

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>ACHIEVE! MINNEAPOLIS</u>			D Employer identification number <u>41-1425264</u>		
	Doing Business As			E Telephone number <u>(612) 455-1530</u>		
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	City or town, state or province, country, and ZIP or foreign postal code <u>MINNEAPOLIS, MN 55414</u>		
	<u>2829 UNIVERSITY AVE SE</u>		<u>850</u>			
F Name and address of principal officer: <u>DANIELLE GRANT</u> <u>2829 UNIVERSITY AVE SE #850, MINNEAPOLIS, MN 55414</u>						G Gross receipts \$ <u>3,566,726.</u>
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J Website: <u>WWW.ACHIEVEMPLS.ORG</u>						H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶						H(c) Group exemption number ▶
L Year of formation: <u>2002</u>						M State of legal domicile: <u>MN</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	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	<u>29.</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>29.</u>
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	<u>48.</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>903.</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0.</u>
b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>0.</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>2,330,658.</u>	<u>2,476,100.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>1,276,315.</u>	<u>1,023,745.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>16,955.</u>	<u>33,624.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>-30,676.</u>	<u>-26,421.</u>
		<u>3,593,252.</u>	<u>3,507,048.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>1,758,893.</u>	<u>1,745,411.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>0.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>2,709,616.</u>	<u>2,603,701.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0.</u>	<u>0.</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>165,593.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>727,703.</u>	<u>688,296.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>5,196,212.</u>	<u>5,037,408.</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>-1,602,960.</u>	<u>-1,530,360.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>7,971,738.</u>	<u>6,626,489.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>621,954.</u>	<u>664,010.</u>
	<u>7,349,784.</u>	<u>5,962,479.</u>	

Part II Signature Block

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

Sign Here	Signature of officer	Date
	<u>DANIELLE GRANT</u> Type or print name and title	<u>06/19/2020</u> PRESIDENT & CEO

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>CHARLES SELCER CPA</u>	<u>CHARLES SELCER CPA</u>	<u>06/16/2020</u>		<u>P00437250</u>
	Firm's name ▶ <u>SCHECHTER DOKKEN KANTER</u>	Firm's EIN ▶			
	Firm's address ▶ <u>100 WASHINGTON AVE SO #1600 MINNEAPOLIS, MN 55401</u>	Phone no.	<u>612-332-5500</u>		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

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:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,157,215. including grants of \$ 1,742,717.) (Revenue \$ 192,983.)

MINNEAPOLIS PUBLIC SCHOOLS PARTNERSHIP - SEE SCHEDULE O

4b (Code:) (Expenses \$ 2,125,794. including grants of \$ 2,694.) (Revenue \$ 806,620.)

CAREER & COLLEGE READINESS PROGRAMS - SEE SCHEDULE O

4c (Code:) (Expenses \$ 109,600. including grants of \$ 0.) (Revenue \$ 24,142.)

STEP-UP YOUTH EMPLOYMENT PROGRAM - SEE SCHEDULE O

4d Other program services (Describe in Schedule O.) ATTACHMENT 1
(Expenses \$ 0. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses ▶ 4,392,609.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and reporting requirements.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	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
25b	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):		
28a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c	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
35b	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? Note. All Form 990 filers are required to complete Schedule O.	X	

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.

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		52
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 3 columns: Question, Yes, No. Rows include questions 2a-16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (29), 1b (29), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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 (1024 or 1024-A 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.
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

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARTIN ABRAMS DIRECTOR	1.00 0.	X						0.	0.	0.
(2) FREDERICK BLOCTON DIRECTOR	1.00 0.	X						0.	0.	0.
(3) SHAMAYNE BRAMAN DIRECTOR	1.00 0.	X						0.	0.	0.
(4) KRISSI CARLSON DIRECTOR	1.00 0.	X						0.	0.	0.
(5) JOHN CONLIN DIRECTOR	1.00 0.	X						0.	0.	0.
(6) SCOTT CUMMINGS DIRECTOR	1.00 0.	X						0.	0.	0.
(7) HON. MARTHA HOLTON DIMICK DIRECTOR	1.00 0.	X						0.	0.	0.
(8) JACOB FREY EX-OFFICIO	0. 0.	X						0.	0.	0.
(9) CHELSIE GLAUBITZ GABIOU DIRECTOR	1.00 0.	X						0.	0.	0.
(10) ART GARDNER, JR. DIRECTOR	1.00 0.	X						0.	0.	0.
(11) ED GRAFF EX-OFFICIO	1.00 0.	X						0.	0.	0.
(12) DANIELLE GRANT PRESIDENT & CEO / EX-OFFICIO	40.00 0.	X		X				133,301.	0.	14,012.
(13) MICHELLE GROGG DIRECTOR	1.00 0.	X						0.	0.	0.
(14) NICK HARA TREASURER	3.00 0.	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) TOM HOLMAN CHAIR	5.00 0.	X		X				0.	0.	0.
16) ANIL HURKADLI DIRECTOR	1.00 0.	X						0.	0.	0.
17) NELSON INZ EX-OFFICIO	1.00 0.	X						0.	0.	0.
18) VELMA KORBEL DIRECTOR	1.00 0.	X						0.	0.	0.
19) STEVE LISS DIRECTOR	1.00 0.	X						0.	0.	0.
20) HILARY MARDEN-RESNIK VICE CHAIR	3.00 0.	X		X				0.	0.	0.
21) JENNIFER MELIN MILLER DIRECTOR	2.00 0.	X						0.	0.	0.
22) DR. ABDUL M. OMARI, PHD DIRECTOR	1.00 0.	X						0.	0.	0.
23) BRAD PEDERSON DIRECTOR	2.00 0.	X						0.	0.	0.
24) RICH RENIKOFF DIRECTOR	1.00 0.	X						0.	0.	0.
25) DARA RUDICK DIRECTOR	1.00 0.	X						0.	0.	0.
1b Sub-total								133,301.	0.	14,012.
c Total from continuation sheets to Part VII, Section A								74,423.	0.	10,403.
d Total (add lines 1b and 1c)								207,724.	0.	24,415.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) JEFF SAVAGE ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(27) CHRISTOPHER T. SHAHEEN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(28) JOHN STANOCH ----- DIRECTOR	3.00 ----- 0.	X						0.	0.	0.
(29) ELIZABETH STEVENS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(30) MAT WATSON ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(31) CHRISSIE WEYENBERG ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(32) SHETU ROSE ----- DIRECTOR OF FINANCE	40.00 ----- 0.			X				74,423.	0.	10,403.

