	tori	<u>cal T</u>	reasu	res, or O	<u>ther</u>	<u>r Similar As</u> :	sets (c	ontinued)
3	Using the organization's acquisition, accession collection items (check all that apply)	on, and other record	ls, ch	neck	any of	the follo	owing that a	re a	significant use	of its	
а	Public exhibition		d	Γ	Loar	orexch	nange progra	ams			
b	Scholarly research		е	Γ	Othe	er					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	llections and explai	n hov	w the	y furth	er the o	rganızatıon	sex	empt purpose II	n	
5	During the year, did the organization solicit o									_	_
Do	assets to be sold to raise funds rather than to									Yes	│ No
Par	<b>t IV</b> Escrow and Custodial Arrange Part IV, line 9, or reported an am						i aliswered	1 16	es to ronni 9	90,	
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?						or other ass	ets n	ot	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing t	able						
									Am	ount	
C	Beginning balance							1c			
d	Additions during the year						L	1d			
e	Distributions during the year						L	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21,	for e	scrow	orcusto	dıal accour	ıt lıa	bility? [	Yes	□ No
ь	If "Yes," explain the arrangement in Part XII									<u> </u>	
Pa	rt V Endowment Funds. Complete if									<u> </u>	
1a	Beginning of year balance	(a)Current year	(b	<b>)</b> Prior	year	<b>b</b> (c)Tv	vo years back	(d)1	hree years back	(e)Four y	ears back
b	Contributions					+					
c	Net investment earnings, gains, and losses										
_											
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (lın	ne 1g	, colur	nn (a)) h	neld as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ►										
c	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%									
3a	Are there endowment funds not in the posses	sion of the organiza	tion	that	are he	ld and a	dmınıstered	fort	the		
	organization by (i) unrelated organizations								3a(	Yes	No
	(ii) related organizations		•	•		• •		•	3a(i		<del> </del>
b	If "Yes" to 3a(II), are the related organization							٠	3b		<del>                                     </del>
4	Describe in Part XIII the intended uses of the	e organızatıon's end	lowm	ent f	unds					•	
Par	t VI Land, Buildings, and Equipme		he o	rgar	ızatıc	n answ	vered 'Yes'	to	Form 990, Pa	rt IV, lı	ne
	11a. See Form 990, Part X, line 1  Description of property	<u>0.</u>				or other estment)	(b)Cost or o		(c) Accumulated	( <b>d)</b> B	ook value
				<u> </u>		/		<u> </u>	L		
	_and			<u> </u>							
	Buildings		•	$\vdash$							
	Leasehold improvements		•	$\vdash$				.068	2,76		8,301
	Equipment		•	$\vdash$			253	241	104,31	18	148,923
	Other			lmr /	B) lina	= 10(c) )				+-	157,224
		, a a i i o i i i o o , i a i t A	,	(	٠,, ١١١١٠	- 10(0/./	• • •	•	Schedule D	(Form (	
									Juliani D	\. \.	,

Part VII Investments—Other Securities. Co	mplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. C	complete if the organizati	on answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
		90, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		1
		†
		_
		-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>	-
D. La la la la tara francisco de la constante	do the toyt of the fortunation	About and the second of the se

