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2015

Open to Public Inspection

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 [www.irs.gov/form990](http://www.irs.gov/form990)

## A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable	C Name of organization AMERICA'S PROMISE - THE ALLIANCE FOR YOUTH		D Employer identification number 54-1848713
<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change	Doing business as		E Telephone number (202) 657-0616
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated	Number and street (or P O box if mail is not delivered to street address) 1110 VERNONT AVENUE NW NO 900	Room/suite	
<input type="checkbox"/> Amended return			G Gross receipts \$ 17,137,934
<input type="checkbox"/> Application pending	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005		
F Name and address of principal officer JOHN GOMPERTS 1110 VERNONT AVENUE NW NO 900 WASHINGTON, DC 20005		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ►	

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

J Website: ► WWW AMERICAS PROMISE ORG

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1997 M State of legal domicile MD

## Part I Summary

1 Briefly describe the organization's mission or most significant activities AMERICA'S PROMISE GRAD NATION CAMPAIGN MOBILIZES AMERICANS TO END THE DROPOUT CRISIS		
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets		
3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	29
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	28
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .	5	64
6 Total number of volunteers (estimate if necessary) . . . . .	6	29
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	0
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g) . . . . .	5,303,000	12,977,905
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	445,000	384,000
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	654,768	-21,025
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-40,929	821
	6,361,839	13,341,701

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	Prior Year	Current Year
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	1,278,698	1,151,300
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	4,873,662	4,957,013
b Total fundraising expenses (Part IX, column (D), line 25) ► 338,296	0	60,000
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	5,564,347	5,176,530
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,716,707	11,344,843
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	-5,354,868	1,996,858

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26) . . . . .	17,742,668	18,205,279
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	5,677,564	4,189,765
	12,065,104	14,015,514

## 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 <u>DONNA M ANDERSON VP, OPERATIONS &amp; FINANCE</u> Type or print name and title	2016-05-17 Date
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Paid Preparer Use Only	Print/Type preparer's name FRANK H SMITH	Preparer's signature FRANK H SMITH	Date 2016-05-16	Check <input type="checkbox"/> if self-employed	PTIN P00639053
	Firm's name ► RAFFA PC			Firm's EIN ► 52-1511275	
	Firm's address ► 1899 L STREET NW SUITE 850 WASHINGTON, DC 20036			Phone no (202) 822-5000	

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

AMERICA'S PROMISE ALLIANCE (AMERICA'S PROMISE) IS THE NATION'S LARGEST PARTNERSHIP ORGANIZATION DEDICATED TO IMPROVING THE LIVES OF CHILDREN AND YOUTH BY RAISING AWARENESS, SUPPORTING COMMUNITIES, AND ENGAGING IN NON-PARTISAN ADVOCACY

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**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

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**4a** (Code ) (Expenses \$ 2,854,480 including grants of \$ 935,300 ) (Revenue \$ 246,000 )

ALLIANCE ENGAGEMENT - STRENGTHENING COMMUNITIES LIES AT THE HEART OF OUR WORK. COMMUNITIES ARE THE FRONT LINE FOR STOPPING THE DROPOUT CRISIS, PREPARING YOUNG PEOPLE FOR THE AMERICAN WORKFORCE, AND ENSURING THAT YOUNG PEOPLE EXPERIENCE THE FIVE PROMISES. OUR ROLE, AS PART OF BUILDING A MOVEMENT, IS TO ENGAGE COMMUNITIES, SUPPORT THEIR EFFORTS TO INCREASE THE PRESENCE OF THE FIVE PROMISES, AS THEY SEEK TO END THEIR LOCAL DROPOUT CRISES, AND PREPARE THEIR YOUNG PEOPLE TO QUALIFY FOR AND CONTRIBUTE TO THE NATION'S WORKFORCE

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**4b** (Code ) (Expenses \$ 2,665,178 including grants of \$ 216,000 ) (Revenue \$ 98,000 )

FIRST FOCUS - BIPARTISAN ADVOCACY PROGRAM THAT IS COMMITTED TO MAKING CHILDREN AND FAMILIES A PRIORITY IN FEDERAL POLICY AND BUDGET DECISIONS. FIRST FOCUS BRINGS BOTH TRADITIONAL AND NON-TRADITIONAL LEADERS TOGETHER TO ADVOCATE FOR FEDERAL POLICIES THAT WILL IMPROVE THE LIVES OF AMERICA'S CHILDREN. CHILD HEALTH, EDUCATION, FAMILY ECONOMICS, CHILD WELFARE, AND CHILD SAFETY ARE THE CORE ISSUE AREAS IN WHICH FIRST FOCUS PROMOTES BIPARTISAN POLICY SOLUTIONS

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**4c** (Code ) (Expenses \$ 1,769,853 including grants of \$ ) (Revenue \$ 40,000 )

COMMUNICATIONS - EXTERNAL COMMUNICATION IS ESSENTIAL TO DELIVERY OF OUR MISSION. THE CENTER FOR PROMISE, OUR RESEARCH ARM, FOCUSES ON CREATING AND CURATING THE DATA AND KNOWLEDGE THAT DRIVES THE WORK OF AMERICA'S PROMISE ALLIANCE AND ITS ALLIANCE PARTNERS AND COMMUNITIES. IT ALSO INCLUDES RESEARCH AND EVALUATION OF EFFORTS IN YOUTH DEVELOPMENT AND COMMUNITY COLLABORATION TO INFORM AND SUPPORT OUR SUPPORT OF COMMUNITIES, OUR PROGRAMS AND INITIATIVES

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See Additional Data

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**4d** Other program services (Describe in Schedule O )

(Expenses \$ 1,775,100 including grants of \$ ) (Revenue \$ )

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**4e** Total program service expenses ► 9,064,611

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
<b>1</b> 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
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
<b>6</b> 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 I	6	No
<b>7</b> 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
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
<b>9</b> 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
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
<b>11</b> 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		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes
<b>f</b> 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
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes
<b>18</b> 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	Yes
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

**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? 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? If "Yes," complete Schedule J	23	Yes	
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		
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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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? If "Yes," complete Schedule L, Part III	27	No	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	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	
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? 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	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? 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? If "Yes," complete Schedule R, Part V, line 2	36	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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 

