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Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2014

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Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 06-01-2014, and ending 05-31-2015

- B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
BREAKTHROUGH TWIN CITIES
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
2051 LARPENTEUR AVENUE EAST
City or town, state or province, country, and ZIP or foreign postal code
ST PAUL, MN 55109

D Employer identification number
45-3587267
E Telephone number
(651) 748-5507
G Gross receipts \$ 1,063,198

F Name and address of principal officer
MIKISHA NATION
2051 LARPENTEUR AVENUE EAST
ST PAUL, MN 55109

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: WWW BREAKTHROUGTWINCITIES ORG

K Form of organization Corporation Trust Association Other

L Year of formation 2011

M State of legal domicile MN

Part I Summary

Table with 4 main sections: 1. Briefly describe the organization's mission... 2. Check this box if the organization discontinued its operations... 3. Number of voting members... 4. Number of independent voting members... 5. Total number of individuals employed... 6. Total number of volunteers... 7a. Total unrelated business revenue... 7b. Net unrelated business taxable income... Revenue section (8-12) comparing Prior Year and Current Year. Expenses section (13-19) comparing Prior Year and Current Year. Net Assets or Fund Balances section (20-22) comparing Beginning of Current Year and End of Year.

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2016-01-19
CHRISTINA PORTER BOARD CHAIR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: AMY HENDLEY
Preparer's signature: AMY HENDLEY
Date:
Check if self-employed:
PTIN: P01300654
Firm's name: CLIFTONLARSONALLEN LLP
Firm's EIN: 41-0746749
Firm's address: 220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402
Phone no: (612) 376-4500

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
BREAKTHROUGH TWIN CITIES (BTC) IS A SIX-YEAR, TUITION-FREE ACADEMIC ENRICHMENT AND COLLEGE PREPARATORY PROGRAM PREDOMINATELY SERVING 7TH -12TH GRADE LOW-INCOME STUDENTS OF COLOR BTC PREPARES UNDER RESOURCED STUDENTS FOR COLLEGE SUCCESS AND CULTIVATES THE NEXT GENERATION OF EDUCATORS BTC ENVISIONS THAT ALL STUDENTS HAVE THE RESOURCES TO REACH THEIR FULL POTENTIAL, THAT AN ENGAGING TEACHER COMMITTED TO EACH STUDENT'S SUCCESS LEADS EVERY CLASSROOM, AND THAT SOCIETY AS A WHOLE REALIZES THE ULTIMATE SOCIAL AND ECONOMIC BENEFITS OF FULLY INVESTING IN ITS YOUTH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 555,763 including grants of \$ 0) (Revenue \$ 0)
FOUNDED IN 2005, OVER THE LAST DECADE BTC HAS SERVED OVER 530 YOUTH AND 216 ASPIRING EDUCATORS THE BTC MAIN OFFICE IS HEADQUARTERED IN ST PAUL RESIDING IN DONATED SPACE AT MOUNDS PARK ACADEMY (MPA) IN 2014, BTC EXPANDED IN ORDER TO SERVE MORE LOW-INCOME STUDENTS OF COLOR IN THE TWIN CITIES AND ASPIRING EDUCATORS, WITH TWO NEW PROGRAMMING LOCATIONS, IN EACH OF THE FEDERALLY DESIGNATED PROMISE NEIGHBORHOODS OF ST PAUL AND NORTH MINNEAPOLIS DURING FY2014-2015, BTC OPERATED SUMMER AND SCHOOL YEAR PROGRAMMING IN ST PAUL IN DONATED SPACE PROVIDED BY MOUNDS PARK ACADEMY AND ST PAUL CITY SCHOOL BTC'S NORTH MINNEAPOLIS SUMMER AND SCHOOL YEAR PROGRAMMING OPERATED IN DONATED SPACE AT SOJOURNER TRUTH ACADEMY THROUGH A COMMUNITY BASED PARTNERSHIP WITH THE NORTHSIDE ACHIEVEMENT ZONE BTC SERVED 339 STUDENTS (35% INCREASE FROM PRIOR YEAR) AND 42 ASPIRING EDUCATORS (62% INCREASE OVER PRIOR YEAR) DURING FY2014-2015, OUR ST PAUL CITY SCHOOL LOCATION WILL TRANSITION TO ST PAUL CENTRAL HIGH SCHOOL AND OUR NORTHSIDE SITE WILL BE MOVING TO KIPP NORTHSTAR ACADEMY IN SUMMER 2015 TO ACCOMMODATE THE NEED FOR ADDITIONAL SPACE CAPACITY TO SUPPORT PROGRAM GROWTH