Part		<b>Revenue per Audited Financial Sta</b> wered 'Yes' to Form 990, Part IV, line :		per Retur	<b>n</b> Complete if
1		er support per audited financial statements		1	1,839,885
2	A mounts included on line 1 b	ut not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses)	on investments	2a		
b	Donated services and use of	facilities	2b	7	
c	Recoveries of prior year gran	ts	2c	7	
d	Other (Describe in Part XIII	)	2d	7	
e	Add lines <b>2a</b> through <b>2d</b>			2e	0
3	Subtract line <b>2e</b> from line <b>1</b> .			3	1,839,885
4	Amounts included on Form 99	90, Part VIII, line 12, but not on line <b>1</b>			
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII	)	4b	7	
c	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total revenue Add lines <b>3</b> an	id <b>4c.</b> (This must equal Form 990, Part I, line	e 12 )	5	1,839,885
Part		expenses per Audited Financial Stanswered 'Yes' to Form 990, Part IV, line		es per Ret	urn. Complete
1		er audited financial statements		1	6,169,242
2	Amounts included on line 1 b	ut not on Form 990, Part IX, line 25			
а	Donated services and use of	facilities	2a		
b	Prior year adjustments		2b		
c	Otherlosses		2c		
d	Other (Describe in Part XIII	2d			
e	Add lines <b>2a</b> through <b>2d</b>			2e	0
3	Subtract line <b>2e</b> from line <b>1</b> .			3	6,169,242
4	Amounts included on Form 99	90, Part IX, line 25, but not on line 1:			
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	.   4a		
b	Other (Describe in Part XIII	)	4b		
c	Add lines 4a and 4b			4c	0
5	Total expenses Add lines 3 a	and <b>4c.</b> (This must equal Form 990, Part I, lii	ne 18 )	5	6,169,242
Part	XIII Supplemental In	formation		<u>'</u>	
Part		r Part II, lines 3, 5, and 9, Part III, lines 1a I, lines 2d and 4b, and Part XII, lines 2d and			y addıtıonal
	Return Reference	Explanation			
PART	X, LINE 2	A TAX EXPENSE OR BENEFIT FROM AN EXEMPT STATUS) MAY BE RECOGNIZE POSITION WILL BE SUSTAINED UPON MANAGEMENT BELIEVES THE ORGANITHAT WOULD RESULT IN AN ACCRUAL THAN NOT STANDARD THE ORGANIZA OPEN TO EXAMINATION BY REGULATORS	D ONLY WHEN IT IS MORE I EXAMINATION BY TAXING ZATION HAS NO UNCERTA ,, EXPENSE OR BENEFIT UN ATION'S 2011 THROUGH 20	IKELY THA AUTHORITI IN INCOME DER THE MC	N NOT THAT THE ES TAX POSITIONS PRE LIKELY

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Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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

**General Information on Grants and Assistance** 

DLN: 93493166001235

OMB No 1545-0047

(Form 990)

Part I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization YOUTHPRISE

Employer identification number

27-4126970

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?									
2 Describe in Part IV the organi	zatıon's procedures fo	or monitoring the use o	f grant funds in the Unite	ed States					
Form 990, Part IV, li				<b>Governments.</b> Compart II can be duplicated			s" to		
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC 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		
See Additional Data Table									

Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . .

Cat No 50055P

82

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> 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

Supplemental 1	<b>Information.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
PART I, LINE 2	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 SEARMARKED 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 CANIDATE 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 DESCRIBING PROGRESS 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 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 GRANT AND/OR A BREACH BY THE GRANTEE OF ANY OF THE TERMS OF THE AGREEMENT OR THE GRANT SECULISTICALLY FOR THE GRANT AND/OR A BREACH BY THE GRANTEE OF THE GRANT IS NOT REQUIRED. BUT IT IS NECESSARY THAT SEPARATE ACCOUNTING OF THIS GRANT BE MAINTAINED GRANTEES ARE ALSO REQUIRED TO SATISFY GRANT FUNDS SECLUSIVELY FOR THE PURPOSES OF THE GRANT AND FOR THE GRANT SHOULD FOR THE GRANT IS NOT A PRIVATE FOUNDATION SASCED ON PROGRESS TOWARD COMPLETION OF THE GRANTEES THAT ITS DETERMINATION LETTER OF THE INTERNAL GRANTEE H

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 27-4126970

Name: YOUTHPRISE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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
FRIENDS OF THE SAINT PAUL PUBLIC LIBRARY325 CEDAR STREET SUITE 555 SAINT PAUL, MN 55101	41-6029683	501(C)(3)	10,000				SAINT PAUL YOUTH COMMISSION METRO TRANSIT PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
FRIENDS OF THE SAINT PAUL PUBLIC LIBRARY325 CEDAR STREET SUITE 555 SAINT PAUL, MN 55101	41-6029683	501(C)(3)	180,000				SPROCKETS				