<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	<b>1a</b> 58	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>1b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . .	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	<b>1c</b> Yes		
<b>2a</b> 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>2a</b> 64		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . .	<b>2b</b> Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	<b>3a</b>	<input type="checkbox"/> No	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	<b>4a</b>		<input type="checkbox"/> No
<b>b</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) . . .			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	<b>5a</b>	<input type="checkbox"/> No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . .	<b>5b</b>	<input type="checkbox"/> No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	<b>5c</b>		
<b>6a</b> 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? . . .	<b>6a</b>	<input type="checkbox"/> No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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? . . .	<b>7a</b> Yes		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	<b>7b</b> Yes		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	<b>7c</b>		<input type="checkbox"/> No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	<b>7e</b>	<input type="checkbox"/> No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	<b>7f</b>	<input type="checkbox"/> No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b>			
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . .	<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . .	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . .	<b>14a</b>	<input type="checkbox"/> No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .	<b>14b</b>		

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	29	
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>1b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	28	
<b>2</b> 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?	<b>2</b>	Yes	
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<b>7a</b> 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?	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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	<b>9</b>		No

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>		No
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>		

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed	AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MO, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI
<b>18</b> 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	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
<b>19</b> 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	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records	DONNA M ANDERSON 1110 VERNONT AVENUE NW SUITE 900 WASHINGTON, DC 20005 (202) 657-0616

## **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 VI

**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.

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

**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 ► 15

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee 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 individual . . . . .	4	Yes
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 J for such person . . . . .	5	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)	(B)	(C)
Name and business address	Description of services	Compensation
COMMUNITY IT INNOVATORS	INFORMATION TECHNOLOGY	367,950
PO BOX 220278		
CHANTILLY, WA 20153		
TATE & TRYON	ACCOUNTING	268,175
2021 L STREET NW SUITE 300		
WASHINGTON, DC 20036		
BOSTON UNIVERSITY	RESEARCH	237,736
25 BUICK STREET		
BOSTON, MA 02215		
HAMILTON PLACE STRATEGIES	STRATEGIC CONSULTING	200,000
805 15TH ST NW SUITE 200		
WASHINGTON, DC 20005		
WILLIAMS GROUP	COMMUNICATIONS	163,768
70 IONIA AVENUE SW SUITE 200		
GRAND RAPIDS, MI 49503		

**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 ► 7

**Part VIII Statement of Revenue**

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

**Contributions, Gifts, Grants  
and Other Similar Amounts**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>1a</b>	Federated campaigns . . .	<b>1a</b>			
<b>b</b>	Membership dues . . .	<b>1b</b>			
<b>c</b>	Fundraising events . . .	<b>1c</b> 859,400			
<b>d</b>	Related organizations . . .	<b>1d</b>			
<b>e</b>	Government grants (contributions)	<b>1e</b>			
<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 12,118,505			
<b>g</b>	Noncash contributions included in lines 1a-1f \$				
<b>h</b>	<b>Total.</b> Add lines 1a-1f . . .		<b>12,977,905</b>		

**Program Service Revenue**

		Business Code			
<b>2a</b>	RESEARCH/CONSULTING	900099	384,000	384,000	
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>	All other program service revenue				
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . .		<b>384,000</b>		

**Other Revenue**

<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . .		106,272		106,272
<b>4</b>	Income from investment of tax-exempt bond proceeds				
<b>5</b>	Royalties . . .				
<b>6a</b>	Gross rents	(i) Real	(ii) Personal		
<b>b</b>	Less rental expenses				
<b>c</b>	Rental income or (loss)				
<b>d</b>	Net rental income or (loss) . . .				
<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
<b>b</b>	Less cost or other basis and sales expenses	3,628,061			
<b>c</b>	Gain or (loss)	3,755,358			
<b>d</b>	Net gain or (loss) . . .	-127,297			-127,297
<b>8a</b>	Gross income from fundraising events (not including \$ 859,400 of contributions reported on line 1c) See Part IV, line 18 . . .				
<b>a</b>		40,600			
<b>b</b>	Less direct expenses . . .	<b>b</b> 40,875			
<b>c</b>	Net income or (loss) from fundraising events . . .		-275		-275
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . .	<b>a</b>			
<b>b</b>	Less direct expenses . . .	<b>b</b>			
<b>c</b>	Net income or (loss) from gaming activities . . .				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . .	<b>a</b>			
<b>b</b>	Less cost of goods sold . . .	<b>b</b>			
<b>c</b>	Net income or (loss) from sales of inventory . . .				
	Miscellaneous Revenue	Business Code			
<b>11a</b>	OTHER INCOME	900099	1,096		1,096
<b>b</b>					
<b>c</b>					
<b>d</b>	All other revenue . . .				
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . .		<b>1,096</b>		
<b>12</b>	<b>Total revenue.</b> See Instructions . . .		<b>13,341,701</b>	<b>384,000</b>	<b>0</b> -20,204

**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 . . . . .	1,151,300	1,151,300		
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 . . . . .	980,108	427,085	553,023	
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 . . . . .	3,193,210	2,721,838	347,995	123,377
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	78,246	66,172	11,494	580
9 Other employee benefits . . . . .	410,294	322,178	71,461	16,655
10 Payroll taxes . . . . .	295,155	223,180	63,127	8,848
11 Fees for services (non-employees)				
a Management . . . . .				
b Legal . . . . .	31,103		31,103	
c Accounting . . . . .	334,766		334,766	
d Lobbying . . . . .				
e Professional fundraising services See Part IV, line 17	60,000			60,000
f Investment management fees . . . . .	57,431		57,431	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	2,326,920	1,625,539	623,322	78,059
12 Advertising and promotion . . . . .	29,341	29,341		
13 Office expenses . . . . .	558,619	444,675	108,380	5,564
14 Information technology . . . . .	133,304	72,452	60,852	
15 Royalties . . . . .				
16 Occupancy . . . . .	680,938		680,938	
17 Travel . . . . .	176,047	145,697	29,726	624
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	229,815	159,795	25,431	44,589
20 Interest . . . . .	6,295		6,295	
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	489,098		489,098	
23 Insurance . . . . .	51,705		51,705	
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	39,923	8,625	31,298	
b DUES & MEMBERSHIPS	31,107	25,002	6,105	
c DISPOSAL OF FURN/EQUIP	118		118	
d G&A ALLOCATION	0	1,641,732	-1,641,732	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,344,843	9,064,611	1,941,936	338,296
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 checked="" 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 