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

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

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

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	1a Federated campaigns	1a	3,881.					
	b Membership dues	1b						
	c Fundraising events	1c	230,887.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	2,241,332.					
	g Noncash contributions included in lines 1a-1f: \$		37,993.					
	h Total. Add lines 1a-1f		2,476,100.					
	Program Service Revenue							Business Code
2a CONTRACT INCOME			900099	945,874.	945,874.			
b EARNED INCOME			900099	77,871.	77,871.			
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				1,023,745.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			33,624.			33,624.	
	4 Income from investment of tax-exempt bond proceeds .			0.				
	5 Royalties			0.				
			(i) Real	(ii) Personal				
	6a Gross rents							
	b Less: rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss)				0.			
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses							
	c Gain or (loss)							
	d Net gain or (loss)				0.			
	8a Gross income from fundraising events (not including \$ <u>230,887.</u> of contributions reported on line 1c). See Part IV, line 18	a			6,560.			
	b Less: direct expenses	b			59,678.			
	c Net income or (loss) from fundraising events				-53,118.			-53,118.
9a Gross income from gaming activities. See Part IV, line 19	a			0.				
b Less: direct expenses	b			0.				
c Net income or (loss) from gaming activities				0.				
10a Gross sales of inventory, less returns and allowances	a			0.				
b Less: cost of goods sold	b			0.				
c Net income or (loss) from sales of inventory				0.				
Miscellaneous Revenue		Business Code						
11a MISCELLANEOUS REVENUE		900099		26,697.	26,697.			
b								
c								
d All other revenue								
e Total. Add lines 11a-11d				26,697.				
12 Total revenue. See instructions.				3,507,048.	1,050,442.		-19,494.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,521,677.	1,521,677.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	223,734.	223,734.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	257,136.	115,711.	141,425.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	1,973,223.	1,714,021.	150,306.	108,896.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,119.	35,501.	2,962.	2,656.
9 Other employee benefits	163,801.	141,182.	13,548.	9,071.
10 Payroll taxes	168,422.	141,271.	19,133.	8,018.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	17,637.		17,637.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	157,823.	152,083.	3,621.	2,119.
12 Advertising and promotion	0.			
13 Office expenses	34,570.	9,340.	18,106.	7,124.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	90,590.	65,751.	20,256.	4,583.
17 Travel	22,534.	16,302.	5,845.	387.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	32,828.	26,659.	5,387.	782.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	41,512.	29,448.	9,848.	2,216.
23 Insurance	17,285.		17,285.	
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 PROGRAM EXPENSES	130,366.	130,366.		
b EQUIPMENT & MAINTENANCE	57,537.	652.	38,621.	18,264.
c TRAINING	30,724.	28,452.	1,952.	320.
d PUBLIC RELATIONS & OUTREACH	9,451.	1,897.	6,715.	839.
e All other expenses _____	45,439.	38,562.	6,559.	318.
25 Total functional expenses. Add lines 1 through 24e	5,037,408.	4,392,609.	479,206.	165,593.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	5,118,518.	2	5,098,092.
	3 Pledges and grants receivable, net	1,357,540.	3	159,171.
	4 Accounts receivable, net	353,668.	4	337,402.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	3,467.	9	17,522.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 353,102.		
	b Less: accumulated depreciation	10b 269,522.		
		88,566.	10c	83,580.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	1,041,782.	12	922,525.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	8,197.	15	8,197.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,971,738.	16	6,626,489.	
Liabilities	17 Accounts payable and accrued expenses	372,607.	17	391,585.
	18 Grants payable	249,347.	18	245,837.
	19 Deferred revenue	0.	19	15,908.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	10,680.
	26 Total liabilities. Add lines 17 through 25	621,954.	26	664,010.
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	2,240,594.	27	1,330,817.
	28 Temporarily restricted net assets	5,109,190.	28	4,631,662.
	29 Permanently restricted net assets	0.	29	0.
	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	7,349,784.	33	5,962,479.
34 Total liabilities and net assets/fund balances	7,971,738.	34	6,626,489.	

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	3,507,048.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,037,408.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,530,360.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,349,784.
5	Net unrealized gains (losses) on investments	5	15,719.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	127,336.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,962,479.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

ACHIEVE! MINNEAPOLIS

Employer identification number

41-1425264

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2018

JSA
8E1210 1.000

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,947,882.	2,285,900.	7,248,125.	2,330,658.	2,476,100.	17,288,665.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	2,947,882.	2,285,900.	7,248,125.	2,330,658.	2,476,100.	17,288,665.
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).						4,080,194.
6 Public support. Subtract line 5 from line 4						13,208,471.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.	2,947,882.	2,285,900.	7,248,125.	2,330,658.	2,476,100.	17,288,665.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,476.	8,976.	9,327.	16,955.	33,624.	79,358.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	37,925.	22,442.	20,754.	27,824.	26,697.	135,642.
11 Total support. Add lines 7 through 10						17,503,665.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	75.46%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	60.75%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 or 990-EZ).</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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b 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?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

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? <i>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.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>	2	

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)? <i>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).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> 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? <i>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.</i>	2a		
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? <i>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.</i>	2b		
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? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **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).