Form 990,Schedule 1, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
180 DEGREES INC236 CLIFTON AVE S MINNEAPOLIS, MN 55403	23-7153536	501(C)(3)	11,000				BRITTANY'S PLACE COGNITIVE BEHAVIOR GROUP THERAPY				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
INTERMEDIA ARTS OF MINNESOTA INC 2822 LYNDALE AVENUE SOUTH MINNEAPOLIS, MN 55408	41-1226945	501(C)(3)	8,500				AWARENESS RAISING FOR STATE OF USING FILM2014 VIDEO CONTEST				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</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				
JUXTAPOSITION INC2007 EMERSON AVE N MINNEAPOLIS, MN 55411	41-1851915	501(C)(3)	26,000				PATHWAYS TO COLLEGE AND CAREERS (PACC)				

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LITTLE EARTH RESIDENTS ASSOCIATION2495 18TH AVENUE SOUTH MINNEAPOLIS,MN 55404	36-3309894	501(C)(3)	15,000				LITTLE EARTH BIMAADIZIWIN EDUCATION PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
NEW AMERICAN ACADEMY 6875 WASHINGTON AVENUE SOUTH 103 EDINA,MN 55439	32-0241006	501(C)(3)	20,000				EXPAND ACCESS TO QUALITY LEARNING EXPERIENCES				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
NORTHFIELD HEALTH COMMUNITY INITIATIVE 1651 JEFFERSON PARKWAY SUITE 128 NORTHFIELD,MN 55057	26-2852506	501(C)(3)	30,000				PRIMETIME				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PHYLLIS WHEATLEY COMMUNITY CENTER1301 - 10TH AVENUE NORTH MINNEAPOLIS,MN 55411	41-0706132	501(C)(3)	20,000				CHEFS IN MOTION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
UNIVERSITY OF MINNESOTA 301 19TH AVE S STE 307 MINNEAPOLIS, MN 55455		509(A)(1)	1,500				THE BLACK WEIRDO PARTY				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</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 MINNESOTA301 19TH AVE S STE 307 MINNEAPOLIS,MN 55455	41-6007513	509(A)(1)	50,000				ADVANCE SOCIO- EMOTIONAL ASPECTS OF LEARNING AND DEVELOPMENT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
UNIVERSITY OF MINNESOTA301 19TH AVE S STE 307 MINNEAPOLIS,MN 55455		509(A)(1)	1,000				YOUTH ADVISORY STRUCTURES				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF MINNESOTA301 19TH AVE S STE 307 MINNEAPOLIS,MN 55455		509(A)(1)	15,038				POLICY FELLOW			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
ACCESS PHILANTHROPY CHARITIES2100 STEVENS AVENUE SOUTH MINNEAPOLIS, MN 55404	38-3777419	501(C)(3)	6,521				FUNDERS DATABASE				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
ACES - ATHLETES COMMITTED TO EDUCATING STUDENTS 1115 E HENNEPIN AVE MINNEAPOLIS,MN 55414	41-1789659	501(C)(3)	20,000				QUALITY IMPROVEMENT AND DATA COLLECTION				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
ARCATA PRESS DBA SAINT PAUL ALMANAC275 EAST FOURTH ST SUITE 701 SAINT PAUL, MN 55101	65-1264407	501(C)(3)	36,540				YOUTH ENGAGEMENT PARTNERSHIP				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ASIAN MEDIA ACCESS 2418 PLYMOUTH AVENUE NORTH MINNEAPOLIS,MN 55411	41-1736822	501(C)(3)	1,500				2014 VIDEO CONTEST		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ASIAN MEDIA ACCESS 2418 PLYMOUTH AVENUE NORTH MINNEAPOLIS, MN 55411	41-1736822	501(C)(3)	36,800				STUDENTS ORGANIZING FOR EQUITY			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ASIAN MEDIA ACCESS 2418 PLYMOUTH AVENUE NORTH MINNEAPOLIS,MN 55411	41-1736822	501(C)(3)	15,000				BUILDING A BETTER SPROCKETS SYSTEM FOR PHUN			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AUGSBURG COLLEGE2211 RIVERSIDE AVENUE SOUTH CB 10 MINNEAPOLIS,MN 55454	41-0694721	501(C)(3)	12,000				NORTHSTAR FELLOWSHIP		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BANYAN COMMUNITY2647 BLOOMINGTON AVENUE SOUTH MINNEAPOLIS,MN 55407	41-1922813	501(C)(3)	20,000				ADOLESCENT EDUCATIONAL SUPPORT (ACES)			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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 BURNSVILLE100 CIVIC CENTER PKWY BURNSVILLE,MN 55337	41-6008848	509(A)(1)	25,000				BURNSVILLE YOUTH COLLABORATIVE GENERAL OPERATING			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CONNECTIONS TO INDEPENDENCE310 EAST 38TH ST STE 300 MINNEAPOLIS, MN 55409	80-0542940	501(C)(3)	15,000				FOSTERING CONNECTIONS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance		
EL COLEGIO HIGH SCHOOL 4137 BLOOMINGTON AVE S MINNEAPOLIS,MN 55407	41-1953998	501(C)(3)	20,000				LATINO YOUTH LEADERSHIP PROGRAM		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
EL COLEGIO HIGH SCHOOL 4137 BLOOMINGTON AVE S MINNEAPOLIS,MN 55407	41-1953998	501(C)(3)	67,620				STUDENTS ORGANIZING FOR EQUITY		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CENTER SCHOOL INC2421 BLOOMINGTON AVENUE SOUTH MINNEAPOLIS,MN 55404	36-3591386	501(C)(3)	20,000				EXPERIENTIAL PLACE-BASED LEARNING		