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 555,763

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)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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) <input checked="" type="checkbox"/>	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part 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? <i>If "Yes," complete Schedule I, Parts I and II . . .</i>	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III . . .</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . .</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .	24b		
c	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? <i>If "Yes," complete Schedule L, Part I . . .</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? <i>If "Yes," complete Schedule L, Part I . . .</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? <i>If "Yes," complete Schedule L, Part II . . .</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28b		No
c	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? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . .</i>	29		No
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? <i>If "Yes," complete Schedule N, Part I . . .</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? <i>If "Yes," complete Schedule R, Part I . . .</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . .</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	35b		
36	Section 501(c)(3) organizations. 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? <i>If "Yes," complete Schedule R, Part VI . . .</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O . . .	38	Yes	

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

Table with columns for question number, question text, sub-questions (1a-1b, 2a-2b, etc.), and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various organizational requirements.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (13), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (No), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (No), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MN
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Upon request
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 MIKISHA NATION

2051 LARPEUR AVENUE EAST
ST PAUL, MN 55109 (651) 748-5586

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 year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• 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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTINA PORTER CHAIR	20 00	X		X				0	0	0
(2) KATE RYAN REILING VICE CHAIR	2 00	X		X				0	0	0
(3) MARTHA SANFORD SECRETARY	2 00	X		X				0	0	0
(4) PAUL KAUFMAN TREASURER	4 00	X		X				0	0	0
(5) AMANDA ABDO SHEAHAN DIRECTOR	2 00	X						0	0	0
(6) PETE CARLSON DIRECTOR	2 00	X						0	0	0
(7) MAY CHAO LEE DIRECTOR	2 00	X						0	0	0
(8) PATRICIA HAYES KAUFMAN DIRECTOR	2 00	X						0	0	0
(9) SARAH JANSEN DIRECTOR	2 00	X						0	0	0
(10) DAVID JOHNSON DIRECTOR	2 00	X						0	0	0
(11) SANDRA LANDBERG DIRECTOR	2 00	X						0	0	0
(12) ANNE PETERSEN DIRECTOR	2 00	X						0	0	0
(13) DENISE RUTHERFORD DIRECTOR	2 00	X						0	0	0
(14) JOYCE YOSHIMURA-RANK DIRECTOR	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MIKISHA NATION EXECUTIVE DIRECTOR	40 00			X				35,802	0	1,512
(16) JEFF OCHS INTERIM EXECUTIVE DIRECTOR	40 00			X				30,500	0	0

