

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization YOUTHPRISE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 615 FIRST AVENUE NE 125 City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55413 F Name and address of principal officer: WOKIE WEAH SAME AS C ABOVE	D Employer identification number 27-4126970 E Telephone number 612-564-4858 G Gross receipts \$ 1,839,885. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		
J Website: ▶ YOUTHPRISE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		L Year of formation: 2010 M State of legal domicile: MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: YOUTHPRISE CHAMPIONS LEARNING BEYOND THE CLASSROOM SO THAT ALL MINNESOTA'S YOUTH THRIVE. 2 Check this box <input type="checkbox"/> 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 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 21 6 Total number of volunteers (estimate if necessary) 6 25 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.		
Revenue		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		5,190,712.	1,651,538.
9 Program service revenue (Part VIII, line 2g)		12,320.	169,432.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,906.	18,915.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,207,938.	1,839,885.
Expenses			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,880,456.	4,185,346.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		533,905.	1,109,649.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 144,235.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		441,269.	874,247.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,855,630.	6,169,242.
19 Revenue less expenses. Subtract line 18 from line 12		1,352,308.	-4,329,357.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		6,712,884.	1,934,269.
21 Total liabilities (Part X, line 26)		1,065,191.	615,933.
22 Net assets or fund balances. Subtract line 21 from line 20		5,647,693.	1,318,336.

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 WOKIE WEAH, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name ASHLEY C. REHN, CPA Preparer's signature ASHLEY C. REHN, CPA Date 06/02/15 Check if self-employed <input type="checkbox"/> PTIN P00965922 Firm's name ▶ REDPATH AND COMPANY, LTD. Firm's EIN ▶ 41-0975573 Firm's address ▶ 4810 WHITE BEAR PARKWAY WHITE BEAR LAKE, MN 55110 Phone no. (651) 426-7000	

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 [X]

1 Briefly describe the organization's mission: THE MISSION OF YOUTHPRISE IS TO CHAMPION LEARNING BEYOND THE CLASSROOM SO THAT ALL MINNESOTA YOUTH THRIVE. YOUTHPRISE IS A STATEWIDE INTERMEDIARY THAT STRATICALLY COMBINES FUNDING, CAPACITY BUILDING, POLICY ADVOCACY, RESEARCH AND YOUTH ENGAGEMENT UNDER ONE ROOF.

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 3,012,689. including grants of \$ 2,496,894.) (Revenue \$ 169,432.) THROUGH GRANTMAKING AND PARTNERSHIP DEVELOPMENT, YOUTHPRISE DISTRIBUTES, LEVERAGES AND COORDINATES FUNDS TO BUILD MORE EFFECTIVE EXPANDED LEARNING SYSTEMS AND PROMOTE INNOVATION IN YOUTH ENGAGEMENT.

4b (Code:) (Expenses \$ 2,350,367. including grants of \$ 1,688,452.) (Revenue \$) THROUGH SYSTEMS BUILDING, YOUTHPRISE'S GOAL IS TO DEVELOP COORDINATED, SUSTAINABLE CITYWIDE AND STATEWIDE SYSTEMS THAT PROVIDE ACCESS TO HIGH QUALITY EXPANDED LEARNING PROGRAMS FOR UNDERSERVED AND UNDER-ENGAGED YOUTH. GRANTS SUPPORT ORGANIZATIONS BUILDING THEIR CAPACITY TO IMPROVE ORGANIZATIONAL EFFECTIVENESS, COLLECT AND REPORT DATA, IMPROVE PROGRAM QUALITY AND MODEL AUTHENTIC YOUTH ENGAGEMENT.

4c (Code:) (Expenses \$ 232,606. including grants of \$) (Revenue \$) THROUGH INNOVATION IN YOUTH ENGAGEMENT, YOUTHPRISE WORKS TO AUTHENTICALLY ENGAGE YOUTH IN THE DESIGN AND IMPLEMENTATION OF QUALITY EXPANDED LEARNING PROGRAMS, POLICY, SYSTEMS, PHILANTHROPY, AND RESEARCH AND EVALUATION. GRANTS SUPPORT INNOVATIVE STRATEGIES CREATED AND DELIVERED TO YOUNG PEOPLE AND CREATIVE APPROACHES THAT VALUE YOUTH/ADULT PARTNERSHIPS AND AUTHENTIC YOUTH ENGAGEMENT.

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

4e Total program service expenses 5,595,662.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O check

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 15		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **THE ORGANIZATION - 612-564-4858**
615 FIRST AVENUE NE, NO. 125, MINNEAPOLIS, MN 55413