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COMMUNITY MEDIATION & RESTORATIVE SERVICES INC9220 BASS LAKE ROAD NEW HOPE, MN 55428		501(C)(3)	15,000				YOUTH-DIRECTED RESTORATIVE- BASED JUVENILE JUSTICE		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
COOKIE CART1119 W BROADWAY MINNEAPOLIS,MN 55411	41-1866804	501(C)(3)	25,000				VOLUNTEER AND TEEN LEADERSHIP PROJECT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CYCLES FOR CHANGE712 UNIVERSITY AVE ST PAUL,MN 551044854	41-1816453	501(C)(3)	20,000				YOUTH APPRENTICESHIP PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> 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 NORTH MINNEAPOLIS,MN 55411	41-1277423	501(C)(3)	20,000				NORTH MINNEAPOLIS YOUTH ENTREPRENEURSHIP PROJECT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FAMILY TREE CLINIC1619 DAYTON AVE STE 205 ST PAUL, MN 55104	23-7133742	501(C)(3)	12,065				FAMILY TREE SHARP IN HENNEPIN COUNTY		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GIVING BACK FUND6033 WEST CENTURY BLVD STE 350 LOS ANGELES,CA 90045	04-3367888	501(C)(3)	25,640				NEXUS MINNESOTA			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
INDIGENOUS PEOPLES TASK FORCE1335 EAST 23RD AVE MINNEAPOLIS, MN 55070	36-3617906	501(C)(3)	15,000				IKIDOWIN YOUTH DEVELOPMENT PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
IN PROGRESS213 FRONT AVENUE ST PAUL,MN 55117	41-1603279	501(C)(3)	20,000				STUDIO 213 YOUTH ARTS & LEADERSHIP PROJECT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
JABBOK FAMILY SERVICES 2608 BLAISDELL AVE S MINNEAPOLIS, MN 55408	41-1889548	501(C)(3)	15,000				COOL YOUTH OST SYSTEM		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
KA JOOG419 CEDAR AVE SOUTH 257 MINNEAPOLIS,MN 55454	39-2073475	501(C)(3)	35,000				KA JOOG		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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		
KALEIDOSCOPE PLACE 2400 PARK AVE MINNEAPOLIS, MN 55402	20-8449852	501(C)(3)	15,000				YOUTH CENTER CAFE		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MENTORING YOUNG ADULTS550 RICE STREET ST PAUL,MN 55103	80-0298183	501(C)(3)	5,000				ANNUAL FUNDRAISING DINNER			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MENTORING YOUNG ADULTS550 RICE STREET ST PAUL,MN 55103	80-0298183	501(C)(3)	20,000				PLANNING THE MYA CAFE AND LEARNING RESOURCE CENTER		

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MIGIZI COMMUNICATIONS INC1516 EAST LAKE SUITE 300 MINNEAPOLIS,MN 55407		501(C)(3)	35,000				MIGIZI OUT OF SCHOOL TIME ACTIVITIES			