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISCELLANEOUS INCOME	37,925.	22,442.	20,754.	27,824.	26,697.	135,642.
TOTALS	<u>37,925.</u>	<u>22,442.</u>	<u>20,754.</u>	<u>27,824.</u>	<u>26,697.</u>	<u>135,642.</u>

Schedule of Contributors

2018

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization ACHIEVE! MINNEAPOLIS	Employer identification number 41-1425264
--	--

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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **ACHIEVE! MINNEAPOLIS**Employer identification number
41-1425264**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
1		\$ 56,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 98,758.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 192,366.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **ACHIEVE! MINNEAPOLIS**

Employer identification number
41-1425264

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		\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 54,530.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **ACHIEVE! MINNEAPOLIS**

Employer identification number

41-1425264

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

Name of organization **ACHIEVE! MINNEAPOLIS**

Employer identification number

41-1425264

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 information once. See instructions.) ► \$ _____
 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	
_____ _____ _____		_____ _____ _____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

ACHIEVE! MINNEAPOLIS

Employer identification number

41-1425264

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures, and several Yes/No questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

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

Schedule D (Form 990) 2018

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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 on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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 on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 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" on 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		46,216.	20,253.	25,963.
d Equipment		301,123.	244,931.	56,192.
e Other		5,763.	4,338.	1,425.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				83,580.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN TMF		
(B) INVESTMENT POOL	922,525.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	922,525.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(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" on 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) OTHER MISC LIABILITIES	10,680.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	10,680.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,534,912.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	15,719.	
b	Donated services and use of facilities	2b	2,500.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	9,645.	
e	Add lines 2a through 2d	2e		27,864.
3	Subtract line 2e from line 1	3		3,507,048.
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		
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5		3,507,048.

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

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

1	Total expenses and losses per audited financial statements		1	5,049,553.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,500.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	9,645.	
e	Add lines 2a through 2d	2e		12,145.
3	Subtract line 2e from line 1	3		5,037,408.
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		
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5		5,037,408.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART X, LINE 2

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR STATE INCOME TAX LAWS. IT IS THE POLICY OF THE ORGANIZATION TO ASSESS ANY UNCERTAIN TAX PROVISIONS AND, IF NECESSARY, RECORD A TAX ASSET OR LIABILITY, AND THE RELATED INCOME TAX EXPENSE, FOR ANY UNCERTAIN TAX PROVISIONS. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND DETERMINED THAT THERE ARE NO POSITIONS WHICH ARE CONSIDERED UNCERTAIN.

PART XI & PART XII, LINE 2D

FUNDRAISING EVENT EXPENSES IN THE AMOUNT OF \$9,645 REPORTED IN PART VIII, LINE 8B INSTEAD OF IN THE FUNCTIONAL EXPENSES AS PER THE FINANCIAL STATEMENTS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest instructions.

Name of the organization

ACHIEVE! MINNEAPOLIS

Employer identification number

41-1425264

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | | | |
|----------------------------|----------------------------------|----------------------------|---------------------------------------|
| a <input type="checkbox"/> | Mail solicitations | e <input type="checkbox"/> | Solicitation of non-government grants |
| b <input type="checkbox"/> | Internet and email solicitations | f <input type="checkbox"/> | Solicitation of government grants |
| c <input type="checkbox"/> | Phone solicitations | g <input type="checkbox"/> | Special fundraising events |
| d <input type="checkbox"/> | In-person solicitations | | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	237,447.			237,447.
	2 Less: Contributions	230,887.			230,887.
	3 Gross income (line 1 minus line 2)	6,560.			6,560.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,000.			1,000.
	6 Rent/facility costs	4,500.			4,500.
	7 Food and beverages	34,880.			34,880.
	8 Entertainment	5,750.			5,750.
	9 Other direct expenses	13,548.			13,548.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				59,678.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-53,118.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

ACHIEVE! MINNEAPOLIS

Employer identification number

41-1425264

Part I General Information on Grants and Assistance

- 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
- 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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 noncash assistance	(h) Purpose of grant or assistance
(1) MINNEAPOLIS PUBLIC SCHOOLS 1250 W BROADWAY AVE MINNEAPOLIS, MN 55411	41-0851980	501(C)(3)	1,521,677.		N/A	N/A	AID TO DISTRICT SCHOOLS & PROGRAMS
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 PROFESSIONAL DEVELOPMENT	9.	6,132.		N/A	N/A
2 SCHOLARSHIPS	11.	137,100.		N/A	N/A
3 CLASSROOM GRANTS	43.	80,502.		N/A	N/A
4					
5					
6					
7					