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TAWANNA BLACK CHAIR	5.00	X		X				0.	0.	0.
(2) LISA DESOTELLE, CPA TREASURER	2.00	X		X				0.	0.	0.
(3) ANTONIO CARDONA SECRETARY	1.00	X		X				0.	0.	0.
(4) REV KELLY CHATMAN DIRECTOR	1.00	X						0.	0.	0.
(5) THOMPSON ADERINKOMI DIRECTOR	1.00	X						0.	0.	0.
(6) SHAMARI CHISM DIRECTOR	1.00	X						0.	0.	0.
(7) JOSEPH STACKHOUSE DIRECTOR	1.00	X						0.	0.	0.
(8) HON. TANYA BRANSFORD DIRECTOR	1.00	X						0.	0.	0.
(9) QUINCY LEWIS DIRECTOR	1.00	X						0.	0.	0.
(10) KIT HADLEY DIRECTOR	1.00	X						0.	0.	0.
(11) JACK TAMBLE DIRECTOR	1.00	X						0.	0.	0.
(12) PETER GABLER DIRECTOR	1.00	X						0.	0.	0.
(13) JOLENE ROTICH DIRECTOR	1.00	X						0.	0.	0.
(14) JUVENTINO MEZA DIRECTOR	1.00	X						0.	0.	0.
(15) LUE VANG DIRECTOR	1.00	X						0.	0.	0.
(16) WOKIE WEAH PRESIDENT	40.00	X		X				110,552.	0.	37,423.
(17) SHEILA GOTHMANN FINANCE/OPERATIONS DIRECTOR	34.00	X		X				73,326.	0.	23,301.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							183,878.	0.	60,724.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							183,878.	0.	60,724.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	400,128.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,251,410.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		1,651,538.				
Program Service Revenue	2 a FEES FOR SERVICE	Business Code 900099	169,432.	169,432.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		169,432.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,774.			5,774.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		13,141.					
		b Less: cost or other basis and sales expenses		0.			
		c Gain or (loss)		13,141.			
	d Net gain or (loss)		13,141.			13,141.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			1,839,885.	169,432.	0.	18,915.	

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	4,185,346.	4,185,346.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	244,602.	96,183.	118,824.	29,595.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	673,668.	591,911.	33,514.	48,243.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,764.	27,817.	688.	2,259.
9 Other employee benefits	85,026.	74,652.	10,374.	
10 Payroll taxes	75,589.	49,562.	20,348.	5,679.
11 Fees for services (non-employees):				
a Management	57,910.	33,200.	20,359.	4,351.
b Legal	20,201.	1,334.	18,867.	
c Accounting	51,435.		51,435.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	341,649.	322,102.	794.	18,753.
12 Advertising and promotion				
13 Office expenses	75,771.	51,063.	20,615.	4,093.
14 Information technology	65,362.	21,693.	28,334.	15,335.
15 Royalties				
16 Occupancy	116,029.	85,933.	15,946.	14,150.
17 Travel	50,352.	43,721.	5,673.	958.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	54,573.		54,573.	
23 Insurance	12,423.	750.	11,673.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROFESSIONAL DEVELOPME	18,938.	10,281.	7,838.	819.
b MEMBERSHIP DUES	60.		60.	
c				
d				
e All other expenses	9,544.	114.	9,430.	
25 Total functional expenses. Add lines 1 through 24e	6,169,242.	5,595,662.	429,345.	144,235.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	352,417.	1	
	2	Savings and temporary cash investments	1,031,658.	2	1,447,145.
	3	Pledges and grants receivable, net	5,085,856.	3	309,242.
	4	Accounts receivable, net	325.	4	6,930.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	37,107.	9	13,728.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 264,309.		
	b	Less: accumulated depreciation	10b 107,085.	10c	157,224.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,712,884.	16	1,934,269.	
Liabilities	17	Accounts payable and accrued expenses	123,493.	17	146,063.
	18	Grants payable	928,598.	18	412,983.
	19	Deferred revenue	13,100.	19	56,887.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,065,191.	26	615,933.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	309,208.	27	311,964.
	28	Temporarily restricted net assets	5,338,485.	28	1,006,372.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	5,647,693.	33	1,318,336.	
34	Total liabilities and net assets/fund balances	6,712,884.	34	1,934,269.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,839,885.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,169,242.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,329,357.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,647,693.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,318,336.

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		X
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	X	
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.	X	
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? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2014

Open to Public Inspection

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

Name of the organization **YOUTHPRISE** Employer identification number **27-4126970**

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,514,649.	10,589,042.	166,007.	5,190,712.	1,651,538.	19,111,948.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	1,514,649.	10,589,042.	166,007.	5,190,712.	1,651,538.	19,111,948.
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)						15,762,018.
6 Public support. Subtract line 5 from line 4.						3,349,930.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	1,514,649.	10,589,042.	166,007.	5,190,712.	1,651,538.	19,111,948.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	61.	6,335.	5,479.	4,906.	5,774.	22,555.
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.)						
11 Total support. Add lines 7 through 10						19,134,503.
12 Gross receipts from related activities, etc. (see instructions)					12	240,633.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		▶
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		▶
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		▶
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		▶

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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 I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
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>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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.		

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.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
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.			

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

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

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

Schedule A (Form 990 or 990-EZ) 2014

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

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

SCHEDULE A, PART II

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

YOUTHPRISE

Employer identification number

27-4126970

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization YOUTHPRISE	Employer identification number 27-4126970
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>54,457.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>46,500.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>236,750.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>186,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization YOUTHPRISE	Employer identification number 27-4126970
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 93,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 93,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 93,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ 64,565.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization YOUTHPRISE	Employer identification number 27-4126970
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 58,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 42,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 28,823.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 117,714.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUTHPRISE	Employer identification number 27-4126970
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 27,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 23,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 20,528.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 18,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 18,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUTHPRISE	Employer identification number 27-4126970
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 14,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 9,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 9,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUTHPRISE	Employer identification number 27-4126970
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ 9,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 7,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUTHPRISE	Employer identification number 27-4126970
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization YOUTHPRISE	Employer identification number 27-4126970
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

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

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization YOUTHPRISE	Employer identification number 27-4126970
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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 No
- 5 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-.

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
c	Total lobbying expenditures (add lines 1a and 1b)	0.													
d	Other exempt purpose expenditures	6,169,242.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	6,169,242.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	458,462.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	114,616.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	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"/> No												

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

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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	1	
2 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	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

Name of the organization YOUTHRISE **Employer identification number** 27-4126970

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

	(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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 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)?
- 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" to Form 990, Part IV, line 8.