Form 990,Schedule I, Par	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MIGIZI COMMUNICATIONS INC1516 EAST LAKE SUITE 300 MINNEAPOLIS,MN 55407	41-1379114	501(C)(3)	33,350				STUDENTS ORGANIZING FOR EQUITY		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MINNESOTA AFRICAN WOMENS ASSOCIATION 3300 BASS LAKE RD SUITE 510 BROOKLYN CENTER, MN 55429	48-1259139	501(C)(3)	15,000				MY AFRICAN BIG SISTER PROJECT		

Form 990,Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MINNESOTA ALLIANCE WITH YOUTH2233 UNIVERSITY AVE W ST PAUL,MN 55114	45-3774063	501(C)(3)	204,150				MINNESOTA YOUTH COUNCIL			

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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 ALLIANCE WITH YOUTH2233 UNIVERSITY AVE W ST PAUL,MN 55114	45-3774063	501(C)(3)	9,000				MINNESOTA YOUTH COUNCIL- STATE OF USING MINI GRANT PROJECT			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MINNESOTA COUNCIL ON FOUNDATIONS100 PORTLAND AVENUE SOUTH NO 225 MINNEAPOLIS, MN 55401	41-1269275	501(C)(3)	7,600				ANNUAL MEMBERSHIP			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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 YOUTH COORDINATING BOARD 330 2ND AVE S MINNEAPOLIS, MN 55401	41-1566656	501(C)(3)	240,000				CENTRALIZING/STRENGTHENING COORDINATION				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NETWORK FOR THE DEVELOPMENT OF CHILDREN OF AFRICAN DESCENT655 FAIRVIEW AVE NORTH ST PAUL, MN 55104	41-1936394	501(C)(3)	15,000				UHURU PROGRAM			

Form 990,Schedule I, Pai	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
OROMO COMMUNITY INC MINNEAPOLIS465 MACKUBIN STEET ST PAUL,MN 55103	41-1727260	501(C)(3)	15,000				PATHWAYS TO OPPORTUNITY - OCM YOUTH DEVELOPMENT			

Form 990,Schedule I, Pai	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
OUTFRONT MINNESOTA COMMUNITY SERVICES310 E 38TH ST STE 204 MINNEAPOLIS,MN 55409	36-3550489	501(C)(3)	1,000				Q-QUEST LGBTQ YOUTH FESTIVAL & CONFERENCE			

Form 990,Schedule I, Pai	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
OUTFRONT MINNESOTA COMMUNITY SERVICES310 E 38TH ST STE 204 MINNEAPOLIS,MN 55409	36-3550489	501(C)(3)	15,000				MINNESOTA SCHOOL PRIDE NETWORK		

Form 990,Schedule I, Pai	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
OUTFRONT MINNESOTA COMMUNITY SERVICES310 E 38TH ST STE 204 MINNEAPOLIS,MN 55409	36-3550489	501(C)(3)	2,500				SAFE SCHOOLS YOUTH SUMMIT			