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	66,302	0	1,512

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 **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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) Description of services	(C) 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 VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 100,000				
	b	Membership dues	1b				
	c	Fundraising events	1c 33,353				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 189,174				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 732,696				
	g	Noncash contributions included in lines 1a-1f \$	24,944				
	h	Total. Add lines 1a-1f		1,055,223			
Program Service Revenue	2a	_____ Business Code _____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		100		100	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			b Less rental expenses				
			c Rental income or (loss)				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b Less cost or other basis and sales expenses				
			c Gain or (loss)				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 33,353 of contributions reported on line 1c) See Part IV, line 18	a	7,550			
			b Less direct expenses	b 28,854			
c Net income or (loss) from fundraising events				-21,304		-21,304	
9a	Gross income from gaming activities See Part IV, line 19	a					
		b Less direct expenses	b				
		c Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	a					
		b Less cost of goods sold	b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS	900099	325		325		
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d		325				
12	Total revenue. See Instructions		1,034,344	0	0	-20,879	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	103,524	67,291	34,163	2,070
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	362,246	329,163	33,083	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	29,750	18,720	11,030	
10	Payroll taxes	63,973	53,354	10,501	118
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	9,237		9,237	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	78,470			78,470
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)	47,121	28,978	18,143	
12	Advertising and promotion	2,010	2,010		
13	Office expenses	35,712	35,712		
14	Information technology	12,840	2,949	9,891	
15	Royalties				
16	Occupancy				
17	Travel	4,139	4,139		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,220	9,220		
20	Interest				
21	Payments to affiliates	6,000		6,000	
22	Depreciation, depletion, and amortization				
23	Insurance	9,120	4,130	4,990	
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.)				
a	MISCELLANEOUS	2,425	68	2,357	
b	BAD DEBT	1,025		1,025	
c	FIELD TRIPS	29	29		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	776,841	555,763	140,420	80,658
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 <input type="checkbox"/> 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 this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	234,541	1	324,327
	2 Savings and temporary cash investments	54,300	2	20,331
	3 Pledges and grants receivable, net	133,840	3	319,381
	4 Accounts receivable, net	17,517	4	109,259
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	285	9	3,326
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	440,483	16	776,624	
Liabilities	17 Accounts payable and accrued expenses	18,572	17	56,731
	18 Grants payable		18	
	19 Deferred revenue	9,342	19	50,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	27,914	26	106,731
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	269,424	27	396,156
	28 Temporarily restricted net assets	143,145	28	273,737
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	412,569	33	669,893	
34 Total liabilities and net assets/fund balances	440,483	34	776,624	

Part XI Reconciliation 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	1,034,344
2	Total expenses (must equal Part IX, column (A), line 25)	2	776,841
3	Revenue less expenses Subtract line 2 from line 1	3	257,503
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	412,569
5	Net unrealized gains (losses) on investments	5	-179
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	669,893

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b 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		

SCHEDULE A
(Form 990 or 990EZ)

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.

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
BREAKTHROUGH TWIN CITIES

Employer identification number
45-3587267

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		467,155	388,907	590,918	1,055,223	2,502,203
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3		467,155	388,907	590,918	1,055,223	2,502,203
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						380,431
6 Public support. Subtract line 5 from line 4						2,121,772

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4		467,155	388,907	590,918	1,055,223	2,502,203
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					100	100
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		1,375	2,178		325	3,878
11 Total support. Add lines 7 through 10						2,506,181
12 Gross receipts from related activities, etc. (see instructions)					12	22,997

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 organization <input type="checkbox"/>		
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 supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
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% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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 Part VI when and how the organization made the determination.		
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 Part VI what controls the organization put in place to ensure such use.		
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.		
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.		
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)? 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.		
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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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 Part VI .		
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).		
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).		
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 Part VI .		
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? If "Yes," provide detail in Part VI .		
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 Part VI .		
10a 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.		
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).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
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.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 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 Part VI 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.*
- 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 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 Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section 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 instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test **Answer (a) and (b) below.**

- 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.*
- 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- 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.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. **See instructions.** All other Type III 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	
a 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 Discount 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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
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 required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. _____			
b From 2010. _____			
c From 2011. _____			
d From 2012. _____			
e 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 Applied to underdistributions of prior years			
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)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. _____			
b From 2011. _____			
c From 2012. _____			
d From 2013. _____			
e From 2014. _____			

Part VI 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
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS REVENUE
PAGE 1, PART A	THE ORGANIZATION FILED A SHORT YEAR RETURN AS A RESULT OF A CHANGE IN THEIR FISCAL YEAR END FROM JUNE 30 TO MAY 31 DURING 2014 SCHEDULE A, PART III, COLUMN D REFLECTS THE 11 MONTHS ENDED MAY 31, 2014

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

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 www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization BREAKTHROUGH TWIN CITIES

Employer identification number

45-3587267

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor informed and grant purposes.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements including checkboxes for preservation purposes, a table for held at the end of the year (2a-2d), and various questions about monitoring and reporting.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets including questions about reporting and amounts for revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,264,980
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-179
b	Donated services and use of facilities	2b	201,961
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	28,854
e	Add lines 2a through 2d	2e	230,636
3	Subtract line 2e from line 1	3	1,034,344
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included 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 revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,034,344