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing	69,833	<b>1</b> 1,057,746
	2 Savings and temporary cash investments	546,185	<b>2</b> 1,015,773
	3 Pledges and grants receivable, net	10,658,988	<b>3</b> 10,735,889
	4 Accounts receivable, net	5,661	<b>4</b> 8,412
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		
			<b>5</b>
	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		
			<b>6</b>
	7 Notes and loans receivable, net		<b>7</b>
	8 Inventories for sale or use		<b>8</b>
	9 Prepaid expenses and deferred charges	169,780	<b>9</b> 181,512
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 3,847,616	
	b Less accumulated depreciation	<b>10b</b> 2,437,257	1,809,127 <b>10c</b> 1,410,359
	11 Investments—publicly traded securities		4,289,624 <b>11</b> 3,772,111
	12 Investments—other securities See Part IV, line 11		<b>12</b>
	13 Investments—program-related See Part IV, line 11		<b>13</b>
	14 Intangible assets		<b>14</b>
	15 Other assets See Part IV, line 11		193,470 <b>15</b> 23,477
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)		17,742,668 <b>16</b> 18,205,279
Liabilities	17 Accounts payable and accrued expenses	554,274	<b>17</b> 863,094
	18 Grants payable	2,555,814	<b>18</b> 2,050,064
	19 Deferred revenue	15,000	<b>19</b> 0
	20 Tax-exempt bond liabilities		<b>20</b>
	21 Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>
	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		<b>22</b>
	23 Secured mortgages and notes payable to unrelated third parties		<b>23</b>
	24 Unsecured notes and loans payable to unrelated third parties	1,000,000	<b>24</b> 0
	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		
	<b>26 Total liabilities.</b> Add lines 17 through 25	1,552,476	<b>25</b> 1,276,607
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets	2,492,555	<b>27</b> 2,385,330
	28 Temporarily restricted net assets	9,572,549	<b>28</b> 11,630,184
	29 Permanently restricted net assets		<b>29</b>
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds		<b>30</b>
	31 Paid-in or capital surplus, or land, building or equipment fund		<b>31</b>
	32 Retained earnings, endowment, accumulated income, or other funds		<b>32</b>
	33 Total net assets or fund balances	12,065,104	<b>33</b> 14,015,514
	<b>34 Total liabilities and net assets/fund balances</b>	17,742,668	<b>34</b> 18,205,279

**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	13,341,701
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,344,843
3	Revenue less expenses Subtract line 2 from line 1	3	1,996,858
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,065,104
5	Net unrealized gains (losses) on investments	5	3,552
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	-50,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,015,514

**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	2a	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	2b	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	2c	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?	3a	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	3b	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 54-1848713

**Name:** AMERICA'S PROMISE -  
THE ALLIANCE FOR YOUTH

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

(Code	) (Expenses \$	1,145,422	including grants of \$	) (Revenue \$	)
RESEARCH/CENTER FOR PROMISE					
(Code	) (Expenses \$	629,678	including grants of \$	) (Revenue \$	)
RELATIONSHIP DEVELOPMENT					

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
ALMA J POWELL ..... CHAIR	10 00 .....	X	X				0	0	0
C GREGG PETERSMEYER ..... VICE CHAIR	1 00 .....	X	X				0	0	0
JENNIFER LOWE ..... SECRETARY/TREASURER	1 00 .....	X	X				0	0	0
TIANDRE BELLINGER ..... BOARD MEMBER	1 00 .....	X					0	0	0
DANIEL A CASEY ..... BOARD MEMBER	1 00 .....	X					0	0	0
DANIEL ERICKSON ..... BOARD MEMBER	1 00 .....	X					0	0	0
BRIAN A GALLAGHER ..... BOARD MEMBER	1 00 .....	X					0	0	0
W WILSON GOODE SR ..... BOARD MEMBER	1 00 .....	X					0	0	0
KATE JAMES ..... BOARD MEMBER	1 00 .....	X					0	0	0
LARRY A KLANE ..... BOARD MEMBER	1 00 .....	X					0	0	0
CHARLENE LAKE ..... BOARD MEMBER	1 00 .....	X					0	0	0
PAUL LUNA ..... BOARD MEMBER	1 00 .....	X					0	0	0
JOHN E MAUPIN JR ..... BOARD MEMBER	1 00 .....	X					0	0	0
RASHEED MERRITT ..... BOARD MEMBER	1 00 .....	X					0	0	0
ANDREA MITCHELL ..... BOARD MEMBER	1 00 .....	X					0	0	0
MICHAEL K POWELL ..... BOARD MEMBER	1 00 .....	X					0	0	0
JIN ROY RYU ..... BOARD MEMBER	1 00 .....	X					0	0	0
STEFANIE SANDFORD ..... BOARD MEMBER	1 00 .....	X					0	0	0
CARMITA VAUGHAN ..... BOARD MEMBER	1 00 .....	X					0	0	0
STEPHANIE WATKINS-CRUZ ..... BOARD MEMBER	1 00 .....	X					0	0	0
JOHN GOMPERTS ..... PRESIDENT/CEO	40 00 .....	X	X				291,520	0	18,858
BRUCE LESLEY ..... PRESIDENT, FIRST FOCUS	40 00 .....		X				223,897	0	36,126
DONNA M ANDERSON ..... VP, OPERATIONS & FINANCE	40 00 .....		X				220,387	0	22,258
TANYA TUCKER ..... VP, ALLIANCE ENGAGEMENT	40 00 .....			X			155,241	0	11,821
MELINDA HUDSON ..... VP, SR ADVISOR TO THE CHAIR & CEO	40 00 .....				X		181,988	0	32,933