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PILLSBURY UNITED COMMUNITIES125 WEST BROADWAY AVENUE MINNEAPOLIS,MN 55411	41-0916478	501(C)(3)	193,000				PUC COLLEGE AND CAREER READINESS CONTINUUM		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> 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				PROJECT PREPARE			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PETA WAKAN TIPIPO BOX 68 SCANDIA,MN 55073	41-1632662	501(C)(3)	20,000				NATIVE YOUTH - HEALTHY COMMUNITIES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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 PCUSA2100 EMERSON AVENUE MINNEAPOLIS, MN 55411	27-0031853	501(C)(3)	20,000				KWANZAA'S OST		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
RAINBOW RESEARCH621 WEST LAKE STREET SUITE 300 MINNEAPOLIS,MN 55408		501(C)(3)	108,447				RESEARCH SERVICES		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> 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 NORTH MINNEAPOLIS, MN 55405	41-1912560	501(C)(3)	102,644				YOUTHPRISE & REDEEMER CAMPAIGN FOR YOUTH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ST PAUL NEIGHBORHOOD NETWORK375 JACKSON STREET NO 250 ST PAUL,MN 55101	41-1500773	501(C)(3)	10,150				MEDIA CONTRACT SERVICES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</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			
ST PAUL NEIGHBORHOOD NETWORK375 JACKSON STREET NO 250 ST PAUL,MN 55101	41-1500773	501(C)(3)	15,000				LET'S HOMAGO SPNN YOUTH AND CREATECH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SPECIAL SCHOOL DISTRICT NO 11250 WEST BROADWAY MINNEAPOLIS,MN 55411	41-0851980	509(A)(1)	1,000				GAY-STRAIGHT ALLIANCE EVENT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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			
SPECIAL SCHOOL DISTRICT NO 11250 WEST BROADWAY MINNEAPOLIS,MN 55411	41-0851980	509(A)(1)	50,000				BASELINE STUDY			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SCIENCE MUSEUM OF MINNESOTA120 W KELLOGG BLVD ST PAUL,MN 55102	41-0706172	501(C)(3)	750				ALLIED MEDIA CONFERENCE SPONSORSHIP			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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			
SCIENCE MUSEUM OF MINNESOTA120 W KELLOGG BLVD ST PAUL,MN 55102	41-0706172	501(C)(3)	2,500				2014 YOUTH SCIENCE DAY			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SCIENCE MUSEUM OF MINNESOTA120 W KELLOGG BLVD ST PAUL,MN 55102	41-0706172	501(C)(3)	20,000				KAYSC YOUTH LEADERSHIP CURRICULUM & ASSESSMENT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SOMALI AMERICAN PARENT ASSOCIATION 1929 S 5TH ST STE 101 MINNEAPOLIS,MN 55454	26-3120451	501(C)(3)	15,000				CAAWIMAAD PART TWO			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
STUDENTS TODAY LEADERS FOREVER609 SOUTH 10TH STREET STE 103 MINNEAPOLIS,MN 55404	20-2797098	501(C)(3)	15,000				STUDENT LEADERSHIP PIPELINE AND CAPACITY BUILDING			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</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)	15,000				LIVE LONG AND MENTOR MENTORING AND YAC INITIATIVE			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</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		
THE FAMILY PARTNERSHIP 414 S 8TH STREET MINNEAPOLIS, MN 55404		501(C)(3)	76,500				MNIC-HEALTH MENTOR MODEL		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE SANNEH FOUNDATION2090 CONWAY ST ST PAUL,MN 55119	56-2332269	501(C)(3)	41,500				GALA FOR GOALS, DREAMLINE PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(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			
THE AFTER-SCHOOL CORP 1440 BROADWAY 16TH FLOOR NEW YORK,NY 10001	13-4004600	501(C)(3)	10,000				ANNUAL MEMBERSHIP			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
URBAN BOATBUILDERS449 PASCAL STREET NORTH ST PAUL, MN 55104	41-1831598	501(C)(3)	15,000				URBAN BOATBUILDERS PROGRAM QUALITY IMPROVEMENT			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
URBAN ROOTS MN463 MARIA AVE ST PAUL,MN 55106	41-0975429	501(C)(3)	15,000				YOUTH WORK INTERNSHIPS AND EMPLOYMENT EDUCATION				