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

MOST FUNDS ARE MANAGED BY MINNEAPOLIS PUBLIC SCHOOLS (MPS). EACH YEAR THEY ARE PUBLICLY AUDITED. TWO DIFFERENT METHODS ARE USED FOR SELECTING SCHOLARSHIPS AND GRANT AWARDS. 1) SCHOOL BASED SELECTION (APPLIES TO MOST SCHOLARSHIPS): STUDENTS COMPLETE GENERIC APPLICATIONS AT THEIR SCHOOL. THEY ARE THEN PUT "IN THE RUNNING" FOR SCHOLARSHIPS AVAILABLE THROUGH BOTH ACHIEVEMPLS AND THEIR SCHOOL'S FOUNDATION. THE COUNSELING OFFICE SETS UP A SELECTION COMMITTEE, REVIEWS THE CRITERIA FOR EACH SCHOLARSHIP AND THE QUALIFICATIONS OF EACH APPLICANT, AND MAKES AWARDS BASED UPON THE BEST MATCHES. FOR EXAMPLE, THE DR GERMAINE ARENDT MEMORIAL SCHOLARSHIP

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

REQUIRES THE SUBMISSION OF SEVERAL APPLICATION PARTS (ESSAY AND A RECOMMENDATION LETTER FROM A TEACHER). LANGUAGE TEACHERS AT MPS REVIEW APPLICATIONS AND SCORE BASED UPON SCORING INSTRUCTIONS. 2) ACHIEVEMPLS BASED SELECTION (APPLIES TO SOME SCHOLARSHIPS AND ALL GRANTS): SCHOLARSHIPS: STUDENTS COMPLETE SPECIFIC APPLICATIONS FOR SPECIFIC SCHOLARSHIPS. ACHIEVEMPLS ACCEPTS APPLICATIONS AND DISTRIBUTES TO SELECTION COMMITTEE MEMBERS (COMPRISED OF DONORS, CONTENT AREA EXPERTS, AND/OR ACHIEVEMPLS STAFF). APPLICATIONS ARE REVIEWED AND SCORED BASED UPON SPECIFIC SCORING INSTRUCTIONS. SCORES ARE RANKED AND, AFTER A THOUGHTFUL CONVERSATION OR EMAIL EXCHANGE, AWARDS ARE MADE. FOR EXAMPLE,

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

THE MPS NURSES SCHOLARSHIP REQUIRES THE SUBMISSION OF SEVERAL APPLICATION PARTS (COVER SHEET, TEST SCORES, TRANSCRIPT, ESSAY). TWO NURSES AND ACHIEVEMPLS STAFF REVIEW APPLICATIONS AND SCORE BASED UPON SCORING INSTRUCTIONS. GRANTS: APPLICANTS COMPLETE SPECIFIC APPLICATION AND SUBMIT TO ACHIEVEMPLS OR ONLINE TO A PARTNERING ORGANIZATION. APPLICATIONS ARE REVIEWED AND SCORED TO A RUBRIC OR SET OF SCORING INSTRUCTIONS. SELECTION COMMITTEES ARE COMPRISED OF ACHIEVEMPLS STAFF, MPS STAFF, COMMUNITY MEMBERS, AND STAFF FROM PARTNER ORGANIZATIONS. SELECTION COMMITTEE MEETINGS ARE HELD TO REVIEW THE TOP CONTENDERS AND MAKE AWARDS BASED UPON APPLICATION STRENGTH AND MERIT. SMALL AWARDS: SMALL, RANDOM AWARDS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

(USUALLY UNDER \$500) ARE OCCASIONALLY GRANTED BASED UPON A SCHOOL OR PROJECT NEED. REQUESTS ARE MADE AND REVIEWED BY MEMBERS OF ACHIEVEMENTS DEVELOPMENT AND ADMINISTRATIVE STAFF. AWARDS ARE MADE BASED UPON MERIT, EXTERNAL LACK OF FUNDING, AND INTERNAL FUND AVAILABILITY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

ACHIEVE! MINNEAPOLIS

Employer identification number

41-1425264

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7.	37,993.	STOCK MARKET QUOTES
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2018

JSA

8E1298 1.000

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ACHIEVE! MINNEAPOLIS

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

2018

**Open to Public
Inspection**

Employer identification number

41-1425264

PART I, LINE 1 & PART III, LINE 1

AS THE STRATEGIC NONPROFIT PARTNER OF MINNEAPOLIS PUBLIC SCHOOLS (MPS),
ACHIEVEMPLS RALLIES COMMUNITY SUPPORT TO INSPIRE AND EQUIP STUDENTS FOR
CAREERS, COLLEGE AND LIFE. OUR VISION IS THAT ALL YOUNG PEOPLE HAVE FULL
ACCESS TO EDUCATIONAL AND CAREER OPPORTUNITIES, RESULTING IN A MORE
EQUITABLE AND VIBRANT MINNEAPOLIS.

WHILE OUR HIGH SCHOOLS PREPARE STUDENTS ACADEMICALLY, ACHIEVEMPLS HELPS
ENSURE THAT EACH STUDENT GRADUATES WITH THE RESOURCES, SUPPORT AND
CONFIDENCE THEY NEED TO ACHIEVE THEIR CAREER AND POSTSECONDARY DREAMS AND
KEEP OUR CITY STRONG AND VIBRANT. ACHIEVEMPLS RECOGNIZES THE VALUE IN
EVERY PATH TO PERSONAL AND ECONOMIC SUCCESS AND EMPOWERS EACH STUDENT TO
PURSUE THE BEST OPTIONS FOR THEIR CAREER AND COLLEGE DREAMS - WHETHER
THAT MEANS TWO OR FOUR-YEAR COLLEGE, APPRENTICESHIPS, TECHNICAL TRAINING,
EMPLOYMENT OR OTHER OPPORTUNITIES.