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,007,656
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	201,961
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	28,854
e	Add lines 2a through 2d	2e	230,815
3	Subtract line 2e from line 1	3	776,841
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included 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 and 4c . (This must equal Form 990, Part I, line 18)	5	776,841

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS ONLY SUBJECT TO FEDERAL AND STATE INCOME TAXES ON NET UNRELATED BUSINESS INCOME SINCE THE ORGANIZATION HAD NO UNRELATED TAXABLE INCOME IN 2015 AND 2014, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT INCLUDE ANY PROVISION FOR FEDERAL OR STATE INCOME TAXES THE ORGANIZATION IS A PUBLIC CHARITY AND CONTRIBUTIONS TO THE ORGANIZATION QUALIFY AS CHARITABLE TAX DEDUCTIONS BY CONTRIBUTORS THE ORGANIZATION'S FILINGS WITH THE INTERNAL REVENUE SERVICE ARE SUBJECT TO AUDIT THE INFORMATION RETURNS FOR THE PAST THREE AND ONE-HALF YEARS ARE OPEN TO EXAMINATION MANAGEMENT HAS EVALUATED ITS TAX POSITION AND HAS CONCLUDED THAT THEY DO NOT RESULT IN ANYTHING THAT WOULD REQUIRE EITHER RECORDING OR DISCLOSURE IN THE FINANCIAL STATEMENTS BASED ON THE CRITERIA SET FORTH IN ASC 740 ("INCOME TAXES")
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 28,854
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 28,854

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2014

Open to Public Inspection

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization BREAKTHROUGH TWIN CITIES

Employer identification number 45-3587267

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Row 1: J MURPHY AND ASSOCIATES, GRANT WRITING, 418,805, 78,470, 340,335.

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

MN

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activities conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	J MURPHY AND ASSOCIATES WAS ENGAGED TO DO GRANT WRITING FOR BREAKTHROUGH TWIN CITIES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