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</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 ACADEMY 3901 CHICAGO AVE S MINNEAPOLIS,MN 55407	41-2016187	501(C)(3)	15,000				URBAN ARTS ACADEMY "YOUTH IN ACTION"		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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			
WALKER WEST MUSIC ACADEMY777 SELBY AVENUE ST PAUL,MN 55104	41-1678368	501(C)(3)	25,000				FY14-FY15 PROGRAM DEVELOPMENT INITIATIVE			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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 INC 3805 THIRD AVENUE SOUTH MINNEAPOLIS, MN 55409	41-1820991	501(C)(3)	15,000				YES WE CAN! YOUTH ACHIEVERS PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WELLSHARE INTERNATIONAL122 WEST FRANKLIN AVENUE SUITE 510 MINNEAPOLIS,MN 55404	41-1397062	501(C)(3)	15,000				THE YOUNG ACHIEVERS- CAPACITY BUILDING (OST SYSTEM)			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> 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 SEVENTH COMMUNITY CENTER265 ONEIDA STREET ST PAUL,MN 55102	23-7319301	501(C)(3)	15,000				WEST 7TH CHILDREN AND YOUTH PROGRAMS		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> 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		
WOMEN'S INITIATIVE FOR SELF EMPOWERMENT570 ASBURY STREET NO 202 ST PAUL, MN 55104	41-1791358	501(C)(3)	20,000				GIRLS GETTING AHEAD IN LEADERSHIP (GGAL)		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> 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 S NINTH ST MINNEAPOLIS, MN 55402	45-2563299	501(C)(3)	385,994				YMCA URBAN YOUTH PROGRAMS MATCHING GRANTHEALTHY KIDS DAY MATCHING GIFTY MAKE CHANGE INITIATIVEMISSION IMPACT COUNCIL			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
YOUTH FARM128 WEST 33RD STREET MINNEAPOLIS,MN 55408	41-1896055	501(C)(3)	20,000				GROWING YOUTH FARM THE URBAN KLATSCH INITIATIVE		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
YOUTH PERFORMANCE COMPANY3338 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414	41-1753681	501(C)(3)	15,000				YOUTH-LED EVALUATION PROCESS		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
YOUTHCARE2701 UNIVERSITY AVENUE SE NO 205 MINNEAPOLIS, MN 554143236	41-1322470	501(C)(3)	15,000				MULTICULTURAL YOUTH EMPLOYMENT PROGRAM		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF ST PAUL MN375 SELBY AVE ST PAUL,MN 55102	41-0693892	501(C)(3)	250,900				ST PAULYOUTH INTERVENTION INITIATIVE		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
YOUTHRIVE615 FIRST AVE NE STE 500 MINNEAPOLIS, MN 55413	56-2536131	501(C)(3)	129,900				NOBEL PEACE PRIZE YOUTH FESTIVALTRANSITION FUNDINGYOUTH LEADERSHIP TEAMYOUTHRIVE YOUTH LEADERSHIP TEAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BROOKLYN BRIDGE ALLIANCE FOR YOUTH 6150 SUMMIT DRIVE NORTH SUITE 200 BROOKLYN PARK, MN 55430	41-6008804	509(A)(1)	5,000				HENNEPIN COUNTY AFTERSCHOOL SUMMIT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BROOKLYN BRIDGE ALLIANCE FOR YOUTH 6150 SUMMIT DRIVE NORTH SUITE 200 BROOKLYN PARK, MN 55430	41-6008804	509(A)(1)	193,000				BROOKLYN'S CAMPAIGN FOR YOUTH - YOUTH EMPLOYMENT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BROOKLYN BRIDGE ALLIANCE FOR YOUTH 6150 SUMMIT DRIVE NORTH SUITE 200 BROOKLYN PARK, MN 55430	41-6008804	509(A)(1)	84,000				THE BROOKLYN BRIDGE ALLIANCE FOR YOUTH OPERATING		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CENTRO CULTURAL CHICANO INC1915 CHICAGO AVENUE SOUTH MINNEAPOLIS,MN 55404	41-1290349	501(C)(3)	20,000				RAICES OUT OF SCHOOL TIME CAPACITY BUILDING	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VORA SERVICE62 E GOLDEN LAKE RD CIRCLE PINES,MN 55014	27-1626036	501(C)(3)	11,000				URBAN BATTLE'S TUTORING/MENTORING PROGRAM		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LEGACY KEEPERS1322 BOARDWALK AVENUE NORTH MINNEAPOLIS,MN 55411	41-1428993	501(C)(3)	35,175				STUDENTS ORGANIZING FOR EQUITY		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TRANS YOUTH SUPPORT NETWORK3405 CHICAGO AVE MINNEAPOLIS,MN 55407	41-1972162	501(C)(3)	10,000				TRANS YOUTH LEADERSHIP DEVELOPMENT PROGRAM		