ACHIEVEMPLS ACCOMPLISHES THIS WORK THROUGH PROVEN, INTERCONNECTED CAREER
AND COLLEGE READINESS PROGRAMS THAT ARE AVAILABLE TO STUDENTS FROM THEIR
FIRST DAY OF NINTH GRADE THROUGH HIGH SCHOOL GRADUATION. THESE INCLUDE
ACHIEVEMPLS CAREER & COLLEGE CENTERS IN ELEVEN MPS AND FOUR SAINT PAUL
PUBLIC SCHOOLS (SPPS) HIGH SCHOOLS, STEP UP PAID INTERNSHIPS AND WORK
READINESS TRAINING, AND VOLUNTEER PROGRAMS THAT CONNECT STUDENTS WITH
CAREER EXPLORATION VOLUNTEERS AND MENTORS. ACHIEVEMPLS ALSO STRIVES TO
BUILD STRONGER COMMUNITY SUPPORT FOR STUDENTS AND SCHOOLS THROUGH PUBLIC

Name of the organization ACHIEVE! MINNEAPOLIS	Employer identification number 41-1425264
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EDUCATION EVENTS, AND SERVES AS THE FOUNDATION FOR MINNEAPOLIS PUBLIC SCHOOLS, SECURING MAJOR GRANTS FOR KEY DISTRICT PRIORITIES AND ADMINISTERING SCHOOL AND DEPARTMENT FUNDS, STUDENT SCHOLARSHIPS AND MINI-GRANTS FOR STAFF.

PART III, LINE 4A

MINNEAPOLIS PUBLIC SCHOOLS PARTNERSHIP: ACHIEVEMPLS ALSO SERVES AS THE FOUNDATION FOR MINNEAPOLIS PUBLIC SCHOOLS (MPS), ASSISTING THE DISTRICT IN RAISING MILLIONS IN CORPORATE AND FOUNDATION GRANTS FOR KEY MPS PRIORITIES SUCH AS STEM (SCIENCE, TECHNOLOGY, ENGINEERING AND MATH), AVID (ADVANCEMENT VIA INDIVIDUAL DETERMINATION), COLLEGE AND CAREER READINESS PROGRAMS AND HUMAN CAPITAL DEVELOPMENT. ACHIEVEMPLS ALSO PROCESSES OVER \$1 MILLION EACH YEAR IN PRIVATE DONATIONS TO MPS SCHOOLS AND DEPARTMENTS AND DISTRIBUTES FUNDS TO SUPPORT VARIOUS MPS ACTIVITIES, RANGING FROM CLASSROOM SUPPLIES TO ARTISTS AND FIELD TRIPS. IT ALSO ADMINISTERS OVER 92 COLLEGE SCHOLARSHIPS FOR MPS GRADUATES AND AWARDS MINI-GRANTS FOR CLASSROOMS, STAFF PROFESSIONAL DEVELOPMENT AND FIELD TRIPS.

PART III, LINE 4B

CAREER AND COLLEGE CENTERS (CCCS): AT THE HEART OF ACHIEVEMPLS' WORK ARE ITS CAREER & COLLEGE CENTERS (CCCS), WHICH ARE EMBEDDED IN 11 MPS AND FOUR SAINT PAUL PUBLIC SCHOOLS HIGH SCHOOLS. EACH YEAR THE CCCS PROVIDE PERSONALIZED RESOURCES, CONNECTIONS AND SUPPORT TO OVER 15,000 STUDENTS. STAFFED BY COLLEGE AND CAREER PROFESSIONALS FROM A VARIETY OF BACKGROUNDS, INCLUDING LICENSED COUNSELORS, TEACHERS AND SOCIAL WORKERS, THE CCCS WORK ONE-ON-ONE WITH EACH STUDENT TO HELP THEM CHART THEIR

Name of the organization ACHIEVE! MINNEAPOLIS	Employer identification number 41-1425264
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SPECIFIC CAREER AND COLLEGE COURSE, AND TRACK INDIVIDUAL STUDENT PROGRESS TO ENSURE THAT EVERY SENIOR HAS A POST-GRADUATION PLAN THEY ARE INVESTED IN AND EXCITED ABOUT.

THE CCCS PROVIDE EXPERT CAREER EXPLORATION ADVISING, CAREER EVENTS WITH LOCAL PROFESSIONALS, COLLEGE FAIRS AND TOURS, COLLEGE REP VISITS, ASSISTANCE WITH COLLEGE, FINANCIAL AID AND FAFSA APPLICATIONS, ADVICE ON RESUME WRITING AND JOB INTERVIEWING, CONNECTIONS WITH INTERNSHIP AND JOB OPPORTUNITIES, AND LINKS TO OTHER COLLEGE ACCESS PROVIDERS. SIXTY-SEVEN PERCENT OF GRADUATING SENIORS AT MPS SCHOOLS WITH CAREER & COLLEGE CENTERS COMPLETED THE FAFSA OR DREAM ACT - A STRONG PREDICTOR OF COLLEGE ENROLLMENT - COMPARED WITH THE STATE AVERAGE OF 49%. STUDENTS WHO UTILIZE OUR CCCS ALSO ENROLL IN COLLEGE AT A 51% HIGHER RATE THAN THOSE WHO DO NOT.