2014

**Open to Public
Inspection**

Name of the organization
BREAKTHROUGH TWIN CITIES

Employer identification number

45-3587267

Return Reference	Explanation	
FORM 990, PART III, LINE 4A		<p>THE CHALLENGE IN MINNESOTA, 85% OF WHITE STUDENTS GRADUATE FROM HIGH SCHOOL, COMPARED TO ONLY 64% OF LOW-INCOME STUDENTS OF COLOR NATIONALLY, ONLY 38% OF STUDENTS OF COLOR START COLLEGE - AND ONLY 11% OF THAT NUMBER GRADUATE. STUDENTS OF COLOR ARE LESS LIKELY TO ENROLL IN COLLEGE PREP COURSEWORK, SCORE IN THE HIGH RANGE ON STATE AND COLLEGE ENTRANCE EXAMS, OR ENROLL IN AND GRADUATE FROM ANY POST-SECONDARY EDUCATIONAL INSTITUTION. THE OPPORTUNITY GAPS FOR EDUCATIONAL ATTAINMENT HAVE A RIPPLE EFFECT, CONTRIBUTING TO A WIDENING ECONOMIC DIVIDE AND LIMITING ACCESS TO FINANCIAL AND SOCIAL MOBILITY. THE CURRENT STATE OF TEACHER RECRUITMENT, RETENTION, AND DIVERSITY IN MINNESOTA IS EQUALLY CHALLENGING - AND WE FACE A LOOMING SHORTAGE OF EXCELLENT TEACHERS IN THE COMING YEARS. DATA ALSO SHOWS THAT TEACHERS OF COLOR, CULTURALLY COMPETENT EDUCATORS, AND TEACHERS WITH A MINDSET THAT ALL STUDENTS ARE CAPABLE OF LEARNING ARE MORE EFFECTIVE AT TEACHING STUDENTS OF COLOR. IN ST. PAUL, 77% OF STUDENTS ARE STUDENTS OF COLOR, YET ONLY 17% ARE TEACHERS OF COLOR. MINNEAPOLIS HAS 67% STUDENTS OF COLOR, COMPARED TO 16% TEACHERS OF COLOR. NATIONALLY, MORE THAN 30% OF TEACHERS LEAVE WITHIN THE FIRST THREE YEARS. OVER 50% LEAVE WITHIN FIVE YEARS. TEACHERS OF COLOR ARE 24% MORE LIKELY TO LEAVE TEACHING THAN THEIR WHITE COUNTERPARTS. IN SOME YEARS, MORE TEACHERS OF COLOR LEAVE THAN ENTER THE PROFESSION. IN SHORT, THE TWIN CITIES AND SURROUNDING COMMUNITIES MUST ADDRESS BOTH EDUCATIONAL DISPARITIES THAT IMPACT STUDENT SUCCESS AND TEACHER PIPELINE CHALLENGES IF WE ARE TO CONTINUE TO ACHIEVE ECONOMIC SUCCESS IN THE CURRENT KNOWLEDGE-BASED ECONOMY.</p> <p>PROGRAM APPROACH AND MODEL PREPARING STUDENT FOR COLLEGE SUCCESS. BTC IS A SIX-YEAR, TUITION-FREE ACADEMIC ENRICHMENT AND COLLEGE PREPARATORY PROGRAM PREDOMINATELY SERVING 7TH-12TH GRADE LOW-INCOME STUDENTS OF COLOR. HOWEVER, IT IS NOT WITHOUT SIGNIFICANT INVESTMENT BY THE YOUTH AND FAMILIES. BTC SERVES DURING THE 6TH GRADE, BUT INVITES YOUTH AND THEIR PARENTS TO APPLY THROUGH A COMPETITIVE WRITTEN YOUTH/PARENT APPLICATION PROCESS. BTC YOUTH APPLICANTS DEMONSTRATE POTENTIAL, BUT STUDENTS FACE OVERWHELMING ODDS, TENTATIVE CIRCUMSTANCES AND COMPLICATED CHALLENGES TO GETTING AND STAYING ON THE PATH TO COLLEGE. IN ORDER TO BE ELIGIBLE FOR THE BTC PROGRAM, STUDENTS MUST MEET AT LEAST TWO OF THE FOLLOWING: -RACE OR ETHNIC GROUP UNDERREPRESENTED IN COLLEGE (96%) -QUALIFY FOR FREE OR REDUCED LUNCH (92%) -WILL BE THE FIRST GENERATION IN THEIR FAMILY TO GRADUATE FROM COLLEGE (86%) -SPEAK A HOME LANGUAGE OTHER THAN ENGLISH (68%) -SINGLE PARENT HOME (OR