- 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.
 - 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 in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in 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):

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

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

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

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		11,068.	2,767.	8,301.
d Equipment		253,241.	104,318.	148,923.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				157,224.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,839,885.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,839,885.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,839,885.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	6,169,242.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	6,169,242.
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	6,169,242.

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.

PART X, LINE 2:

A TAX EXPENSE OR BENEFIT FROM AN UNCERTAIN INCOME TAX POSITION (INCLUDING TAX-EXEMPT STATUS) MAY BE RECOGNIZED ONLY WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. MANAGEMENT BELIEVES THE ORGANIZATION HAS NO UNCERTAIN INCOME TAX POSITIONS THAT WOULD RESULT IN AN ACCRUAL, EXPENSE OR BENEFIT UNDER THE MORE LIKELY THAN NOT STANDARD. THE ORGANIZATION'S 2011 THROUGH 2013 FISCAL TAX YEARS ARE OPEN TO EXAMINATION BY REGULATORY AGENCIES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization **YOUTHPRISE** Employer identification number **27-4126970**

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? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to 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.

1 (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
FRIENDS OF THE SAINT PAUL PUBLIC LIBRARY - 325 CEDAR STREET, SUITE 555 - SAINT PAUL, MN 55101	41-6029683	501(C)(3)	10,000.	0.			SAINT PAUL YOUTH COMMISSION METRO TRANSIT PROJECT
FRIENDS OF THE SAINT PAUL PUBLIC LIBRARY - 325 CEDAR STREET, SUITE 555 - SAINT PAUL, MN 55101	41-6029683	501(C)(3)	180,000.	0.			SPROCKETS
180 DEGREES, INC 236 CLIFTON AVE S MINNEAPOLIS, MN 55403	23-7153536	501(C)(3)	11,000.	0.			BRITTANY'S PLACE: COGNITIVE BEHAVIOR GROUP THERAPY
INTERMEDIA ARTS OF MINNESOTA, INC. 2822 LYNDAL AVE SOUTH MINNEAPOLIS, MN 55408	41-1226945	501(C)(3)	8,500.	0.			AWARENESS RAISING FOR STATE OF USING FILM 2014 VIDEO CONTEST
JUXTAPOSITION INC. 2007 EMERSON AVE N MINNEAPOLIS, MN 55411	41-1851915	501(C)(3)	26,000.	0.			PATHWAYS TO COLLEGE AND CAREERS (PACC)
LITTLE EARTH RESIDENTS ASSOCIATION 2495 18TH AVENUE SOUTH MINNEAPOLIS, MN 55404	36-3309894	501(C)(3)	15,000.	0.			LITTLE EARTH BIMAADIZIWIN EDUCATION PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **82.**

3 Enter total number of other organizations listed in the line 1 table **4.**

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

Schedule I (Form 990) (2014)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
NEW AMERICAN ACADEMY 6875 WASHINGTON AVENUE SOUTH, #103 EDINA, MN 55439	32-0241006	501(C)(3)	20,000.	0.			EXPAND ACCESS TO QUALITY LEARNING EXPERIENCES
NORTHFIELD HEALTH COMMUNITY INITIATIVE - 1651 JEFFERSON PARKWAY, SUITE 128 - NORTHFIELD, MN 55057	26-2852506	501(C)(3)	30,000.	0.			PRIMETIME
PHYLLIS WHEATLEY COMMUNITY CENTER 1301 - 10TH AVENUE NORTH MINNEAPOLIS, MN 55411	41-0706132	501(C)(3)	20,000.	0.			CHEFS IN MOTION
UNIVERSITY OF MINNESOTA 301 19TH AVE S STE 307 MINNEAPOLIS, MN 55455	41-6007513	509(A)(1)	1,500.	0.			THE BLACK WEIRDO PARTY
UNIVERSITY OF MINNESOTA 301 19TH AVE S STE 307 MINNEAPOLIS, MN 55455	41-6007513	509(A)(1)	50,000.	0.			ADVANCE SOCIO-EMOTIONAL ASPECTS OF LEARNING AND DEVELOPMENT
UNIVERSITY OF MINNESOTA 301 19TH AVE S STE 307 MINNEAPOLIS, MN 55455	41-6007513	509(A)(1)	1,000.	0.			YOUTH ADVISORY STRUCTURES
UNIVERSITY OF MINNESOTA 301 19TH AVE S STE 307 MINNEAPOLIS, MN 55455	41-6007513	509(A)(1)	15,038.	0.			POLICY FELLOW
ACCESS PHILANTHROPY CHARITIES 2100 STEVENS AVENUE SOUTH MINNEAPOLIS, MN 55404	38-3777419	501(C)(3)	6,521.	0.			FUNDERS DATABASE
ACES - ATHLETES COMMITTED TO EDUCATING STUDENTS - 1115 E. HENNEPIN AVE - MINNEAPOLIS, MN 55414	41-1789659	501(C)(3)	20,000.	0.			QUALITY IMPROVEMENT AND DATA COLLECTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ARCATA PRESS DBA SAINT PAUL ALMANAC - 275 EAST FOURTH ST, SUITE 701 - SAINT PAUL, MN 55101	65-1264407	501(C)(3)	36,540.	0.			YOUTH ENGAGEMENT PARTNERSHIP
ASIAN MEDIA ACCESS 2418 PLYMOUTH AVENUE NORTH MINNEAPOLIS, MN 55411	41-1736822	501(C)(3)	1,500.	0.			2014 VIDEO CONTEST
ASIAN MEDIA ACCESS 2418 PLYMOUTH AVENUE NORTH MINNEAPOLIS, MN 55411	41-1736822	501(C)(3)	36,800.	0.			STUDENTS ORGANIZING FOR EQUITY
ASIAN MEDIA ACCESS 2418 PLYMOUTH AVENUE NORTH MINNEAPOLIS, MN 55411	41-1736822	501(C)(3)	15,000.	0.			BUILDING A BETTER SPROCKETS SYSTEM FOR PHUN
AUGSBURG COLLEGE 2211 RIVERSIDE AVENUE SOUTH CB 10 MINNEAPOLIS, MN 55454	41-0694721	501(C)(3)	12,000.	0.			NORTHSTAR FELLOWSHIP
BANYAN COMMUNITY 2647 BLOOMINGTON AVENUE SOUTH MINNEAPOLIS, MN 55407	41-1922813	501(C)(3)	20,000.	0.			ADOLESCENT EDUCATIONAL SUPPORT (ACES)
CITY OF BURNSVILLE 100 CIVIC CENTER PKWY BURNSVILLE, MN 55337	41-6008848	509(A)(1)	25,000.	0.			BURNSVILLE YOUTH COLLABORATIVE GENERAL OPERATING
CONNECTIONS TO INDEPENDENCE 310 EAST 38TH ST STE 300 MINNEAPOLIS, MN 55409	80-0542940	501(C)(3)	15,000.	0.			FOSTERING CONNECTIONS
EL COLEGIO HIGH SCHOOL 4137 BLOOMINGTON AVE S MINNEAPOLIS, MN 55407	41-1953998	501(C)(3)	20,000.	0.			LATINO YOUTH LEADERSHIP PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
EL COLEGIO HIGH SCHOOL 4137 BLOOMINGTON AVE S MINNEAPOLIS, MN 55407	41-1953998	501(C)(3)	67,620.	0.			STUDENTS ORGANIZING FOR EQUITY
CENTER SCHOOL INC 2421 BLOOMINGTON AVENUE SOUTH MINNEAPOLIS, MN 55404	36-3591386	501(C)(3)	20,000.	0.			EXPERIENTIAL PLACE-BASED LEARNING
COMMUNITY MEDIATION & RESTORATIVE SERVICES INC - 9220 BASS LAKE ROAD - NEW HOPE, MN 55428	41-1484089	501(C)(3)	15,000.	0.			YOUTH-DIRECTED RESTORATIVE-BASED JUVENILE JUSTICE
COOKIE CART 1119 W BROADWAY MINNEAPOLIS, MN 55411	41-1866804	501(C)(3)	25,000.	0.			VOLUNTEER AND TEEN LEADERSHIP PROJECT
CYCLES FOR CHANGE 712 UNIVERSITY AVE ST PAUL, MN 55104-4854	41-1816453	501(C)(3)	20,000.	0.			YOUTH APPRENTICESHIP PROGRAM
EMERGE COMMUNITY DEVELOPMENT 1101 WEST BROADWAY AVENUE NORTH MINNEAPOLIS, MN 55411	41-1277423	501(C)(3)	20,000.	0.			NORTH MINNEAPOLIS YOUTH ENTREPRENEURSHIP PROJECT
FAMILY TREE CLINIC 1619 DAYTON AVE STE 205 ST PAUL, MN 55104	23-7133742	501(C)(3)	12,065.	0.			FAMILY TREE SHARP IN HENNEPIN COUNTY
GIVING BACK FUND 6033 WEST CENTURY BLVD STE 350 LOS ANGELES, CA 90045	04-3367888	501(C)(3)	25,640.	0.			NEXUS MINNESOTA
INDIGENOUS PEOPLES TASK FORCE 1335 EAST 23RD AVE MINNEAPOLIS, MN 55070	36-3617906	501(C)(3)	15,000.	0.			IKIDOWIN YOUTH DEVELOPMENT PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
IN PROGRESS 213 FRONT AVENUE ST PAUL, MN 55117	41-1603279	501(C)(3)	20,000.	0.			STUDIO 213 YOUTH ARTS & LEADERSHIP PROJECT
JABBOK FAMILY SERVICES 2608 BLAISDELL AVE S MINNEAPOLIS, MN 55408	41-1889548	501(C)(3)	15,000.	0.			COOL YOUTH OST SYSTEM
KA JOOG 419 CEDAR AVE. SOUTH #257 MINNEAPOLIS, MN 55454	39-2073475	501(C)(3)	35,000.	0.			KA JOOG
KALEIDOSCOPE PLACE 2400 PARK AVE MINNEAPOLIS, MN 55402	20-8449852	501(C)(3)	15,000.	0.			YOUTH CENTER CAFE
MENTORING YOUNG ADULTS 550 RICE STREET ST PAUL, MN 55103	80-0298183	501(C)(3)	5,000.	0.			ANNUAL FUNDRAISING DINNER
MENTORING YOUNG ADULTS 550 RICE STREET ST PAUL, MN 55103	80-0298183	501(C)(3)	20,000.	0.			PLANNING THE MYA CAFE AND LEARNING RESOURCE CENTER
MIGIZI COMMUNICATIONS INC 1516 EAST LAKE, SUITE 300 MINNEAPOLIS, MN 55407	41-1379114	501(C)(3)	35,000.	0.			MIGIZI OUT OF SCHOOL TIME ACTIVITIES
MIGIZI COMMUNICATIONS INC 1516 EAST LAKE, SUITE 300 MINNEAPOLIS, MN 55407	41-1379114	501(C)(3)	33,350.	0.			STUDENTS ORGANIZING FOR EQUITY
MINNESOTA AFRICAN WOMENS ASSOCIATION - 3300 BASS LAKE RD SUITE 510 - BROOKLYN CENTER, MN 55429	48-1259139	501(C)(3)	15,000.	0.			MY AFRICAN BIG SISTER PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