Form 990,Schedule 1, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</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		
THE ORIGINS PROGRAM 3805 GRAND AVE MINNEAPOLIS, MN 55409	41-1356854	501(C)(3)	25,000				RESEARCH TRAINING AND SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> 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		
THE CULTURAL WELLNESS CENTER2025 PORTLAND AVE MINNEAPOLIS,MN 55404	41-1850859	501(C)(3)	20,000				HEALTHY FOOD HEALTHY LIVING URBAN OUTREACH & EDUCATION		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</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		
THE BRIDGE FOR YOUTH 1111 WEST 22ND ST MINNEAPOLIS, MN 55403	41-0983062	501(C)(3)	35,000				TEXT FOR HELP HELPING YOUTH IN CRISIS		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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		
THE BRANDLAB110 NORTH 5TH ST MINNEAPOLIS, MN 55413	80-0199088	501(C)(3)	15,000				OST DATA SYSTEMS MANAGEMENT AND STRATEGY		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</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		
TAMALES Y BICICLETAS 3702 E LAKE ST MINNEAPOLIS, MN 55105	27-3257910	501(C)(3)	30,000				PEDAL POWER PROGRAM (P3)		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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 AVE MINNEAPOLIS,MN 55404	23-7232208	501(C)(3)	20,000				PPL'S OST SYSTEMS BUILDING INITIATIVE		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
POWER OF PEOPLE LEADERSHIP INSTITUTEGIRLS IN ACTION 3829 WEST BROADWAY ROBBINSDALE, MN 55422	26-1209294	501(C)(3)	21,300				GIRLS IN ACTION SPONSORSHIPGIRLS IN ACTION GENERAL OPERATING			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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			
OYATE NIPI KTE2643 540TH ST GRANITE FALLS,MN 56241	35-2351152	501(C)(3)	35,000				YOUTH PARTICIPATORY ACTION TRAINING AKICITA TECA OUTREACH PROJECT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LAO ASSISTANCE CENTER OF MINNESOTA503 IRVING AVE MINNEAPOLIS, MN 55405	36-3255880	501(C)(3)	15,000				LAO YOUTH LEADERSHIP PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ISAIAH2356 UNIVERSITY AVE WEST ST PAUL,MN 55114	41-1957358	501(C)(3)	35,000			l i	JUVENILE JUSTICE PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ARTS-US1221 MARSHALL AVE ST PAUL,MN 55104	41-1843500	501(C)(3)	5,250				CHALLENGE GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA OPORTUNIDAD2700 EAST LAKE STREET MINNEAPOLIS,MN 55406	36-3537919	501(C)(3)	22,000				LATINO YOUTH PEACE CONFERENCELATINO YOUTH PROGRAM

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As Filed Data -

DLN: 93493166001235

OMB No 1545-0047

2014

Open to Public Inspection

## Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

**SCHEDULE 0** 

(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.

Name of the organization
YOUTHPRISE

Employer identification number
27-4126970

## 990 Schedule O, Supplemental Information

Return Reference	Explanation				
FORM 990, PART VI, SECTION A, LINE 8B					
FORM 990, PART VI, SECTION B, LINE 11	THE PRESIDENT, FINANCE AND OPERATIONS DIRECTOR, AND FINANCE COMMITTEE REVIEW THE DRAFT RET URN, PROVIDING ANY COMMENTS AND SUGGESTIONS THE FINAL DRAFT IS PROVIDED TO ALL VOTING BOA RD 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 GOVERNANC E COMMITTEE ENSURES THAT ALL BOARD MEMBERS FILL OUT THE FORM AND EVALUATES ANY MATTERS THA T MAY BE REPORTED A TRANSACTION INVOLVING A CONFLICT OF INTEREST MAY BE APPROVED BY THE B OARD OF DIRECTORS BOARD MEMBERS ARE REQUESTED TO RECUSE THEMSELVES FROM DISCUSSING OR VOT ING ON ANYTHING THAT MAY BE CONFLICT OF INTEREST				
FORM 990, PART VI, SECTION B, LINE 15A	YOUTHPRISE RETAINS A THIRD PARTY HUMAN RESOURCES FIRM TO CONDUCT SALARY COMPARISON RESEARC H OF POSITIONS WITHIN ORGANIZATIONS SIMILIAR TO YOUTHPRISE				
FORM 990, PART VI, SECTION C, LINE 19	PUBLIC DOCUMENTS WOULD BE PROVIDED UPON REQUEST				