SIMILAR FAMILY STRESS, I.E., PARENT IS DEPLOYED OR INCARCERATED) (38%) -ATTEND A TITLE 1 SCHOOL TO GAIN ACCEPTANCE AND ENROLL IN BTC, STUDENTS AND PARENTS AGREE TO - AND EACH SIGN A CONTRACT COMMITTING THAT THEY WILL - ACTIVELY PARTICIPATE IN THE INTENSIVE SUMMER AND SCHOOL YEAR PROGRAM ACTIVITIES TO ENSURE STUDENT SUCCESS. BTC SEEKS APPLICANTS WHO DEMONSTRATE THEY HAVE: -MOTIVATION TO LEARN, WORK HARD, AND GET TO COLLEGE -ABILITY TO PRODUCE HIGH QUALITY WORK -RESPECT FOR PEERS AND ADULTS -CONSISTENT ATTENDANCE IN SCHOOL -APPRECIATION FOR DIFFERENCES IN OTHERS -PARENTS (OR GUARDIANS/CLOSE FAMILY MEMBERS) ARE COMMITTED TO THEIR SUCCESS IN THE PROGRAM -COMMITTED TO THE SIX-YEAR PROGRAM. BTC STUDENTS BENEFIT FROM OVER 250 HOURS OF RIGOROUS ACADEMIC INSTRUCTION IN MATH, SCIENCE, LITERATURE, WRITING, AND ELE CTIVE COURSES DURING SIX-WEEK SUMMER PROGRAM AND SCHOOL YEAR SATURDAY SESSIONS. BTC PROGRAMMING LEVERAGES STUDENTS' STRENGTHS AND COMPETENCIES TO ENSURE THAT THEY ATTAIN THE SOCIAL AND EMOTIONAL DEVELOPMENT, GROWTH MINDSET, 21ST CENTURY LEADERSHIP SKILLS, AND ENTREPRENEURIAL THINKING NEEDED TO BE SUCCESSFUL IN MIDDLE SCHOOL, HIGH SCHOOL, COLLEGE, CAREER, AND LIFE. CULTIVATING NEXT GENERATION OF EDUCATORS (STUDENTS TEACHING STUDENTS). BTC HAS A SECOND AND EQUALLY IMPORTANT STRATEGY TO ENSURE ALL YOUTH SUCCEED IN SCHOOL - BY CREATING A PIPELINE OF DIVERSE EDUCATORS. BTC RECRUITS DIVERSE AND ENTHUSIASTIC HIGH SCHOOL AND COLLEGE STUDENTS WHO ARE ASPIRING EDUCATORS TO APPLY TO JOIN BTC'S TEACHING RESIDENCY FELLOWSHIP PROGRAM. BTC SEEKS TEACHING FELLOW APPLICANTS WHO DEMONSTRATE THEY HAVE: -INTEREST AND DESIRE TO PURSUE FUTURE CAREER IN EDUCATION, TEACHING, AND/OR YOUTH DEVELOPMENT -STRONG ACADEMIC PERFORMANCE (AVERAGE GPA TYPICALLY 3.5 OR BETTER) -PASSION AND TALENT FOR SUBJECTS STUDIED IN SCHOOL AND A DESIRE TO SHARE THEM WITH MIDDLE SCHOOL STUDENTS -POSSESS THE MATURITY TO ENGAGE IN SIGNIFICANT PERSONAL GROWTH AND SELF-REFLECTION -REPRESENT AND MIRROR BACKGROUND OF OUR STUDENTS AND/OR RESPECT ALL TYPES OF RACIAL, ETHNIC, AND ECONOMIC BACKGROUNDS (TYPICALLY EACH COHORT OF FELLOWS ARE AT LEAST 40% YOUTH OF COLOR AND 40% MALE). FELLOWS IMPLEMENT BTC'S SUMMER AND YEAR ROUND OUT-OF-SCHOOL TIME PROGRAM CURRICULUM UNDER THE DIRECTION AND MENTORSHIP OF LICENSED EDUCATORS IN THE TWIN CITIES THAT SERVE AS INSTRUCTIONAL COACHES AND BTC PROGRAM STAFF. TEACHING FELLOWS RE</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 4A		<p>CEIVE 100+ HOURS OF TRAINING, DELIVER 120 HOURS OF SUMMER CLASSROOM INSTRUCTION AND PROVIDE A POSITIVE RELATIONSHIP AND ROLE MODEL FOR BTC STUDENTS. TEACHING FELLOWS RECEIVE CULTURAL COMPETENCY TRAINING AND LEARN HOW TO EFFECTIVELY ENGAGE AND FOSTER THE LEARNING OF DIVERSE STUDENTS IN URBAN EDUCATION SETTINGS. FELLOWS ALSO DEVELOP PASSION AND APTITUDE