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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				
RALPH FORSHT ..... SENIOR VICE PRESIDENT, FIRST FOCUS	40 00 .....					X		156,114	0	31,986
JON ZAFF ..... EXEC DIRECTOR, CENTER FOR PROMISE	40 00 .....					X		145,252	0	24,900
STEFANIE WEISS AS OF 042015 ..... VP, COMM & KNOWLEDGE MANAGEMENT	40 00 .....					X		131,035	0	12,841
ENRIQUE CRUZ AS OF 052015 ..... VP, MISSION ADVANCEMENT	40 00 .....					X		120,403	0	3,381

**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](http://www.irs.gov/form990).**2015****Open to Public  
Inspection**Department of the  
Treasury  
Internal Revenue Service**Name of the organization**AMERICA'S PROMISE -  
THE ALLIANCE FOR YOUTH**Employer identification number**

54-1848713

**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 (Form 990 or 990-EZ))

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 (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
<b>Total</b>					

**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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )	7,538,319	7,789,560	15,451,116	5,253,000	12,977,905	49,009,900
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						
<b>4 Total.</b> Add lines 1 through 3	7,538,319	7,789,560	15,451,116	5,253,000	12,977,905	49,009,900
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)						24,112,670
<b>6 Public support.</b> Subtract line 5 from line 4						24,897,230

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	7,538,319	7,789,560	15,451,116	5,253,000	12,977,905	49,009,900
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	186,095	247,121	133,974	131,909	106,272	805,371
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 )				4,137	1,096	5,233
<b>11 Total support.</b> Add lines 7 through 10						49,820,504
<b>12 Gross receipts from related activities, etc (see instructions)</b>				12		2,105,824
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ►						

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

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	49 970 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	52 590 %
<b>16a 33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►✓		
<b>b 33 1/3% support test—2014.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
<b>17a 10%-facts-and-circumstances test—2015.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
<b>b 10%-facts-and-circumstances test—2014.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►		

**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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b>						

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

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2014 Schedule A, Part III, line 15	16

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

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18
<b>19a 33 1/3% support tests—2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>b 33 1/3% support tests—2014.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>20 Private foundation.</b> 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	<b>4b</b>	
<b>c</b> 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)? <i>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.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	<b>5a</b>	
<b>b</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?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>	<b>6</b>	
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>	<b>8</b>	
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>	<b>9a</b>	
<b>b</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 "Yes," provide detail in Part VI.</i>	<b>9b</b>	
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>	<b>9c</b>	
<b>10a</b> 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)? <i>If "Yes," answer b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>	<b>10b</b>	
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11c</b>	

**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? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*

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**

**1** 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**

**1** Net short-term capital gain  
**2** Recoveries of prior-year distributions  
**3** Other gross income (see instructions)  
**4** Add lines 1 through 3  
**5** Depreciation and depletion  
 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** Other expenses (see instructions)  
**7** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section B - Minimum Asset Amount**

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

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**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
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in Part VI) See instructions	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b>	Distributable amount for 2015 from Section C, line 6	
<b>10</b>	Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7</b> <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**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 INCOME - 2011 AMOUNT \$ 0 2012 AMOUNT \$ 0 2013 AMOUNT \$ 0 2014 AMOUNT \$ 4,137 2015 AMOUNT \$ 1,096
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**SCHEDULE C**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2015****Open to Public  
Inspection****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](http://www.irs.gov/form990).****If the organization answered "Yes" on 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" on 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
- 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization  
AMERICA'S PROMISE -  
THE ALLIANCE FOR YOUTH

Employer identification number

54-1848713

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2

Political expenditures

\$ \_\_\_\_\_

3

Volunteer hours

\_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ \_\_\_\_\_



2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ \_\_\_\_\_

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No

4a

Was a correction made?

 Yes  No

b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ \_\_\_\_\_



2

Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities

\$ \_\_\_\_\_

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$ \_\_\_\_\_



4

Did the filing organization file Form 1120-POL for this year?

 Yes  No5 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) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

**A** Check  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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			0
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			0
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			0
<b>d</b> Other exempt purpose expenditures			11,284,843
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			11,284,843
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns			714,242
<b>If the amount on line 1e, column (a) or (b) is:</b>		<b>The lobbying nontaxable amount is:</b>	
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	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000	
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	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			178,561
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-			0
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-			0
If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			
<input type="checkbox"/> Yes <input type="checkbox"/>			
<b>No</b>			

**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.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
<b>2a</b> Lobbying nontaxable amount	930,996	772,585	735,835	0	2,439,416
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					3,659,124
<b>c</b> Total lobbying expenditures	2,897	27,557	415	0	30,869
<b>d</b> Grassroots nontaxable amount	232,749	193,146	183,959	0	609,854
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					914,781
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)	(b)
Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		

a Volunteers?

b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

c Media advertisements?

d Mailings to members, legislators, or the public?

e Publications, or published or broadcast statements?

f Grants to other organizations for lobbying purposes?

g Direct contact with legislators, their staffs, government officials, or a legislative body?

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

i Other activities?

j Total Add lines 1c through 1i

2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

b If "Yes," enter the amount of any tax incurred under section 4912

c If "Yes," enter the amount of any tax incurred by organization managers under section 4912

d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

1 Were substantially all (90% or more) dues received nondeductible by members?

	Yes	No
1		
2		
3		

2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?

3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1

Dues, assessments and similar amounts from members

2a Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).

a

Current year

b

Carryover from last year

c

Total

3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

4

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

5 Taxable amount of lobbying and political expenditures (see instructions)

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation
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2015

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," on 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](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue Service**Name of the organization**AMERICA'S PROMISE -  
THE ALLIANCE FOR YOUTH**Employer identification number**

54-1848713

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1  
► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X  
► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1  
► \$ \_\_\_\_\_

b Assets included in Form 990, Part X  
► \$ \_\_\_\_\_

**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)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> Preservation for future generations	

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" on 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

<b>c</b> Beginning balance	<b>Amount</b>
<b>d</b> Additions during the year	
<b>e</b> Distributions during the year	
<b>f</b> Ending balance	

Amount	
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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 on 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

**(i)** unrelated organizations . . . . .

**(ii)** related organizations . . . . .

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

Yes	No
<b>3a(i)</b>	
<b>3a(ii)</b>	
<b>3b</b>	

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)	Accumulated (c) depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		1,785,888	1,149,879	636,009
<b>d</b> Equipment . . . . .		2,044,696	1,270,346	774,350
<b>e</b> Other . . . . .		17,032	17,032	0
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				1,410,359

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 12)

**Part VIII Investments—Program Related**

**Investments—Program Related:** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 13.)

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

**Total.** (Column (b) must equal Form 990, Part X, col.(B) line 15.)

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f  
See Form 990, Part X, line 25.

**Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )**  **1,276,60**

**2. Liability for uncertain tax positions** In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	13,497,964
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	3,552
b	Donated services and use of facilities . . . . .	2b	111,836
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII) . . . . .	2d	40,875
e	Add lines 2a through 2d . . . . .	2e	156,263
3	Subtract line 2e from line 1 . . . . .	3	13,341,701
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	13,341,701

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	11,497,554
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	111,836
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII) . . . . .	2d	40,875
e	Add lines 2a through 2d . . . . .	2e	152,711
3	Subtract line 2e from line 1 . . . . .	3	11,344,843
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	11,344,843

**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	AMERICA'S PROMISE ALLIANCE PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 40,875
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 40,875

**Part XIII** **Supplemental Information (continued)**

Return Reference	Explanation

2015

Open to Public  
InspectionSCHEDULE G  
(Form 990 or 990-EZ)Supplemental Information Regarding  
Fundraising or Gaming ActivitiesComplete if the organization answered "Yes" on 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](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICA'S PROMISE -  
THE ALLIANCE FOR YOUTH

Employer identification number

54-1848713

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on 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 <input checked="" type="checkbox"/> Mail solicitations	e <input checked="" type="checkbox"/> Solicitation of non-government grants
b <input checked="" type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input checked="" type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input checked="" type="checkbox"/> In-person solicitations	

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising  Yes  No services?**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(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
1	PROFESSIONAL FUNDRAISING SERVICES	Yes	No			
THE WARFIELD GROUP 7603 HARBOR ROAD SUITE 139  BALTIMORE, MD 21234			No	900,000	60,000	840,000
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				900,000	60,000	840,000

**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

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MO, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

**Part II Fundraising Events.**

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

	(a) Event #1 <b>GALA</b> (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
<b>Revenue</b>				
1 Gross receipts . . . . .	900,000			900,000
2 Less Contributions . . . . .	859,400			859,400
3 Gross income (line 1 minus line 2) . . . . .	40,600			40,600
<b>Direct Expenses</b>				
4 Cash prizes . . . . .				
5 Noncash prizes . . . . .	1,625			1,625
6 Rent/facility costs . . . . .				
7 Food and beverages . . . . .	39,250			39,250
8 Entertainment . . . . .				
9 Other direct expenses . . . . .				
10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . ►				40,875
11 Net income summary Subtract line 10 from line 3, column (d) . . . . . ►				-275

**Part III Gaming.**

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

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

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

Yes  No

a Is the organization licensed to conduct gaming activities in each of these states? \_\_\_\_\_

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

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

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

**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 activity conducted in

13a	%
13b	%

**a** The organization's facility

**b** An outside facility

**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 complete this part to provide any additional information (see instructions).

Return Reference

Explanation

**Schedule I  
(Form 990)**

## **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

**Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.**

► Attach to Form 990.

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

## Open to Public Inspection

Department of the  
Treasury  
Internal Revenue Service

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Name of the organization

## AMERICA'S PROMISE - THE ALLIANCE FOR YOUTH

**Employer identification number**

54-1848713

## **Part I General Information on Grants and Assistance**

**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 organization's procedures for monitoring the use of grant funds in the United States

Yes  No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
See Additional Data Table							

57

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Cat. No. F000FED

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Schedule I (Form 880) 2015

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

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

**Part IV Supplemental Information.** 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	AMERICA'S PROMISE REQUIRES THAT ALL ORGANIZATIONS RECEIVING GRANTS SUBMIT PLANS AND REPORT PROGRESS ON AN INTERIM AND FINAL BASIS. IN ADDITION, AMERICA'S PROMISE PROGRAM STAFF WORK CLOSELY WITH GRANT RECIPIENTS TO MONITOR PROGRESS

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 54-1848713  
**Name:** AMERICA'S PROMISE -  
THE ALLIANCE 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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION 75 PLEASANT STREET MALDEN, MA 02148	04-6002284	N/A	100,000				PEARSON STATE ACTIVATION GRANT
MINNESOTA ALLIANCE WITH YOUTH 2233 UNIVERSITY AVENUE WEST SUITE 235 ST PAUL, MN 55114	45-3774063	501(C)(3)	100,000				PEARSON STATE ACTIVATION GRANT
WESTED 2020 N CENTRAL AVENUE SUITE 550 PHOENIX, AZ 85004	94-3233542	501(C)(3)	91,918				PEARSON STATE ACTIVATION GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-1021128	501(C)(3)	25,000				FORD NGL GRANT
MICHIGAN'S CHILDREN 215 S WASHINGTON SQUARE SUITE 110 LANSING, MI 48933	38-3078577	501(C)(3)	20,000				FF STATE PARTNER WORK
CHILDREN NOW 1404 FRANKLIN STREET SUITE 700 OAKLAND, CA 94612	94-3059243	501(C)(3)	20,000				FF STATE PARTNER WORK

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KENTUCKY YOUTH ADVOCATES 11001 BLUEGRASS PARKWAY SUITE 100 JEFFERSONTOWN, KY 40299	61-0929390	501(C)(3)	20,000				FF STATE PARTNER WORK
FAMILY LEAGUE OF BALTIMORE 2305 N CHARLES ST SUITE 200 BALTIMORE, MD 21218	52-1734848	501(C)(3)	18,000				GN COMMUNITY SUMMIT / PARENT ENGAGEMENT INITIATIVE
SCHUYLER CENTER FOR ANALYSIS & ADVOCACY 150 STATE STREET 4TH FLOOR ALBANY, NY 12207	13-5562357	501(C)(3)	18,000				FF STATE PARTNER WORK/SPARC GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILD AND FAMILY POLICY CENTER 505 5TH AVENUE SUITE 404 DES MOINES, IA 50309	42-1378567	501(C)(3)	16,500				FF STATE PARTNER WORK/SPARC GRANT
ALIGNMENT NASHVILLE 4805 PARK AVENUE NASHVILLE, TN 37209	45-0549393	501(C)(3)	15,000				GN COMMUNITY SUMMIT
ASPIRE 31 MILK STREET SUITE 900 BOSTON, MA 02109	04-3564307	501(C)(3)	15,000				GN COMMUNITY SUMMIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AUSTIN CHAMBER OF COMMERCE 535 E 5TH STREET AUSTIN, TX 78701	74-0492475	501(C)(6)	15,000				GN COMMUNITY SUMMIT
CENTER FOR SUPPORTIVE SCHOOLS 911 COMMONS WAY PRINCETON, NJ 08540	22-2962532	501(C)(3)	15,000				GN COMMUNITY SUMMIT
CENTER FOR YOUTH ENGAGEMENT INC 4850 W FOND DU LAC AVENUE MILWAUKEE, WI 53216	39-1981273	501(C)(3)	15,000				GN COMMUNITY SUMMIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CITY OF BERKELEY 2180 MILVIA STREET 3RD FLOOR BERKELEY, CA 94704	94-6000299	N/A	15,000				GN COMMUNITY SUMMIT
COMMUNITY IN SCHOOLS DELAWARE 101 W LOOCKERMANN STREET DOVER, DE 19904	51-0343981	501(C)(3)	15,000				GN COMMUNITY SUMMIT
COMMUNITY YOUTH DEVELOPMENT 4430 BENEVA ROAD SARASOTA, FL 34233	27-2197575	501(C)(3)	15,000				GN COMMUNITY SUMMIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COUNCIL ON REGIONAL ECONOMIC EXPANSION & EDUCATIONAL DEVELOPMENT 4110 RIO BRAVO STREET EL PASO, TX 79902	46-3444371	501(C)(6)	15,000				GN COMMUNITY SUMMIT
DOUGLASS COMMUNITY ASSOCIATION 1000 W PATERSON STREET KALAMAZOO, MI 49007	38-1359200	501(C)(3)	15,000				GN COMMUNITY SUMMIT
FORTH WORTH SPARC 1000 THROCKMORTON STREET FORT WORTH, TX 76102	46-5112626	501(C)(3)	15,000				GN COMMUNITY SUMMIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRESNO COUNTY OFFICE OF EDUCATION 1111 VAN NESS AVENUE FRESNO, CA 93721	80-0381096	501(C)(3)	15,000				GN COMMUNITY SUMMIT
I KNOW I CAN 3798 E BROAD STREET COLUMBUS, OH 43213	31-1229135	501(C)(3)	15,000				GN COMMUNITY SUMMIT
IMPACTTULSA PO BOX 4108 TULSA, OK 74159	73-1554474	501(C)(3)	15,000				GN COMMUNITY SUMMIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INSTITUTE FOR LEADERSHIP AND PERFORMANCE IMPROVEMENT 9800 CONNECTICUT DRIVE CROWN POINT, IN 46307	46-3958491	501(C)(3)	15,000				GN COMMUNITY SUMMIT
J-STAR MINISTRIES INC 501 PINE TREE ROAD LONGVIEW, TX 75604	20-0809630	501(C)(3)	15,000				GN COMMUNITY SUMMIT
LORAIN COUNTY OH BOYS AND GIRLS CLUB 218 N PLEASANT DRIVE OBERLIN, OH 44074	34-1856214	501(C)(3)	15,000				GN COMMUNITY SUMMIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MENTORING PARTNERSHIP OF LONG ISLAND 201 SOUTH STREET SUITE 615 BOSTON, MA 02111	52-1674088	501(C)(3)	15,000				GN COMMUNITY SUMMIT
NEUTRAL ZONE 310 E WASHINGTON STREET ANN ARBOR, MI 48104	38-3407568	501(C)(3)	15,000				GN COMMUNITY SUMMIT
NEW MEXICO STATE UNIVERSITY PO BOX 3590 LAS CRUCES, NM 88003	85-0170157	501(C)(3)	15,000				GN COMMUNITY SUMMIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PIKES PEAK UNITED WAY 518 NORTH NEVADA AVENUE COLORADO SPRINGS, CO 80903	84-0511799	501(C)(3)	15,000				GN COMMUNITY SUMMIT
PRIORITY CHILDREN 902 E SIXTH STREET FLINT, MI 48503	38-3086969	501(C)(3)	15,000				GN COMMUNITY SUMMIT
RAISE DC 1201 15TH STREET NW SUITE 420 WASHINGTON, DC 20005	23-7343119	501(C)(3)	15,000				GN COMMUNITY SUMMIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTER OF WORKFORCE INNOVATIONS 2804 BOILERMAKER COURT SUITE E VALPARAISO, CA 85745	35-2099782	501(C)(3)	15,000				GN COMMUNITY SUMMIT
SAN DIEGO UNIFIED SCHOOL DISTRICT 4100 NORMAL STREET SAN DIEGO, CA 92103	95-6002781	501(C)(3)	15,000				GN COMMUNITY SUMMIT
SF COMMUNITY FOUNDATION 501 HALONA STREET SANTE FE, NM 87505	85-0303044	501(C)(3)	15,000				GN COMMUNITY SUMMIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE JT FOUNDATION 2400 N WILMINGTON AVENUE COMPTON, CA 90222	95-3473709	501(C)(3)	15,000				GN COMMUNITY SUMMIT
THE SCHENECTADY FOUNDATION 151 VLY ROAD ALBANY, NY 12212	14-6019650	501(C)(3)	15,000				GN COMMUNITY SUMMIT
UNCW WATSON COLLEGE OF EDUCATION DROPOUT PREVENTION COALITION 601 S COLLEGE ROAD WILMINGTON, NC 28403	56-1258660	501(C)(3)	15,000				GN COMMUNITY SUMMIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNION CITY KIDS' ZONE 725 WHIPPLE ROAD UNION CITY, CA 94587	94-1717886	501(C)(3)	15,000				GN COMMUNITY SUMMIT
UNITED WAY FOR SOUTHEASTERN MICHIGAN 660 WOODWARD AVENUE SUITE 300 DETROIT, MI 48226	20-3099071	501(C)(3)	15,000				GN COMMUNITY SUMMIT
UNITED WAY OF ANCHORAGE 701 W 8TH AVENUE SUITE 320 ANCHORAGE, AK 99501	92-0027948	501(C)(3)	15,000				GN COMMUNITY SUMMIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF CENTRAL IOWA 1111 9TH STREET SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	15,000				GN COMMUNITY SUMMIT
UNITED WAY OF GREATER CHATTANOOGA PO BOX 4027 CHATTANOOGA, TN 37405	62-0565962	501(C)(3)	15,000				GN COMMUNITY SUMMIT
UNITED WAY OF METROPOLITAN CHICAGO 333 S WABASH AVENUE 30TH FLOOR CHICAGO, IL 60604	30-0200478	501(C)(3)	15,000				GN COMMUNITY SUMMIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF NEW HAVEN 370 JAMES STREET SUITE 403 NEW HAVEN, CT 06513	06-0646761	501(C)(3)	15,000				GN COMMUNITY SUMMIT
UNITED WAY OF STANISLAUS COUNTY 422 MCHENRY AVENUE MODESTO, CA 95354	94-1212129	501(C)(3)	15,000				GN COMMUNITY SUMMIT
UNITED WAY OF THE MIDLANDS 1800 MAIN STREET COLUMBIA, SC 29201	57-0314396	501(C)(3)	15,000				GN COMMUNITY SUMMIT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF VENTURA COUNTY 4001 MISSION OAKS BLVD SUITE E CAMARILLO, CA 93012	95-1945833	501(C)(3)	15,000				GN COMMUNITY SUMMIT
ZONE 126 31-10 23RD STREET ASTORIA, NY 11106	45-2492016	501(C)(3)	15,000				GN COMMUNITY SUMMIT
PENNSYLVANIA PARTNERSHIP FOR CHILDREN 116 PINE STREET SUITE 430 HARRISBURG, PA 17101	23-2613869	501(C)(3)	15,000				FF STATE PARTNER WORK/SPARC GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLORADO CHILDREN'S CAMPAIGN 1580 LINCOLN STREET SUITE 42 DENVER, CO 80203	74-2374672	501(C)(3)	15,000				FF STATE PARTNER WORK
ADVOCATES FOR CHILDREN OF NEW JERSEY 35 HALSEY ST SUITE 2 NEWARK, NJ 07102	22-1695034	501(C)(3)	15,000				FF STATE PARTNER WORK
CHILDREN FIRST FOR OREGON 1209 SE BELMONT STREET PORTLAND, OR 97293	94-3168157	501(C)(3)	15,000				FF STATE PARTNER WORK

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ADVOCATES FOR CHILDREN & YOUTH 1 N CHARLES STREET SUITE 2400 BALTIMORE, MD 21202	52-1555895	501(C)(3)	15,000				FF STATE PARTNER WORK
VOICES FOR UTAH'S CHILDREN 747 EAST SOUTH TEMPLE SUITE 100 SALT LAKE CITY, UT 84102	87-0428873	501(C)(3)	10,000				FF STATE PARTNER WORK
TEXANS CARE FOR CHILDREN 1106 CLAYTON LANE SUITE 111W AUSTIN, TX 78723	75-2687008	501(C)(3)	10,000				FF STATE PARTNER WORK

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VOICES FOR OHIO'S CHILDREN 3634 EUCLID AVENUE CLEVELAND, OH 44115	34-1941907	501(C)(3)	10,000				FF STATE PARTNER WORK
VOICES FOR VIRGINIA'S CHILDREN 701 E FRANKLIN STREET SUITE 807 RICHMOND, VA 23210	54-1726265	501(C)(3)	10,000				FF STATE PARTNER WORK

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2015****Open to Public Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
AMERICA'S PROMISE -  
THE ALLIANCE FOR YOUTH

Employer identification number

54-1848713

**Part I Questions Regarding Compensation****Yes** **No****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.****5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?**b** Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of**a** The organization?**b** Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	<b>Yes</b>	<b>No</b>
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1 JOHN GOMPERTS</b> PRESIDENT/CEO	(i) 291,520 0	0 0	0 0	4,460 0	14,398 0	310,378 0	0 0
<b>2 BRUCE LESLEY</b> PRESIDENT, FIRST FOCUS	(i) 223,897 0	0 0	0 0	6,796 0	29,330 0	260,023 0	0 0
<b>3 DONNA M ANDERSON</b> VP, OPERATIONS & FINANCE	(i) 220,387 0	0 0	0 0	6,719 0	15,539 0	242,645 0	0 0
<b>4 TANYA TUCKER</b> VP, ALLIANCE ENGAGEMENT	(i) 155,241 0	0 0	0 0	4,706 0	7,115 0	167,062 0	0 0
<b>5 MELINDA HUDSON</b> VP, SR ADVISOR TO THE CHAIR & CEO	(i) 181,988 0	0 0	0 0	5,401 0	27,532 0	214,921 0	0 0
<b>6 RALPH FORSH</b> SENIOR VICE PRESIDENT, FIRST FOCUS	(i) 156,114 0	0 0	0 0	4,860 0	27,126 0	188,100 0	0 0
<b>7 JON ZAFF</b> EXEC DIRECTOR, CENTER FOR PROMISE	(i) 145,252 0	0 0	0 0	4,500 0	20,400 0	170,152 0	0 0

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
	Schedule J (Form 990) 2015

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.****► Attach to Form 990 or 990-EZ.****► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).****2015****Open to Public  
Inspection**

Name of the organization

AMERICA'S PROMISE -  
THE ALLIANCE FOR YOUTH**Employer identification number**

54-1848713

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBER, MICHAEL K POWELL, IS THE SON OF THE CHAIR, ALMA J POWELL. IN ADDITION, BOARD MEMBER, JAMES L BARKSDALE IS THE SPOUSE OF BOARD MEMBER, DONNA BARKSDALE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE AMERICA'S PROMISE ALLIANCE BOARD OF DIRECTORS CHARGES THE AUDIT & FINANCE COMMITTEE WITH REVIEWING THE FORM 990 PRIOR TO FILING. A COPY OF THE FORM 990 IS PROVIDED TO THE COMMITTEE AND A CONFERENCE CALL IS HELD TO DISCUSS THE FORM PRIOR TO FILING THE RETURN. AFTER REVIEW AND APPROVAL OF THE FORM 990 BY THE AUDIT & FINANCE COMMITTEE, THE FORM 990 IS MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS VIA THE AMERICA'S PROMISE ALLIANCE BOARD OF DIRECTORS WEBSITE PRIOR TO FILING. THE FORM 990 REMAINS AVAILABLE ON THE BOARD OF DIRECTORS WEBSITE THROUGHOUT THE YEAR

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AMERICA'S PROMISE ALLIANCE REVIEWS ALL CONTRACTS, AGREEMENTS AND EMPLOYEES FOR CONNECTIONS TO THE BOARD MEMBER. IF A CONFLICT WERE IDENTIFIED, IT WOULD BE REPORTED TO THE PRESIDENT, WHO WOULD IN TURN BRING THE CONFLICT TO THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE FULL BOARD OF DIRECTORS OF AMERICA'S PROMISE ENDORSES A COMPENSATION PHILOSOPHY FOR THE PRESIDENT &amp; CEO. THE COMPENSATION PHILOSOPHY IS THE GUIDING FRAMEWORK FOR PRESIDENT &amp; CEO'S COMPENSATION. THE BOARD LOOKS TO THE EXECUTIVE COMMITTEE OF THE BOARD TO MAKE A SPECIFIC DETERMINATION OF THE PRESIDENT &amp; CEO'S COMPENSATION, INCLUDING BASE SALARY, BONUSES (IF ANY), AND OTHER BENEFITS. THIS DETERMINATION IS DONE IN THE CONTEXT OF THE BOARD'S CEO COMPENSATION PHILOSOPHY. THE EXECUTIVE COMMITTEE'S CONSIDERATION INCLUDES AN ASSESSMENT OF THE PRESIDENT &amp; CEO'S COMPENSATION IN COMPARISON TO RELEVANT UNIVERSES OF PEER ORGANIZATIONS, THE PERFORMANCE OF THE PRESIDENT &amp; CEO AGAINST OBJECTIVES AND OTHER RELEVANT FACTORS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REPORTS TO THE FULL BOARD OF DIRECTORS BOTH ITS COMPENSATION DECISIONS AS WELL AS A CONFIRMATION THAT THIS PROCESS WAS APPROPRIATELY UNDERTAKEN TO MAKE ITS DETERMINATION. THE AUDIT AND FINANCE COMMITTEE PROVIDES SUPPORT TO THE EXECUTIVE COMMITTEE BY ENGAGING AN INDEPENDENT COMPENSATION CONSULTANT TO CONDUCT A PEER REVIEW ANALYSIS FROM WHICH RECOMMENDATIONS ARE MADE. THE AUDIT &amp; FINANCE COMMITTEE APPROVES THE USE OF A SALARY COMPENSATION SURVEY BASED ON AT LEAST THREE INDEPENDENT SURVEYS. THE SURVEY, PREPARED BY AN INDEPENDENT COMPENSATION CONSULTANT, INCLUDES THE POSITION OF PRESIDENT AND CEO AND EXECUTIVE LEADERSHIP AND IS AVAILABLE TO MEMBERS OF THE EXECUTIVE COMMITTEE. THE AUDIT COMMITTEE, SERVING AS THE COMPENSATION COMMITTEE, REVIEWS AND APPROVES THE COMPENSATION OF THE PRESIDENT AND CEO AND EXECUTIVE LEADERSHIP BASED ON THE SURVEY DATA. THE DECISION IS DOCUMENTED IN THE MINUTES OF THE AUDIT &amp; FINANCE COMMITTEE.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST TO THE VICE PRESIDENT, OPERATIONS & FINANCE

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING PROGRAM SERVICE EXPENSES 557,817 MANAGEMENT AND GENERAL EXPENSES 623,024 FUNDRAISING EXPENSES 26,904 TOTAL EXPENSES 1,207,745 STRATEGIC COMMUNICATIONS PROGRAM SERVICE EXPENSES 25,000 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 25,000 EDITORIAL SERVICES PROGRAM SERVICE EXPENSES 27,306 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 7,075 TOTAL EXPENSES 34,381 GRAPHIC DESIGN PROGRAM SERVICE EXPENSES 208,782 MANAGEMENT AND GENERAL EXPENSES 298 FUNDRAISING EXPENSES 8,273 TOTAL EXPENSES 217,353 RESEARCH PROGRAM SERVICE EXPENSES 569,314 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 569,314 TV AND VIDEO PRODUCTION PROGRAM SERVICE EXPENSES 13,749 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 33,462 TOTAL EXPENSES 47,211 EVALUATION PROGRAM SERVICE EXPENSES 152,500 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 152,500 PHOTOGRAPHY PROGRAM SERVICE EXPENSES 6,724 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 1,800 TOTAL EXPENSES 8,524 MEDIA RELATIONS PROGRAM SERVICE EXPENSES 64,347 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 545 TOTAL EXPENSES 64,892

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RETURN OF GRANT FUNDS -50,000

Return Reference	Explanation
FORM 990, PART IV, LINE 34	AMERICA'S PROMISE ALLIANCE HAS ENTERED INTO A COST-SHARING AGREEMENT WITH FIRST FOCUS CAMPAIGN FOR CHILDREN, INC (FIRST FOCUS) THAT PROVIDES FOR SHARING OF PERSONNEL, ADMINISTRATION AND EQUIPMENT COSTS. THE TWO ORGANIZATIONS FUNCTION WITH A COMMON MISSION AND SHARE COMMON MANAGEMENT, BUT OPERATE AS SEPARATE ENTITIES WITH SEPARATE BOARDS OF DIRECTORS. THEREFORE, IN ACCORDANCE WITH THE IRS INSTRUCTIONS, FIRST FOCUS WILL NOT BE DISCLOSED ON SCHEDULE R AS A RELATED TAX-EXEMPT ENTITY