THE ACHIEVEMPLS CAREER READINESS INITIATIVE - BASED IN CCCS IN FOUR MPS HIGH SCHOOLS - OFFERS MORE ROBUST CAREER EXPLORATION PROGRAMMING IN ADDITION TO POSTSECONDARY PLANNING. CRI CONNECTS STUDENTS WITH A WIDER VARIETY OF CAREER AND TRAINING OPPORTUNITIES SO THAT THEY CAN ACCESS FAMILY-SUPPORTING, HIGH-DEMAND, HIGH-GROWTH CAREERS MORE QUICKLY AFTER HIGH SCHOOL. THROUGH THIS INITIATIVE, ACHIEVEMPLS ALSO BRINGS EMPLOYERS INTO MPS HIGH SCHOOLS TO MEET WITH STUDENTS VIA CAREER SPEED-NETWORKING, CAREER REP VISITS, INFORMATIONAL INTERVIEWS, CAREER PATHWAY FAIRS AND CAREER SPEAKER EVENTS, AND TAKES STUDENTS OUT INTO THE COMMUNITY TO PARTICIPATE IN INTERACTIVE WORKSITE TOURS.

Name of the organization ACHIEVE! MINNEAPOLIS	Employer identification number 41-1425264
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PART III, LINE 4C

STEP-UP ACHIEVE YOUTH EMPLOYMENT PROGRAM: STEP UP PREPARES TODAY'S YOUTH FOR TOMORROW'S CAREERS BY RECRUITING, TRAINING AND PLACING NEARLY 1,400 YOUNG PEOPLE (AGES 14-21) IN PAID INTERNSHIPS EACH YEAR WITH OVER 200 REGIONAL EMPLOYERS, FROM FORTUNE 500 COMPANIES AND SMALL BUSINESSES TO PUBLIC AGENCIES AND NONPROFITS. A PARTNERSHIP OF THE CITY OF MINNEAPOLIS, ACHIEVEMPLS, CAREERFORCE MINNEAPOLIS AND PROJECT FOR PRIDE IN LIVING, STEP UP IS ONE OF THE NATION'S LEADING YOUTH EMPLOYMENT PROGRAMS AND LEVERAGES A COLLECTIVE THAT SPANS 15 INDUSTRIES AND MULTIPLE SECTORS.

STEP UP SUPPORTS HISTORICALLY UNDERREPRESENTED YOUTH IN MINNEAPOLIS WHO ARE READY TO NAVIGATE THE PROFESSIONAL WORLD. THE PROGRAM HELPS ORGANIZATIONS DIVERSIFY THEIR WORKFORCE AND BUILD A BASE OF YOUNG, SKILLED WORKERS FOR THE ENTIRE REGION. STEP UP HAS PROVIDED OVER 28,000 INTERNSHIPS SINCE 2003, YIELDING A COMPETITIVE TALENT PIPELINE, A STRONGER ECONOMY AND MILLIONS OF DOLLARS IN WAGES FOR STEP UP INTERNS. STEP UP ALSO COLLABORATES WITH CORPORATE, GOVERNMENT AND HIGHER EDUCATION PARTNERS TO PROVIDE SECTOR-SPECIFIC TRAININGS, NETWORKING EVENTS AND INDUSTRY-RECOGNIZED CREDENTIALS THROUGH FOUR CAREER PIPELINES IN STEM, HEALTHCARE, DESIGN AND FINANCIAL SERVICES.

IN 2018-19, STEP UP INTERNS EARNED A COMBINED \$3.2 MILLION IN WAGES. FOLLOWING THE COMPLETION OF SUMMER INTERNSHIPS, 91% OF STEP UP SUPERVISORS REPORTED THAT THEIR STEP UP INTERN MADE A VALUABLE CONTRIBUTION TO THE WORKSITE, AND 89% SAID THE PROGRAM WAS A SUCCESS AT THEIR ORGANIZATION. 70% OF STEP UP INTERNS SAY THEIR INTERNSHIP HELPED

Name of the organization ACHIEVE! MINNEAPOLIS	Employer identification number 41-1425264
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THEM DECIDE WHICH CAREER TO PURSUE.

PART III, LINE 4D

VOLUNTEER PROGRAM: EACH YEAR, 800 COMMUNITY MEMBERS DONATE OVER 4,500 HOURS OF VOLUNTEER TIME WITH HIGH SCHOOL STUDENTS TO PROVIDE CARING SUPPORT AND HELP THEM PLAN FOR CAREERS AND COLLEGE.

CAREER EXPLORATION VOLUNTEERS FROM OVER 200 COMPANIES CONNECT WITH MPS HIGH SCHOOL STUDENTS ANNUALLY TO SHARE THEIR CAREER JOURNEYS AND INFORMATION ON A WIDE RANGE OF CAREER AND TRAINING OPPORTUNITIES. THROUGH IN-SCHOOL CAREER SPEAKER EVENTS, SPEED-NETWORKING AND INFORMATIONAL INTERVIEWS, AND OFF-SITE WORK-SITE TOURS, STUDENTS EXPLORE NEW CAREER FIELDS, MEET LOCAL PROFESSIONALS, SEE WORKERS IN ACTION AT THEIR COMPANIES AND LEARN THE STEPS THEY NEED TO TAKE TOWARD SPECIFIC FIELDS AND INDUSTRIES.

OVER 400 COMMUNITY VOLUNTEERS PARTICIPATE IN THE ANNUAL FOUR-NIGHT STEP UP MOCK INTERVIEWS, INTERVIEWING AND COACHING HUNDREDS OF STEP UP INTERNS ONE-ON-ONE IN PREPARATION FOR THEIR SUMMER INTERNSHIP INTERVIEWS. THE MOCK INTERVIEWS ARE PART OF STEP UP WORK READINESS TRAINING, WHICH EACH INTERN MUST COMPLETE BEFORE THEY ARE MATCHED WITH THEIR SUMMER EMPLOYER.

IN ADDITION TO THESE VOLUNTEER OPPORTUNITIES, EMPLOYEES FROM SEVERAL STEP UP PARTNER COMPANIES ALSO VOLUNTEER THEIR TIME WITH STEP UP INTERNS AS WORK READINESS TRAINERS, CAREER EXPOSURE EVENT LEADERS, AND FINANCIAL LITERACY AND CAREER SKILLS EVENT FACILITATORS.

Name of the organization ACHIEVE! MINNEAPOLIS	Employer identification number 41-1425264
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IN 2019, ACHIEVEMPLS TRANSITIONED ITS GRADUATION COACHES MENTORSHIP PROGRAM INTO THE CARE OF BIG BROTHERS BIG SISTERS OF THE TWIN CITIES. LAUNCHED IN 2012, HUNDREDS OF VOLUNTEER GRADUATION COACHES SUPPORTED OVER 1,500 HIGH SCHOOL STUDENTS IN BUILDING ACADEMIC CONFIDENCE AND STUDY SKILLS, STRENGTHENING SELF-ADVOCACY SKILLS AND CREATING PLANS FOR CAREERS AND POSTSECONDARY EDUCATION.

ACHIEVEMPLS PUBLIC EDUCATION EVENTS

ACHIEVEMPLS SPARKS COMMUNITY CONVERSATIONS ON A WIDE VARIETY OF CUTTING-EDGE EDUCATION AND STUDENT-RELATED TOPICS THROUGH SEVERAL PUBLIC EVENTS, WHICH ARE DESIGNED TO STRENGTHEN KNOWLEDGE, SUPPORT AND ADVOCACY FOR STUDENTS AND SCHOOLS.

BASED ON THE TEDTALKS MODEL, EDTALKS FEATURE COMPELLING SHORT TALKS ON A WIDE VARIETY OF ISSUES IMPACTING EDUCATION AND YOUNG PEOPLE, AND PROVIDE OPPORTUNITIES FOR NETWORKING, COMMUNITY CONVERSATION AND ENGAGEMENT. HOSTED FOUR TIMES EACH YEAR, RECENT TOPICS INCLUDE DISABILITY AS DIVERSITY, ENGAGING YOUTH TO ADDRESS RACIAL DISPROPORTIONALITY IN SCHOOL SUSPENSIONS, BUILDING RESILIENCE IN STUDENTS WHO ARE FACING HOMELESSNESS, THE POWER OF MENTORSHIP, AND CREATING HEALTHY AND VIBRANT SCHOOL WORKPLACES. EDTALKS VIDEOS AND PODCASTS CAN BE FOUND AT [HTTPS://WWW.ACHIEVEMPLS.ORG/EDTALKS](https://www.achievempls.org/edtalks).

Name of the organization ACHIEVE! MINNEAPOLIS	Employer identification number 41-1425264
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IN PARTNERSHIP WITH MINNEAPOLIS PUBLIC SCHOOLS (MPS), PRINCIPAL PARTNER DAY IS AN ANNUAL EVENT THAT MATCHES 30 TWIN CITIES BUSINESS, PHILANTHROPY, MEDIA AND CIVIC LEADERS ONE-ON-ONE WITH MPS PRINCIPALS FOR A HALF-DAY OF JOB SHADOWING AT THEIR SCHOOLS. PARTICIPANTS GET A RARE BEHIND-THE-SCENES EXPERIENCE AT A MPS SCHOOL, SEE THEIR PRINCIPAL IN ACTION AND INTERACT WITH STAFF AND STUDENTS. FOLLOWING THEIR SCHOOL EXPERIENCE, PARTICIPANTS GATHER TO SHARE INSIGHTS AND EXPLORE POSSIBLE NEXT STEPS IN RESPONSE TO WHAT THEY'VE SEEN AND HEARD THAT DAY.

ACHIEVE101 EVENTS PROVIDE OPPORTUNITIES FOR COMMUNITY MEMBERS TO GET INSIDE ACHIEVEMPLS CAREER & COLLEGE CENTERS AND SEE THIS WORK IN ACTION. PARTICIPANTS MEET WITH PROFESSIONAL STAFF, HEAR FROM STUDENTS WHO UTILIZE THESE CAREER AND COLLEGE PLANNING SERVICES, AND LEARN HOW THEY CAN SUPPORT STUDENTS AS VOLUNTEERS, STEP UP EMPLOYERS, DONORS AND COMMUNITY PARTNERS.

PART XI, LINE 9

DURING THE YEAR THE ORGANIZATION MADE CERTAIN ADJUSTMENTS TO RESTATE THE 2018 FINANCIAL STATEMENTS TO PROPERLY RECORD CONTRIBUTIONS RECEIVABLE IN THE YEAR THE PROMISE TO GIVE WAS RECEIVED AND TO PROPERLY CLASSIFY CERTAIN CONTRIBUTIONS WITH DONOR RESTRICTIONS AND RELATED NET ASSETS RELEASED FROM RESTRICTIONS, AS WELL AS, RECORD THE RELEASE IN THE YEAR THE DONOR RESTRICTION WAS SATISFIED. THE ADJUSTMENTS RESULTED IN A \$127,336 CHANGE TO NET ASSETS.

PART VI, SECTION A, LINE 1

THE EXECUTIVE COMMITTEE IS COMPOSED OF THE BOARD CHAIR, VICE CHAIR AND

Name of the organization ACHIEVE! MINNEAPOLIS	Employer identification number 41-1425264
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TREASURER, ALONG WITH THE HEADS OF ALL STANDING COMMITTEES. THE EXECUTIVE COMMITTEE MEETS IN THE MONTHS THAT THE BOARD OF DIRECTORS DOES NOT MEET. THE EXECUTIVE COMMITTEE SETS THE AGENDA FOR THE BOARD MEETINGS, SUPERVISES THE CEO AND PERFORMS ANY OTHER DUTIES ASSIGNED BY THE BOARD OF DIRECTORS.

PART VI, SECTION B, LINE 11B

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND IS FIRST REVIEWED BY THE DIRECTOR OF FINANCE. THE DIRECTOR OF FINANCE THEN EMAILS A COPY OF THE COMPLETE FORM 990 TO THE FINANCE COMMITTEE FOR THEIR REVIEW AND APPROVAL. ALTHOUGH THE FINANCE COMMITTEE IS EMPOWERED BY THE BOARD OF DIRECTORS TO APPROVE THE FORM 990, THE FINANCE COMMITTEE REVIEWED THE 990 AND THEN RECOMMENDED THE BOARD APPROVE THE 990 AT ITS MEETING IN ADVANCE OF FILING. A COPY OF THE FORM 990, EXCLUDING SCHEDULE B (THE SCHEDULE OF CONTRIBUTORS), WHICH IS OMITTED FOR THE PRIVACY OF OUR CONTRIBUTORS, WAS SENT TO ALL BOARD MEMBERS IN ADVANCE OF THE BOARD MEETING. HOWEVER, BOARD MEMBERS CAN REQUEST A COPY OF SCHEDULE B TO REVIEW.

PART VI, SECTION B, LINE 12C

A "CONFLICT" EXISTS WHEN A DIRECTOR, OFFICER, COMMITTEE MEMBER OR KEY EMPLOYEE OR A MEMBER OF THEIR IMMEDIATE FAMILY HAS A MATERIAL FINANCIAL INTEREST OR OTHER PROFESSIONAL OR PERSONAL RELATIONSHIP WHICH MAY MAKE IT DIFFICULT TO EXERCISE INDEPENDENT JUDGMENT IN THE BOARD'S BEST INTEREST. IMMEDIATE FAMILY INCLUDES A SPOUSE, PARENT, CHILD, SPOUSE OF A CHILD, BROTHER, SISTER OR SPOUSE OF A BROTHER OR SISTER. ANY DIRECTOR, OFFICER, COMMITTEE MEMBER OR KEY EMPLOYEE SHALL IMMEDIATELY DISCLOSE A CONFLICT TO

Name of the organization ACHIEVE! MINNEAPOLIS	Employer identification number 41-1425264
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THE BOARD OR RELEVANT COMMITTEE AS SOON AS IT BECOMES APPARENT TO THE INVOLVED INDIVIDUAL THAT SUCH A CONFLICT EXISTS ON A MATTER UNDER BOARD OR COMMITTEE CONSIDERATION. EACH FINANCIAL INTEREST SHALL BE FULLY DISCLOSED OR KNOWN TO THE BOARD OR COMMITTEE PRIOR TO ANY ACTION ON THE RELEVANT CONTRACT OR TRANSACTION. THIS DISCLOSURE SHALL BE MADE ORALLY AND SHALL BE FOLLOWED UP BY A DISCLOSURE IN WRITING WITHIN TEN (10) BUSINESS DAYS. THE BOARD OR COMMITTEE SHALL EXCLUDE ANY PERSON DISCLOSING A FINANCIAL INTEREST FROM DISCUSSION ON THE ISSUE INVOLVING THAT CONFLICT AND SUCH INTERESTED PARTIES SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM. TO APPROVE ANY TRANSACTION INVOLVING A CONFLICT, THE BOARD OR COMMITTEE SHALL DETERMINE BY MAJORITY VOTE (NOT COUNTING ANY VOTE AN INTERESTED PARTY MAY OTHERWISE HAVE), THAT THE CONTRACT, TRANSACTION OR RELATIONSHIP INVOLVING THE CONFLICT IS IN THE BOARD'S BEST INTERESTS AND IS FAIR AND REASONABLE. THE MINUTES OF MEETINGS SHALL INDICATE THE INDIVIDUAL DISCLOSING ANY CONFLICTS AND THE NATURE OF SUCH CONFLICTS, THE PERSONS PRESENT, THE DISCUSSION AND BASIS FOR THE DECISION MADE, AND A RECORD OF THE VOTE TAKEN.

PART VI, SECTION B, LINE 15A

THE PROCESS OF DETERMINING THE COMPENSATION OF THE PRESIDENT AND CEO DANIELLE GRANT INCLUDES A REVIEW AND APPROVAL BY THE EXECUTIVE COMMITTEE IN AN EXECUTIVE SESSION. THE PROCESS INCLUDES A REVIEW OF THE MINNESOTA COUNCIL OF NONPROFITS' SURVEY FOR COMPENSATION TO ASSESS WHETHER THE SALARIES ARE COMPARABLE. THE PRESIDENT AND CEO MAKES ALL COMPENSATION DECISIONS FOR OTHER OFFICERS AND STAFF. FOR OTHER OFFICERS AND STAFF, AN ANNUAL PERFORMANCE REVIEW SYSTEM IS USED TO DETERMINE THE COMPENSATION.

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BEFORE BEGINNING THE HIRING PROCESS FOR THE NEW DIRECTOR OF FINANCE, AN EVALUATION OF COMPENSATION FOR FINANCE DIRECTORS WAS CONDUCTED BY REVIEWING THE 2014 MINNESOTA COUNCIL OF NONPROFITS SALARY AND BENEFITS SURVEY.

PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

<u>ATTACHMENT 1</u>			
<u>FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES</u>			
<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
VOLUNTEER PROGRAMS	0.	0.	0.
TOTALS	<u>0.</u>	<u>0.</u>	<u>0.</u>