FOR HELPING UNDER RESOURCED STUDENTS OVERCOME OBSTACLES TO COLLEGE SUCCESS. OUR TEACHING FELLOWS PROGRAM IS HIGHLY COMPETITIVE AND HIGHLY SOUGHT AFTER. PRINCETON REVIEW CONSISTENTLY RATES OUR PROGRAM AS A TOP-10 COLLEGE INTERNSHIP PROGRAM. RESULTS AND KEY ACCOMPLISHMENTS: BTC STUDENTS AND TEACHING FELLOW OUTCOMES OVER THE PAST DECADE, FINDINGS FROM A BTC PROGRAM EFFECTIVENESS STUDY CONDUCTED BY THE WILDER CENTER (2011), AND TRENDS ACROSS THE NATIONAL BREAKTHROUGH COLLABORATIVE PROVIDE EVIDENCE TO SUBSTANTIATE THE TRANSFORMATIVE IMPACT OF PROGRAMMING. BTC STUDENTS EXPERIENCE SIGNIFICANT GAINS IN ACHIEVEMENT, GRADUATE FROM HIGH SCHOOL, AND ENROLL IN COLLEGE/UNIVERSITY. BTC TEACHING FELLOWS COMPLETE THEIR FELLOWSHIP WITH RENEWED INTEREST IN TEACHING AND REPORT FEELING BETTER PREPARED BECAUSE OF BTC PROGRAMMING. UPON GRADUATION, BETWEEN 68-70% OF FELLOWS ENTER CAREERS IN EDUCATION. COLLEGE BOUND PROGRAM OUTCOMES (HIGH SCHOOL STUDENTS): BTC SENIORS (CLASS OF 2015) THAT GRADUATED FROM HIGH SCHOOL DURING FY 2014-15 -100% GRADUATED FROM HIGH SCHOOL WITHIN 4 YEARS (N=22, 6-YEAR PROGRAM ENGAGEMENT) -91% WERE ACCEPTED TO 4 YEAR COLLEGES -14% WERE ACCEPTED TO 2 YEAR COLLEGES (SOME STUDENTS ACCEPTED TO BOTH 2 AND 4 YEAR INSTITUTIONS) -100% ENROLLED IN COLLEGE OR UNIVERSITY (19 AT 4-YEAR INSTITUTION AND THREE AT 2-YEAR INSTITUTIONS) - ANNUAL AVERAGE FOR GRANTS AND SCHOLARSHIP PER STUDENT PER YEAR FOR CLASS OF 2015 IS \$25,250 AND MEAN AVERAGE DEBT-LOAD PER STUDENT IS \$7,503 PER YEAR. ADDITIONALLY, 86% OF BTC HIGH SCHOOL STUDENTS WERE ENROLLED IN AT LEAST ONE HONORS COURSE. ALSO, BTC HIGH SCHOOL STUDENTS SHOWED IMPROVED SCORES FROM PRACTICE ACT TO ACTUAL ACT TEST (AVERAGE PRACTICE ACT SCORE =18 COMPARED TO AVERAGE ACTUAL ACT 23). OVER THE LAST FOUR YEARS, (CLASS OF 2011 TO 2015) OF ALL 80 STUDENTS THAT GRADUATED 100% WERE ACCEPTED TO COLLEGES AND UNIVERSITIES, 79 ENROLLED IN POST-SECONDARY EDUCATION (ONE STUDENT ON GAP YEAR), 72 GRADUATES IN FOUR-YEAR COLLEGE, AND SEVEN IN TWO-YEAR COLLEGE. 70% OF THE HIGH SCHOOL SENIORS THAT GRADUATED IN 2011 (OUR FIRST COHORT) WERE SENIORS IN COLLEGE IN SPRING 2015 AND ON TRACK FOR MAY 2015 GRADUATION, ACCORDING TO NATIONAL CLEARINGHOUSE DATA. BTC STUDENTS HAVE RECEIVED NUMEROUS SCHOLARSHIPS INCLUDING BUT NOT LIMITED TO FOUR GATES MILLENNIUM SCHOLARSHIPS, TWO JACK KENT COOKE SCHOLARSHIPS, ONE POHLAD SCHOLARSHIP AND ONE SUMMIT WOMEN'S SCHOLARSHIP. MIDDLE SCHOOL PROGRAM OUTCOMES -94%-98% PROGRAM RETENTION IN MIDDLE SCHOOL PROGRAM -82% MIDDLE SCHOOL ENROLLMENT IN AT LEAST ONE HONORS COURSE PER TERM IN SCHOOL -92% REPORTED FEELING BETTER PREPARED FOR THE NEXT SCHOOL YEAR BECAUSE OF BTC PROGRAMMING -95% REPORTED THAT THEY FEEL LIKE THEY BELONG IN A SUPPORTIVE COMMUNITY AT BREAKTHROUGH -92% REPORTED THAT THEY HAVE STRONG, POSITIVE COLLEGE