MINNESOTA ALLIANCE WITH YOUTH 2233 UNIVERSITY AVE W ST PAUL, MN 55114	45-3774063	501(C)(3)	204,150.	0.			MINNESOTA YOUTH COUNCIL
MINNESOTA ALLIANCE WITH YOUTH 2233 UNIVERSITY AVE W ST PAUL, MN 55114	45-3774063	501(C)(3)	9,000.	0.			MINNESOTA YOUTH COUNCIL- STATE OF USING MINI GRANT PROJECT
MINNESOTA COUNCIL ON FOUNDATIONS 100 PORTLAND AVENUE SOUTH NO 225 MINNEAPOLIS, MN 55401	41-1269275	501(C)(3)	7,600.	0.			ANNUAL MEMBERSHIP
MINNESOTA YOUTH COORDINATING BOARD 330 2ND AVE S MINNEAPOLIS, MN 55401	41-1566656	501(C)(3)	240,000.	0.			CENTRALIZING/STRENGTHENIN COORDINATION
NETWORK FOR THE DEVELOPMENT OF CHILDREN OF AFRICAN DESCENT - 655 FAIRVIEW AVE - NORTH ST PAUL, MN 55104	41-1936394	501(C)(3)	15,000.	0.			UHURU PROGRAM
OROMO COMMUNITY INC MINNEAPOLIS 465 MACKUBIN STEET ST PAUL, MN 55103	41-1727260	501(C)(3)	15,000.	0.			PATHWAYS TO OPPORTUNITY- OCM YOUTH DEVELOPMENT
OUTFRONT MINNESOTA COMMUNITY SERVICES - 310 E 38TH ST STE 204 - MINNEAPOLIS, MN 55409	36-3550489	501(C)(3)	1,000.	0.			Q-QUEST LGBTQ YOUTH FESTIVAL & CONFERENCE
OUTFRONT MINNESOTA COMMUNITY SERVICES - 310 E 38TH ST STE 204 - MINNEAPOLIS, MN 55409	36-3550489	501(C)(3)	15,000.	0.			MINNESOTA SCHOOL PRIDE NETWORK
OUTFRONT MINNESOTA COMMUNITY SERVICES - 310 E 38TH ST STE 204 - MINNEAPOLIS, MN 55409	36-3550489	501(C)(3)	2,500.	0.			SAFE SCHOOLS YOUTH SUMMIT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
PILLSBURY UNITED COMMUNITIES 125 WEST BROADWAY AVENUE MINNEAPOLIS, MN 55411	41-0916478	501(C)(3)	193,000.	0.			PUC COLLEGE AND CAREER READINESS CONTINUUM
PLYMOUTH CHRISTIAN YOUTH CENTER 2210 OLIVER AVENUE NORTH MINNEAPOLIS, MN 55411	41-0794440	501(C)(3)	20,000.	0.			PROJECT PREPARE
PETA WAKAN TIPI PO BOX 68 SCANDIA, MN 55073	41-1632662	501(C)(3)	20,000.	0.			NATIVE YOUTH - HEALTHY COMMUNITIES
KWANZAA COMMUNITY CHURCH, PCUSA 2100 EMERSON AVENUE MINNEAPOLIS, MN 55411	27-0031853	501(C)(3)	20,000.	0.			KWANZAA'S OST
RAINBOW RESEARCH 621 WEST LAKE STREET SUITE 300 MINNEAPOLIS, MN 55408	41-1326460	501(C)(3)	108,447.	0.			RESEARCH SERVICES
REDEEMER CENTER FOR LIFE 1800 GLENWOOD AVENUE NORTH MINNEAPOLIS, MN 55405	41-1912560	501(C)(3)	102,644.	0.			YOUTHPRISE & REDEEMER CAMPAIGN FOR YOUTH
ST PAUL NEIGHBORHOOD NETWORK 375 JACKSON STREET NO 250 ST PAUL, MN 55101	41-1500773	501(C)(3)	10,150.	0.			MEDIA CONTRACT SERVICES
ST PAUL NEIGHBORHOOD NETWORK 375 JACKSON STREET NO 250 ST PAUL, MN 55101	41-1500773	501(C)(3)	15,000.	0.			LET'S HOMAGO: SPNN YOUTH AND CREATECH
SPECIAL SCHOOL DISTRICT NO 1 1250 WEST BROADWAY MINNEAPOLIS, MN 55411	41-0851980	509(A)(1)	1,000.	0.			GAY-STRAIGHT ALLIANCE EVENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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SPECIAL SCHOOL DISTRICT NO 1 1250 WEST BROADWAY MINNEAPOLIS, MN 55411	41-0851980	509(A)(1)	50,000.	0.			BASELINE STUDY
SCIENCE MUSEUM OF MINNESOTA 120 W KELLOGG BLVD ST PAUL, MN 55102	41-0706172	501(C)(3)	750.	0.			ALLIED MEDIA CONFERENCE SPONSORSHIP
SCIENCE MUSEUM OF MINNESOTA 120 W KELLOGG BLVD ST PAUL, MN 55102	41-0706172	501(C)(3)	2,500.	0.			2014 YOUTH SCIENCE DAY
SCIENCE MUSEUM OF MINNESOTA 120 W KELLOGG BLVD ST PAUL, MN 55102	41-0706172	501(C)(3)	20,000.	0.			KAYSC YOUTH LEADERSHIP CURRICULUM & ASSESSMENT
SOMALI AMERICAN PARENT ASSOCIATION 1929 S 5TH ST STE 101 MINNEAPOLIS, MN 55454	26-3120451	501(C)(3)	15,000.	0.			CAAWIMAAD: PART TWO
STUDENTS TODAY LEADERS FOREVER 609 SOUTH 10TH STREET STE 103 MINNEAPOLIS, MN 55404	20-2797098	501(C)(3)	15,000.	0.			STUDENT LEADERSHIP PIPELINE AND CAPACITY BUILDING
TENNIS & EDUCATION INC 100 FEDERAL DRIVE ST PAUL, MN 55111	41-1965977	501(C)(3)	15,000.	0.			LIVE LONG AND MENTOR: MENTORING AND YAC INITIATIVE
THE FAMILY PARTNERSHIP 414 S 8TH STREET MINNEAPOLIS, MN 55404	41-0693858	501(C)(3)	76,500.	0.			MNIC-HEALTH MENTOR MODEL
THE SANNEH FOUNDATION 2090 CONWAY ST ST PAUL, MN 55119	56-2332269	501(C)(3)	41,500.	0.			GALA FOR GOALS; DREAMLINE PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
THE AFTER-SCHOOL CORP 1440 BROADWAY 16TH FLOOR NEW YORK, NY 10001	13-4004600	501(C)(3)	10,000.	0.			ANNUAL MEMBERSHIP
URBAN BOATBUILDERS 449 PASCAL STREET NORTH ST PAUL, MN 55104	41-1831598	501(C)(3)	15,000.	0.			URBAN BOATBUILDERS PROGRAM QUALITY IMPROVEMENT
URBAN ROOTS MN 463 MARIA AVE ST PAUL, MN 55106	41-0975429	501(C)(3)	15,000.	0.			YOUTH WORK INTERNSHIPS AND EMPLOYMENT EDUCATION
URBAN ARTS ACADEMY 3901 CHICAGO AVE S MINNEAPOLIS, MN 55407	41-2016187	501(C)(3)	15,000.	0.			URBAN ARTS ACADEMY "YOUTH IN ACTION"
WALKER WEST MUSIC ACADEMY 777 SELBY AVENUE ST PAUL, MN 55104	41-1678368	501(C)(3)	25,000.	0.			FY14-FY15 PROGRAM DEVELOPMENT INITIATIVE
WE WIN INSTITUTE INC 3805 THIRD AVENUE SOUTH MINNEAPOLIS, MN 55409	41-1820991	501(C)(3)	15,000.	0.			YES WE CAN! YOUTH ACHIEVERS PROJECT
WELLSHARE INTERNATIONAL 122 WEST FRANKLIN AVENUE SUITE 510 MINNEAPOLIS, MN 55404	41-1397062	501(C)(3)	15,000.	0.			THE YOUNG ACHIEVERS-CAPACITY BUILDING (OST SYSTEM)
WEST SEVENTH COMMUNITY CENTER 265 ONEIDA STREET ST PAUL, MN 55102	23-7319301	501(C)(3)	15,000.	0.			WEST 7TH CHILDREN AND YOUTH PROGRAMS
WOMEN'S INITIATIVE FOR SELF EMPOWERMENT - 570 ASBURY STREET NO202 - ST PAUL, MN 55104	41-1791358	501(C)(3)	20,000.	0.			GIRLS GETTING AHEAD IN LEADERSHIP (GGAL)

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
YMCA OF THE GREATER TWIN CITIES 30 S NINTH ST MINNEAPOLIS, MN 55402	45-2563299	501(C)(3)	385,994.	0.			YMCA URBAN YOUTH PROGRAMS MATCHING GRANT HEALTHY KIDS DAY MATCHING GIFT
YOUTH FARM 128 WEST 33RD STREET MINNEAPOLIS, MN 55408	41-1896055	501(C)(3)	20,000.	0.			GROWING YOUTH FARM: THE URBAN KLATSCH INITIATIVE
YOUTH PERFORMANCE COMPANY 3338 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414	41-1753681	501(C)(3)	15,000.	0.			YOUTH-LED EVALUATION PROCESS
YOUTHCARE 2701 UNIVERSITY AVENUE SE NO 205 MINNEAPOLIS, MN 55414-3236	41-1322470	501(C)(3)	15,000.	0.			MULTICULTURAL YOUTH EMPLOYMENT PROGRAM
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF ST PAUL MN - 375 SELBY AVE - ST PAUL, MN 55102	41-0693892	501(C)(3)	250,900.	0.			ST. PAUL YOUTH INTERVENTION INITIATIVE
YOUTHRIVE 615 FIRST AVE NE STE 500 MINNEAPOLIS, MN 55413	56-2536131	501(C)(3)	129,900.	0.			NOBEL PEACE PRIZE YOUTH FESTIVAL TRANSITION FUNDING YOUTH LEADERSHIP TEAM
BROOKLYN BRIDGE ALLIANCE FOR YOUTH 6150 SUMMIT DRIVE NORTH SUITE 200 BROOKLYN PARK, MN 55430	41-6008804	509(A)(1)	5,000.	0.			HENNEPIN COUNTY AFTERSCHOOL SUMMIT
BROOKLYN BRIDGE ALLIANCE FOR YOUTH 6150 SUMMIT DRIVE NORTH SUITE 200 BROOKLYN PARK, MN 55430	41-6008804	509(A)(1)	193,000.	0.			BROOKLYN'S CAMPAIGN FOR YOUTH - YOUTH EMPLOYMENT
BROOKLYN BRIDGE ALLIANCE FOR YOUTH 6150 SUMMIT DRIVE NORTH SUITE 200 BROOKLYN PARK, MN 55430	41-6008804	509(A)(1)	84,000.	0.			THE BROOKLYN BRIDGE ALLIANCE FOR YOUTH OPERATING

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CENTRO CULTURAL CHICANO INC 1915 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 55404	41-1290349	501(C)(3)	20,000.	0.			RAICES OUT OF SCHOOL TIME: CAPACITY BUILDING
VORA SERVICE 62 E GOLDEN LAKE RD CIRCLE PINES, MN 55014	27-1626036	501(C)(3)	11,000.	0.			URBAN BATTLE'S TUTORING/MENTORING PROGRAM
LEGACY KEEPERS 1322 BOARDWALK AVENUE NORTH MINNEAPOLIS, MN 55411	41-1428993	501(C)(3)	35,175.	0.			STUDENTS ORGANIZING FOR EQUITY
TRANS YOUTH SUPPORT NETWORK 3405 CHICAGO AVE MINNEAPOLIS, MN 55407	41-1972162	501(C)(3)	10,000.	0.			TRANS YOUTH LEADERSHIP DEVELOPMENT PROGRAM
THE ORIGINS PROGRAM 3805 GRAND AVE MINNEAPOLIS, MN 55409	41-1356854	501(C)(3)	25,000.	0.			RESEARCH TRAINING AND SUPPORT
THE CULTURAL WELLNESS CENTER 2025 PORTLAND AVE MINNEAPOLIS, MN 55404	41-1850859	501(C)(3)	20,000.	0.			HEALTHY FOOD HEALTHY LIVING URBAN OUTREACH & EDUCATION
THE BRIDGE FOR YOUTH 1111 WEST 22ND ST MINNEAPOLIS, MN 55403	41-0983062	501(C)(3)	35,000.	0.			TEXT FOR HELP: HELPING YOUTH IN CRISIS
THE BRANDLAB 110 NORTH 5TH ST MINNEAPOLIS, MN 55413	80-0199088	501(C)(3)	15,000.	0.			OST DATA SYSTEMS MANAGEMENT AND STRATEGY
TAMALES Y BICICLETAS 3702 E LAKE ST MINNEAPOLIS, MN 55105	27-3257910	501(C)(3)	30,000.	0.			PEDAL POWER PROGRAM (P3)

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
PROJECT FOR PRIDE IN LIVING INC 1035 EAST FRANKLIN AVE MINNEAPOLIS, MN 55404	23-7232208	501(C)(3)	20,000.	0.			PPL'S OST SYSTEMS BUILDING INITIATIVE
POWER OF PEOPLE LEADERSHIP INSTITUTE/GIRLS IN ACTION - 3829 WEST BROADWAY - ROBBINSDALE, MN 55422	26-1209294	501(C)(3)	21,300.	0.			GIRLS IN ACTION SPONSORSHIP GIRLS IN ACTION GENERAL OPERATING
OYATE NIPI KTE 2643 540TH ST GRANITE FALLS, MN 56241	35-2351152	501(C)(3)	35,000.	0.			YOUTH PARTICIPATORY ACTION TRAINING AKICITA TECA OUTREACH PROJECT
LAO ASSISTANCE CENTER OF MINNESOTA 503 IRVING AVE MINNEAPOLIS, MN 55405	36-3255880	501(C)(3)	15,000.	0.			LAO YOUTH LEADERSHIP PROJECT
ISALIAH 2356 UNIVERSITY AVE WEST ST PAUL, MN 55114	41-1957358	501(C)(3)	35,000.	0.			JUVENILE JUSTICE PROJECT
ARTS-US 1221 MARSHALL AVE ST PAUL, MN 55104	41-1843500	501(C)(3)	5,250.	0.			CHALLENGE GRANT
LA OPORTUNIDAD 2700 EAST LAKE STREET MINNEAPOLIS, MN 55406	36-3537919	501(C)(3)	22,000.	0.			LATINO YOUTH PEACE CONFERENCE LATINO YOUTH PROGRAM

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

(a) Type of grant or assistance	(b) 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.

PART I, LINE 2:

WHEN ACCEPTING A GRANT, FUNDS ARE TYPICALLY DESIGNATED TO SERVE A GEOGRAPHIC AREA, MEET LISTED CONDITIONS, AND FOR A PERIOD OF TIME.

GRANTEES AGREE TO USE GRANT FUNDS EXCLUSIVELY FOR CHARITABLE PURPOSES AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE CODE). NO PORTION OF THIS GRANT IS EARMARKED FOR USE IN CARRYING ON PROPAGANDA OR OTHERWISE ATTEMPTING TO INFLUENCE LEGISLATION.

GRANTEES AGREE NOT TO USE ANY PORTION OF THE GRANT FUNDS TO PARTICIPATE IN

Part IV Supplemental Information

ANY POLITICAL CAMPAIGN ON BEHALF OF OR IN OPPOSITION TO ANY CANDIDATE FOR PUBLIC OFFICE, TO MAKE GRANTS TO INDIVIDUALS ON A NON-OBJECTIVE BASIS, OR FOR ANY NON-CHARITABLE PURPOSE. IN ADDITION, EACH GRANTEE AGREES THAT IT WILL NOT PROMOTE, SUPPORT, OR ENGAGE IN TERRORISM OF ANY KIND, NOR WILL IT MAKE SUB-GRANTS TO ANY ENTITY OR INDIVIDUAL THAT ENGAGES IN THESE ACTIVITIES. ANY UNUSED PORTION OF THE GRANT, OR AMOUNTS NOT USED FOR CHARITABLE PURPOSES, WILL BE RETURNED TO YOUTHPRISE.

THIS GRANT IS AWARDED WITH THE UNDERSTANDING THAT A REPORT WILL BE SUBMITTED TO YOUTHPRISE DESCRIBING PROGRESS TOWARD OUTCOMES OF THE GRANT. REPORTS COVER THE USE OF GRANT FUNDS (INCLUDING, WITHOUT LIMITATIONS, SALARIES, TRAVEL AND SUPPLIES) COMPLIANCE WITH THE TERMS OF THE GRANT, AND PROGRESS MADE TOWARD ACHIEVING THE PURPOSE OF THE GRANT. SUCH REPORTS SHALL INCLUDE COPIES OF ALL PRESS RELEASES AND OTHER PUBLIC ANNOUNCEMENTS OF THE GRANT. INSTALLMENT PAYMENT MAY BE WITHHELD IN THE EVENT OF DELAYS IN COMPLETING THE PURPOSES OF THE GRANT AND/OR A BREACH BY THE GRANTEE OF ANY OF THE TERMS OF THE AGREEMENT OR THE GRANT CONDITIONS. THE GRANTEE SHALL MAINTAIN FINANCIAL AND OTHER RECORDS THAT SPECIFICALLY SHOW USE OF GRANT FUNDS EXCLUSIVELY FOR THE PURPOSES OF THE GRANT. A SEPARATE BANK ACCOUNT FOR THE GRANT IS NOT REQUIRED, BUT IT IS NECESSARY THAT SEPARATE ACCOUNTING OF THIS GRANT BE MAINTAINED. GRANTEES ARE ALSO REQUIRED TO SATISFY GRANT CONDITIONS BASED ON PROGRESS TOWARD COMPLETION OF THE DELIVERABLES DESCRIBED IN THE GRANT CONDITIONS.

NONGOVERNMENTAL GRANTEE HAS SUBMITTED TO YOUTHPRISE A DETERMINATION LETTER OF TAX EXEMPTION ISSUED BY THE INTERNAL REVENUE SERVICE THAT STATES THE GRANTEE IS TAX EXEMPT UNDER SECTION 501(C)(3), AND IS NOT A PRIVATE FOUNDATION AS DEFINED IN SECTION 509(A) OF THE CODE. THE GRANTEE FURTHER

Part IV Supplemental Information

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF THE GREATER TWIN CITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: YMCA URBAN YOUTH PROGRAMS MATCHING GRANT

HEALTHY KIDS DAY MATCHING GIFT

Y MAKE CHANGE INITIATIVE

MISSION IMPACT COUNCIL

NAME OF ORGANIZATION OR GOVERNMENT: YOUTHRIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: NOBEL PEACE PRIZE YOUTH FESTIVAL TRANSITION FUNDING

YOUTH LEADERSHIP TEAM

YOUTHRIVE YOUTH LEADERSHIP TEAM

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.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

YOUTHPRISE

Employer identification number

27-4126970

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

YOUTHPRISE ACTS AS AN INCUBATOR AND RELATIONSHIP BROKER, FORGING
CONNECTIONS BETWEEN COMMUNITY-BASED ORGANIZATIONS, SCHOOLS, FUNDERS,
PUBLIC AGENCIES, YOUTH AND ADULTS TO MAXIMIZE OUR COLLECTIVE IMPACT.

FORM 990, PART VI, SECTION A, LINE 8B:

IN JUNE 2014, THE BOARD OF DIRECTORS CREATED AN EXECUTIVE COMMITTEE
COMPRISED OF THE CHAIRS OF EACH OF THE BOARD COMMITTEES. THIS NEW
COMMITTEE DOES HAVE THE AUTHORITY TO MAKE DECISIONS ON BEHALF OF THE
BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11:

THE PRESIDENT, FINANCE AND OPERATIONS DIRECTOR, AND FINANCE COMMITTEE
REVIEW THE DRAFT RETURN, PROVIDING ANY COMMENTS AND SUGGESTIONS. THE FINAL
DRAFT IS PROVIDED TO ALL VOTING BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, THE ADULT BOARD OF DIRECTORS FILL OUT A CONFLICT OF INTEREST
FORM. THE GOVERNANCE COMMITTEE ENSURES THAT ALL BOARD MEMBERS FILL OUT THE
FORM AND EVALUATES ANY MATTERS THAT MAY BE REPORTED. A TRANSACTION
INVOLVING A CONFLICT OF INTEREST MAY BE APPROVED BY THE BOARD OF DIRECTORS.
BOARD MEMBERS ARE REQUESTED TO RECUSE THEMSELVES FROM DISCUSSING OR VOTING
ON ANYTHING THAT MAY BE CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

YOUTHPRISE RETAINS A THIRD PARTY HUMAN RESOURCES FIRM TO CONDUCT SALARY

Name of the organization

YOUTHPRISE

Employer identification number

27-4126970

COMPARISON RESEARCH OF POSITIONS WITHIN ORGANIZATIONS SIMILIAR TO
YOUTHPRISE.

FORM 990, PART VI, SECTION C, LINE 19:

PUBLIC DOCUMENTS WOULD BE PROVIDED UPON REQUEST.