GOING ROLE MODELS AT BTC TEACHING FELLOWSHIP OUTCOMES -100% REPORTED IMPROVEMENT IN THEIR TEACHING SKILLS -100% REPORTED THAT THEY HAVE A BETTER UNDERSTANDING OF THE RIGOR OF A TEACHING CAREER AS A RESULT OF THEIR EXPERIENCE WITH BTC -85% REPORTED THAT BTC REINFORCED OR INCREASED THEIR INTEREST IN TEACHING -30% OF FELLOWS RE-APPLIED TO TEACH AGAIN AT BTC -68-70% OF FELLOWS ENTER EDUCATIONAL FIELD AFTER COLLEGE GRADUATION. FUTURE DIRECTION: AS A RESULT OF OUR GROWTH IN OUR NEW SITE LOCATIONS IN THE ST. PAUL PROMISE NEIGHBORHOOD AND THE NORTHSIDE ACHIEVEMENT ZONE, BTC WILL SERVE 268 RISING 7TH-9TH GRADE STUDENTS (46% GROWTH), 64 TEACHING FELLOWS (54% GROWTH), 11 INSTRUCTIONAL COACHES (38% GROWTH), AND 13 PROGRAM INTERNS/UP-TURNS (16% GROWTH) IN OUR 2015 SUMMER PROGRAM. IN OUR MIDDLE AND HIGH PROGRAMS COMBINED, BTC ANTICIPATES SERVING</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	PAUL KAUFMAN & PATRICIA HAYES KAUFMAN HAVE A FAMILY RELATIONSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES THAT HAVE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FINANCE COMMITTEE WILL REVIEW AND APPROVE THE FORM 990 AND RECOMMEND BOARD APPROVAL THE BOARD WILL REVIEW THE FORM 990 PRIOR TO FILING WITH THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	A CONFLICT OF INTEREST ARISES WHEN MEMBERS WHO ARE ABLE TO INFLUENCE A DECISION, WHETHER BY OFFICIAL VOTE, INFLUENCE, POSITION, OR INTELLECTUAL PERSUASION, ARE LIABLE TO GAIN SOME PERSONAL ADVANTAGE, OR ADVANTAGE TO THEIR IMMEDIATE FAMILY OR HOUSEHOLD, FROM THE OUTCOME OF THE DECISION IN WHICH THEY ARE INVOLVED, OR SOME ADVANTAGE FOR AN ORGANIZATION WITH WHICH THE INDIVIDUALS ARE DIRECTLY INVOLVED AS AN OFFICER, DIRECTOR, EMPLOYEE OR OTHER CAPACITY IF SUCH A CONFLICT ARISES, THE MEMBER WITH THE CONFLICT IS EXPECTED TO DISCLOSE IN WRITING THE EXISTENCE OF THE CONFLICT TO THE BOARD CHAIR AS SOON AS THAT MEMBER IS AWARE OF THE CONFLICT THE BOARD CHAIR WILL, IN TURN, DETERMINE THE APPROPRIATE METHOD FOR MANAGING THE CONFLICT ALL PROCEEDINGS RELATED TO CONFLICTS OF INTEREST ARE DOCUMENTED IN THE MEETING MINUTES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	DATA CONSISTING OF COMPENSATION FROM COMPARABLE NON-PROFITS OF LIKE SIZE IS REVIEWED BY THE FINANCE COMMITTEE PRIOR TO DETERMINING THE COMPENSATION OF OFFICERS AND KEY EMPLOYEES. COMPENSATION BEST PRACTICE IS TO REMAIN WITHIN 20% OF THE OPERATING BUDGET. THE FINANCE COMMITTEE REVIEWS THE DATA AND MAKES A RECOMMENDATION TO THE BOARD FOR APPROVAL. THE BOARD APPROVES THE COMPENSATION AND DOCUMENTS IN THE MEETING MINUTES. THE MOST RECENT COMPENSATION REVIEW TOOK PLACE ON JULY 14, 2014 FOR EXECUTIVE DIRECTOR, MIKISHA NATION.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	BREAKTHROUGH TWIN CITIES DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC