

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2017

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A** For the **2017** calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 2018

<b>B</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	<b>C</b> Name of organization ACHIEVE! MINNEAPOLIS Doing Business As				<b>D</b> Employer identification number 41-1425264		
	Number and street (or P.O. box if mail is not delivered to street address) 2829 UNIVERSITY AVE SE		Room/suite 850		<b>E</b> Telephone number (612) 455-1530		
	City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55414						
	<b>F</b> Name and address of principal officer: DANIELLE GRANT 2829 UNIVERSITY AVE SE #850 MINNEAPOLIS, MN 55414						
<b>I</b> 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		<b>G</b> Gross receipts \$ 3,729,067.				<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>J</b> Website: WWW.ACHIEVEMPLS.ORG						<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				<b>L</b> Year of formation: 2002		<b>M</b> State of legal domicile: MN	

## Part I Summary

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	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	30.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29.
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	77.
	6	Total number of volunteers (estimate if necessary)	6	809.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	8	Contributions and grants (Part VIII, line 1h)	7,248,125.	2,330,658.
	9	Program service revenue (Part VIII, line 2g)	1,255,091.	1,276,315.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,327.	16,955.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-16,164.	-30,676.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,496,379.	3,593,252.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,051,042.	1,758,893.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,507,729.	2,709,616.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 106,772.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	759,014.	727,703.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,317,785.	5,196,212.
19	Revenue less expenses. Subtract line 18 from line 12	3,178,594.	-1,602,960.	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	20	Total assets (Part X, line 16)	9,561,639.	7,971,738.
	21	Total liabilities (Part X, line 26)	690,616.	621,954.
22	Net assets or fund balances. Subtract line 21 from line 20	8,871,023.	7,349,784.	

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## 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.

<b>Sign Here</b>	▶ Signature of officer	12/15/2018
	▶ DANIELLE GRANT Type or print name and title	PRESIDENT & CEO Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CHARLES SELCER CPA	CHARLES SELCER CPA	12/12/2018		P00437250
	Firm's name ▶ SCHECHTER DOKKEN KANTER	Firm's EIN ▶		Phone no. 612-332-5500	

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** (2017)

**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 \$ 2,197,610. including grants of \$ 1,143. ) (Revenue \$ )  
CAREER AND COLLEGE CENTERS - SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ 2,178,706. including grants of \$ 1,757,750. ) (Revenue \$ )  
MINNEAPOLIS PUBLIC SCHOOLS - SEE SCHEDULE O

**4c** (Code: ) (Expenses \$ 168,310. including grants of \$ ) (Revenue \$ )  
STEP-UP ACHIEVE - SEE SCHEDULE O

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

**4e** Total program service expenses ▶ 4,544,626.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> 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	
<b>23</b> 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	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes sub-questions for various IRS forms and organizational requirements.

**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**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. <b>1a</b> 30		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 29		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed  MN,
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
SHETU ROSE 2829 UNIVERSITY AVE SE, #850 MINNEAPOLIS, MN 55414      612-455-1556

**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) KRISSI CARLSON DIRECTOR	1.00 0.	X						0.	0.	0.
(3) SCOTT CUMMINGS DIRECTOR	1.00 0.	X						0.	0.	0.
(4) HON. MARTHA DIMICK DIRECTOR	1.00 0.	X						0.	0.	0.
(5) JACOB FREY EX-OFFICIO	1.00 0.	X						0.	0.	0.
(6) ART GARDNER, JR. DIRECTOR	1.00 0.	X						0.	0.	0.
(7) ED GRAFF EX-OFFICIO	1.00 0.	X						0.	0.	0.
(8) DANIELLE GRANT PRESIDENT & CEO	40.00 0.	X		X				146,217.	0.	8,349.
(9) NICK HARA DIRECTOR	1.00 0.	X						0.	0.	0.
(10) TOM HOLMAN CHAIR	5.00 0.	X		X				0.	0.	0.
(11) ANIL HURKADLI DIRECTOR	1.00 0.	X						0.	0.	0.
(12) NELSON INZ EX-OFFICIO	1.00 0.	X						0.	0.	0.
(13) VELMA KORBEL DIRECTOR	1.00 0.	X						0.	0.	0.
(14) STEVE LISS DIRECTOR	1.00 0.	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) HILARY MARDEN-RESNIK VICE CHAIR	3.00 0.	X		X				0.	0.	0.
16) JENNIFER MELIN MILLER DIRECTOR	1.00 0.	X						0.	0.	0.
17) MARK MURPHY DIRECTOR	1.00 0.	X						0.	0.	0.
18) DR. ABDUL OMARI DIRECTOR	1.00 0.	X						0.	0.	0.
19) BRAD PEDERSON DIRECTOR	1.00 0.	X						0.	0.	0.
20) RICH RENIKOFF DIRECTOR	1.00 0.	X						0.	0.	0.
21) DARA RUDICK DIRECTOR	1.00 0.	X						0.	0.	0.
22) JEFF SAVAGE DIRECTOR	1.00 0.	X						0.	0.	0.
23) CHRISTOPHER T. SHAHEEN DIRECTOR	1.00 0.	X						0.	0.	0.
24) JOHN STANOCH DIRECTOR	1.00 0.	X						0.	0.	0.
25) ELIZABETH STEVENS DIRECTOR	1.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>								146,217.	0.	8,349.
<b>c Total from continuation sheets to Part VII, Section A</b>								68,025.	0.	8,846.
<b>d Total (add lines 1b and 1c)</b>								214,242.	0.	17,195.

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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	
<b>5</b> 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) DANIELLE ST. GERMAIN-GORDON DIRECTOR	1.00 0.	X					0.	0.	0.	
( 27) MILES SWAMMI TREASURER	3.00 0.	X		X			0.	0.	0.	
( 28) REUBEN THOMPSON-AMARTEIFIO DIRECTOR	1.00 0.	X					0.	0.	0.	
( 29) MARIE UHRICH DIRECTOR	1.00 0.	X					0.	0.	0.	
( 30) MAT WATSON DIRECTOR	1.00 0.	X					0.	0.	0.	
( 31) SHETU ROSE DIRECTOR OF FINANCE	40.00 0.			X			68,025.	0.	8,846.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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	
<b>5</b> 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. X

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	7,009.					
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	144,160.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	2,179,489.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		31,525.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			2,330,658.				
	<b>Program Service Revenue</b>	<b>2a</b> CONTRACT INCOME	<b>Business Code</b>	900099	1,235,574.	1,235,574.		
<b>b</b> EARNED INCOME			900099	40,741.	40,741.			
<b>c</b> _____								
<b>d</b> _____								
<b>e</b> _____								
<b>f</b> All other program service revenue . . . . .								
<b>g Total.</b> Add lines 2a-2f . . . . .				1,276,315.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .			16,955.			16,955.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0.				
	<b>5</b> Royalties . . . . .			0.				
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .							
	<b>d</b> Net rental income or (loss) . . . . .				0.			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	70,000.				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		70,000.				
	<b>c</b> Gain or (loss) . . . . .							
	<b>d</b> Net gain or (loss) . . . . .				0.			
	<b>8a</b> Gross income from fundraising events (not including \$ 144,160. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	ATCH 2	7,315.				
		<b>b</b> Less: direct expenses . . . . .		65,815.				
		<b>c</b> Net income or (loss) from fundraising events. . . . .	ATCH 3		-58,500.			-58,500.
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>							
	<b>b</b> Less: direct expenses . . . . .							
	<b>c</b> Net income or (loss) from gaming activities. . . . .			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
	<b>b</b> Less: cost of goods sold . . . . .							
	<b>c</b> Net income or (loss) from sales of inventory. . . . .			0.				
Miscellaneous Revenue		<b>Business Code</b>						
<b>11a</b> MISCELLANEOUS REVENUE		900099	27,824.	27,824.				
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			27,824.					
<b>12 Total revenue.</b> See instructions. . . . .			3,593,252.	1,304,139.			-41,545.	

**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 . . . . .	1,520,261.	1,520,261.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	238,632.	238,632.		
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 . . . . .	240,746.	108,336.	132,410.	
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 . . . . .	2,079,549.	1,862,665.	158,473.	58,411.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	46,272.	39,586.	6,153.	533.
9 Other employee benefits . . . . .	166,104.	140,069.	19,473.	6,562.
10 Payroll taxes . . . . .	176,945.	150,202.	22,291.	4,452.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	0.			
c Accounting . . . . .	17,375.		17,375.	
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.) . . . . .	110,632.	108,246.	2,386.	
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	41,460.	11,384.	19,479.	10,597.
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	45,007.		45,007.	
17 Travel . . . . .	9,808.	6,822.	2,745.	241.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	73,421.	59,903.	10,145.	3,373.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	39,616.	29,113.	7,900.	2,603.
23 Insurance . . . . .	12,620.		12,620.	
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	229,426.	229,426.		
b EQUIPMENT & MAINTENANCE	69,469.	3,206.	48,522.	17,741.
c PUBLIC RELATIONS & OUTREACH	19,250.	4,170.	14,592.	488.
d TRAINING	14,614.	8,398.	5,733.	483.
e All other expenses	45,005.	24,207.	19,510.	1,288.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>5,196,212.</b>	<b>4,544,626.</b>	<b>544,814.</b>	<b>106,772.</b>
<b>26 Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	0.	<b>1</b>	0.
	<b>2</b> Savings and temporary cash investments . . . . .	5,261,181.	<b>2</b>	5,118,518.
	<b>3</b> Pledges and grants receivable, net . . . . .	2,915,187.	<b>3</b>	1,357,540.
	<b>4</b> Accounts receivable, net . . . . .	251,612.	<b>4</b>	353,668.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> 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.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	25,453.	<b>9</b>	3,467.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 316,577.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 228,011.	68,039.	<b>10c</b> 88,566.
	<b>11</b> Investments - publicly traded securities . . . . .	0.	<b>11</b>	0.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	1,040,167.	<b>12</b>	1,041,782.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>15</b>	8,197.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	9,561,639.	<b>16</b>	7,971,738.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	518,949.	<b>17</b>	372,607.
	<b>18</b> Grants payable . . . . .	167,047.	<b>18</b>	249,347.
	<b>19</b> Deferred revenue . . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> 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.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> 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 . . . . .	4,620.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	690,616.	<b>26</b>	621,954.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	1,365,956.	<b>27</b>	2,240,594.
	<b>28</b> Temporarily restricted net assets . . . . .	7,505,067.	<b>28</b>	5,109,190.
	<b>29</b> Permanently restricted net assets . . . . .	0.	<b>29</b>	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	8,871,023.	<b>33</b>	7,349,784.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	9,561,639.	<b>34</b>	7,971,738.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,593,252.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,196,212.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,602,960.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	8,871,023.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	81,721.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	7,349,784.

**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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

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)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2017

JSA  
7E1210 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	6,115,017.	2,947,882.	2,285,900.	7,248,125.	2,271,394.	20,868,318.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	6,115,017.	2,947,882.	2,285,900.	7,248,125.	2,271,394.	20,868,318.
<b>5</b> 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). . . . .						8,072,108.
<b>6 Public support.</b> Subtract line 5 from line 4						12,796,210.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4. . . . .	6,115,017.	2,947,882.	2,285,900.	7,248,125.	2,271,394.	20,868,318.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	10,273.	10,476.	8,976.	9,327.	16,955.	56,007.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	29,303.	37,925.	22,442.	20,754.	27,824.	138,248.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						21,062,573.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	60.75%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	<b>15</b>	57.64%
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> 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>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>	<b>1</b>	
<b>2</b> 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>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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>	<b>2</b>	
<b>3</b> 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>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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>	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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>	<b>3a</b>		
<b>b</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>	<b>3b</b>		

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2017

**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 <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013 . . . . .			
<b>c</b> From 2014 . . . . .			
<b>d</b> From 2015 . . . . .			
<b>e</b> From 2016 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7:			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
<b>a</b> Excess from 2013 . . . . .			
<b>b</b> Excess from 2014 . . . . .			
<b>c</b> Excess from 2015 . . . . .			
<b>d</b> Excess from 2016 . . . . .			
<b>e</b> Excess from 2017 . . . . .			

**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	2013	2014	2015	2016	2017	TOTAL
MISCELLANEOUS INCOME	29,303.	37,925.	22,442.	20,754.	27,824.	138,248.
<b>TOTALS</b>	<u>29,303.</u>	<u>37,925.</u>	<u>22,442.</u>	<u>20,754.</u>	<u>27,824.</u>	<u>138,248.</u>

**Schedule of Contributors**

**2017**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://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, 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		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 54,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 58,899.	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		\$ 50,206.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 92,060.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 50,000.	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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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	
_____ _____		_____ _____	
(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	
_____ _____		_____ _____	
(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	
_____ _____		_____ _____	
(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	
_____ _____		_____ _____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

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

Employer identification number

ACHIEVE! MINNEAPOLIS

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2017

JSA 7E1268 2.000

**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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  \_\_\_\_\_ %
  - c** Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> unrelated organizations  | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" 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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		46,216.	13,480.	32,736.
<b>d</b> Equipment		266,034.	210,896.	55,138.
<b>e</b> Other		4,327.	3,635.	692.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				88,566.

**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	1,041,782.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,041,782.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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



**Part 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 &amp; PART XII, LINE 2D

FUNDRAISING EVENT EXPENSES IN THE AMOUNT OF \$4,243 REPORTED IN PART VIII, LINE 8B INSTEAD OF IN THE FUNCTIONAL EXPENSES AS PER THE FINANCIAL STATEMENTS.



**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
		EDUC. LUNCHEON (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	151,475.			151,475.
	<b>2</b> Less: Contributions . . . . .	144,160.			144,160.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	7,315.			7,315.
Direct Expenses	<b>4</b> Cash prizes . . . . .	90.			90.
	<b>5</b> Noncash prizes . . . . .	4,500.			4,500.
	<b>6</b> Rent/facility costs . . . . .	6,994.			6,994.
	<b>7</b> Food and beverages . . . . .	35,485.			35,485.
	<b>8</b> Entertainment . . . . .	10,415.			10,415.
	<b>9</b> Other direct expenses . . . . .	8,331.			8,331.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				65,815.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-58,500.

**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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> 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

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for the latest information.

Name of the organization

ACHIEVE! MINNEAPOLIS

Employer identification number

41-1425264

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" 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	ORGANIZATION	1,520,261.		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) (2017)

**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	10.	6,528.		N/A	N/A
2 SCHOLARSHIPS	13.	136,867.		N/A	N/A
3 CLASSROOM GRANTS	43.	95,237.		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 J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

ACHIEVE! MINNEAPOLIS

Employer identification number

41-1425264

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DANIELLE GRANT 1 PRESIDENT & CEO	(i)	134,500.	11,717.	0.	0.	8,349.	154,566.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

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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](http://www.irs.gov/Form990) for 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.	31,525.	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) (2017)

JSA

7E1298 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2017**

**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), WE RALLY COMMUNITY SUPPORT TO INSPIRE AND EQUIP MINNEAPOLIS 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 MPS PREPARES STUDENTS ACADEMICALLY, ACHIEVEMPLS HELPS ENSURE THAT ALL STUDENTS GRADUATE WITH THE RESOURCES, SUPPORT AND CONFIDENCE THEY NEED TO ACHIEVE THEIR CAREER AND POSTSECONDARY DREAMS AND KEEP OUR CITY STRONG AND VIBRANT.

MINNEAPOLIS HAS ONE OF THE COUNTRY'S WIDEST RACIAL EDUCATION, EMPLOYMENT AND WAGE GAPS, AND BY 2020, 74% OF ALL JOBS IN OUR STATE WILL REQUIRE SOME FORM OF POSTSECONDARY EDUCATION. AT THE SAME TIME, LOCAL COMPANIES ARE FACING A GROWING WORKER SHORTAGE, WITH AN ESTIMATED 500,000 JOBS GOING UNFILLED IN THE COMING DECADE.

IN THIS TIME OF TREMENDOUS CHALLENGE AND OPPORTUNITY, ACHIEVEMPLS IS WORKING HARD TO CLOSE THESE GAPS BY CONNECTING MINNEAPOLIS YOUTH WITH COMMUNITY EMPLOYERS AND POSTSECONDARY TRAINING OPPORTUNITIES, AND BY PROVIDING ONE-ON-ONE CAREER AND COLLEGE PLANNING TOOLS AND GUIDANCE THROUGH OUR CAREER & COLLEGE CENTERS IN ELEVEN MPS HIGH SCHOOLS; WORK READINESS TRAINING, PAID INTERNSHIPS AND PROFESSIONAL CONNECTIONS THROUGH

Name of the organization ACHIEVE! MINNEAPOLIS	Employer identification number 41-1425264
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OUR STEP-UP ACHIEVE YOUTH EMPLOYMENT PROGRAM (PART OF THE CITY OF MINNEAPOLIS STEP-UP PROGRAM); AND A WIDE VOLUNTEER NETWORK OF CARING ADULT PROFESSIONALS AND MENTORS WHO SERVE AS GRADUATION COACHES, CAREER EVENT PRESENTERS, MOCK INTERVIEWERS AND STEP UP TRAINERS.

PART III, LINE 4A

CAREER AND COLLEGE CENTERS (CCCS): AT THE CORE OF OUR CAREER AND COLLEGE READINESS ARE ACHIEVEMPLS CAREER & COLLEGE CENTERS (CCCS), WHICH EMPOWER MPS STUDENTS TO MAKE THEIR CAREER AND POSTSECONDARY DREAMS COME TRUE. LOCATED IN ELEVEN MPS HIGH SCHOOLS, OUR CCCS ARE HUBS FOR POSTSECONDARY PLANNING AND ARE OPEN TO ALL 9,000 MPS HIGH SCHOOL STUDENTS. WE PROVIDE FREE, INDIVIDUALIZED SUPPORT TO OVER 3,500 STUDENTS EACH YEAR, PARTICULARLY STUDENTS FROM LOWER-INCOME FAMILIES AND STUDENTS OF COLOR.

OUR CCCS OFFER THE PERSONAL ATTENTION AND STRATEGIC ADVISING THAT ALL STUDENTS NEED TO CREATE A PLAN FOR CAREER SUCCESS AFTER GRADUATION, WHETHER THAT MEANS COLLEGE, TECHNICAL TRAINING, APPRENTICESHIPS OR OTHER OPPORTUNITIES. OUR CCC RESOURCES INCLUDE:

- POSTSECONDARY SCHOOL FAIRS, CAMPUS TOURS AND RECRUITER VISITS
- CAREER EXPLORATION EVENTS, INCLUDING WORKSITE TOURS AND NETWORKING WITH LOCAL PROFESSIONALS
- ACT, SAT AND ACCUPLACER TEST PREPARATION
- POSTSECONDARY APPLICATION ASSISTANCE
- FAFSA, MINNESOTA DREAM ACT, FINANCIAL AID AND SCHOLARSHIP ASSISTANCE
- RESUME WRITING, JOB INTERVIEW AND OTHER 21ST CENTURY SKILLS WORKSHOPS

Name of the organization ACHIEVE! MINNEAPOLIS	Employer identification number 41-1425264
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WE PROACTIVELY ENGAGE UNDERREPRESENTED STUDENTS AND STRIVE TO ENSURE THAT ALL STUDENTS COMPLETE CRITICAL MILESTONES FOR FUTURE SUCCESS. FOR MOST YOUTH, THIS MEANS TAKING THE ACT, COMPLETING THE FAFSA OR MINNESOTA DREAM ACT (FOR UNDOCUMENTED IMMIGRANTS), APPLYING FOR ENROLLMENT AT POSTSECONDARY EDUCATION INSTITUTIONS AND SECURING FINANCIAL AID. FOR OTHERS, THIS CAN BE APPLYING FOR AN INTERNSHIP, SECURING A FULL-TIME JOB, ENTERING AN APPRENTICESHIP OR PURSUING OTHER OPPORTUNITIES.

IN THE 2017-2018 ACADEMIC YEAR:

- 4,480 INDIVIDUAL STUDENTS, 49% OF ALL MPS HIGH SCHOOL STUDENTS, MADE 14,021 VISITS TO OUR CCCS.
- 92% OF HIGH SCHOOL SENIORS VISITED A CCC AT LEAST ONCE TO SEEK INDIVIDUAL HELP.
- 79% OF SENIORS WHO VISITED THEIR CCC COMPLETED A COLLEGE APPLICATION, COMPARED TO 63% OF SENIORS WHO DID NOT VISIT THEIR CCC.
- NEARLY TWO OUT OF THREE STUDENTS WHO ACCESSED ONE-ON-ONE ADVISING WERE LOW-INCOME YOUTH.
- 72% OF STUDENTS WHO WORKED WITH OUR CCC STAFF WERE STUDENTS OF COLOR.

OUR CCC COORDINATORS ALSO TRACK SEVERAL KEY INDICATORS ON POSTSECONDARY PLANNING AND PERSONALLY FOLLOW UP WITH EVERY SENIOR TO ENSURE THEY HAVE A POST-GRADUATION PLAN. IN THE 2016-2017 ACADEMIC YEAR:

Name of the organization ACHIEVE! MINNEAPOLIS	Employer identification number 41-1425264
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- OF GRADUATING SENIORS, 96% APPLIED TO A POSTSECONDARY SCHOOL OR REPORTED HAVING A PLAN FOR LIFE AFTER GRADUATION.

- ACCORDING TO THE FEDERAL FAFSA DATABASE, 1,127 STUDENTS COMPLETED A FAFSA IN A SCHOOL SERVED BY OUR CCCS.

- 62% OF SENIORS REPORTED COMPLETING A FAFSA OR A MINNESOTA DREAM ACT APPLICATION.

WE ALSO COMPLETED YEAR TWO OF OUR NEW CAREER READINESS INITIATIVE (CRI) PILOT THROUGH OUR CAREER & COLLEGE CENTERS. CRI PROVIDES INDIVIDUALIZED AND EXPERIENTIAL CAREER EXPOSURE TO HELP STUDENTS MAKE BETTER-INFORMED DECISIONS ABOUT THEIR POSTSECONDARY PLANS AND EXPLORE A MUCH WIDER VARIETY OF CAREER AND POSTSECONDARY OPPORTUNITIES. ALTHOUGH CRI WAS PILOTED AT ONLY TWO OF OUR CCC SITES (ROOSEVELT AND EDISON HIGH SCHOOLS), OUR STAFF SUPPORTED CAREER EXPOSURE ACTIVITIES IN ALL 11 SCHOOLS WHERE OUR CCCS ARE LOCATED.

AT OUR ROOSEVELT AND EDISON CRI PILOT SCHOOLS, 1,743 UNIQUE STUDENTS (92% OF THE TOTAL 1,886 POPULATION) LOGGED 5,608 VISITS TO THE CCCS FOR AN AVERAGE OF 3.2 INTERACTIONS PER STUDENT. THIS INCLUDES ALL CCC SERVICES RENDERED, INCLUDING ASSISTING YOUTH WITH COLLEGE-SPECIFIC COUNSELING. DRILLING DOWN FURTHER, 1,140 OF THESE STUDENTS RECEIVED CAREER ACCESS AND EXPLORATION-SPECIFIC SERVICES FROM OUR CRI STAFF. IN OTHER WORDS, 65% OF ALL STUDENTS SERVED BY THE CCCS AT EDISON AND ROOSEVELT RECEIVED ASSISTANCE WITH CAREER PLANNING ACTIVITIES.

Name of the organization ACHIEVE! MINNEAPOLIS	Employer identification number 41-1425264
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THROUGH CRI, WE HAVE MADE SIGNIFICANT PROGRESS IN DELIVERING AND REFINING DIRECT SERVICES, BUILDING RELATIONSHIPS, AND DEVELOPING DISTRICT-WIDE REPLICABLE PRACTICES TO CONNECT MPS STUDENTS TO A WIDER RANGE OF CAREER OPPORTUNITIES THAT WILL HELP THEM ACCESS FAMILY-SUPPORTING, HIGH-DEMAND, HIGH-GROWTH CAREERS MORE QUICKLY AFTER HIGH SCHOOL.

PART III, LINE 4B

MINNEAPOLIS PUBLIC SCHOOLS PARTNERSHIP: AS PART OF OUR HISTORIC RELATIONSHIP WITH MINNEAPOLIS PUBLIC SCHOOLS (MPS), WHICH STRETCHES BACK TO OUR FOUNDING IN 2002, ACHIEVEMPLS PROVIDES CAREER AND COLLEGE READINESS PROGRAMS IN 11 MPS HIGH SCHOOLS, AND ALSO SUPPORTS THE DISTRICT BY RAISING MILLIONS IN CORPORATE AND FOUNDATION SUPPORT FOR KEY MPS PRIORITIES AND MANAGING OVER 130 MPS SCHOOL AND DEPARTMENT FUNDS, COLLEGE SCHOLARSHIPS AND MINI-GRANTS FOR MPS STAFF AND CLASSROOMS.

IN PARTNERSHIP WITH MPS LEADERSHIP, WE PURSUE MAJOR GRANT SUPPORT FOR SUCH PRIORITIES AS STEM (SCIENCE, TECHNOLOGY, ENGINEERING AND MATH) EDUCATION, AVID (ADVANCEMENT VIA INDIVIDUAL DETERMINATION), COLLEGE AND CAREER READINESS PROGRAMS, AND HUMAN CAPITAL DEVELOPMENT PROGRAMS.

IN ADDITION TO THIS FUNDRAISING WORK, IN 2017-18 ACHIEVEMPLS:

- PROCESSED OVER \$1.2 MILLION IN CONTRIBUTIONS TO MPS SCHOOL AND DEPARTMENT FUNDS, AND DISTRIBUTED OVER \$1.6 MILLION TO SUPPORT ACTIVITIES RANGING FROM CLASSROOM SUPPLIES AND SCHOOL EQUIPMENT TO GUEST ARTISTS AND THEATER FIELD TRIPS

Name of the organization ACHIEVE! MINNEAPOLIS	Employer identification number 41-1425264
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- ADMINISTERED OVER 92 COLLEGE SCHOLARSHIP AWARDS FOR MPS SENIORS AND RECENT GRADUATES THAT WERE WORTH OVER \$171,000

- AWARDED OVER \$91,000 IN GRANTS FOR MPS CLASSROOMS, FIELD TRIP GRANTS AND PROFESSIONAL DEVELOPMENT FOR MPS TEACHERS

EACH YEAR ACHIEVEMPLS ALSO PARTNERS WITH MPS ON OUR ANNUAL PRINCIPAL PARTNER DAY, AN INVITATION ONLY EVENT THAT STRATEGICALLY MATCHES 30 TWIN CITIES BUSINESS AND CIVIC LEADERS WITH MPS PRINCIPALS FOR A HALF DAY SHADOWING EXPERIENCE. PARTICIPANTS GET A BEHIND-THE-SCENES VIEW OF A MPS SCHOOL, ENGAGE IN IN-DEPTH CONVERSATIONS WITH THEIR PRINCIPAL, LEARN ABOUT DAILY CHALLENGES FACING SCHOOL LEADERS, MEET MPS STAFF AND STUDENTS AND SHARE THEIR FEEDBACK AND STRATEGIES WITH PRINCIPALS AND OTHER PARTICIPANTS.

PART III, LINE 4C

STEP-UP ACHIEVE YOUTH EMPLOYMENT PROGRAM: EACH YEAR, STEP-UP ACHIEVE, DIRECTED BY ACHIEVEMPLS AND PART OF THE CITY OF MINNEAPOLIS STEP-UP PROGRAM, PLACES OVER 700 DIVERSE AND TALENTED MINNEAPOLIS YOUNG PEOPLE (AGES 16-21) IN PAID PROFESSIONAL INTERNSHIPS WITH APPROXIMATELY 140 TOP MINNEAPOLIS-ST. PAUL EMPLOYERS, FROM FORTUNE 500 COMPANIES TO SMALL BUSINESSES, PUBLIC AGENCIES AND NONPROFITS. ONE OF THE COUNTRY'S LEADING YOUTH EMPLOYMENT PROGRAMS, STEP-UP ACHIEVE IS PREPARING TOMORROW'S WORKFORCE TODAY THROUGH WORK READINESS TRAINING CERTIFIED BY THE MINNEAPOLIS REGIONAL CHAMBER OF COMMERCE, CAREER-ORIENTED INTERNSHIPS AND INDUSTRY-FOCUSED CERTIFICATIONS.

Name of the organization ACHIEVE! MINNEAPOLIS	Employer identification number 41-1425264
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STEP-UP ACHIEVE SERVES YOUTH WHO FACE SOME OF THE GREATEST BARRIERS TO EMPLOYMENT, PARTICULARLY YOUTH FROM LOW INCOME FAMILIES, YOUTH OF COLOR, YOUTH FROM IMMIGRANT FAMILIES AND YOUTH WITH DISABILITIES. IT ALSO HELPS ORGANIZATIONS IDENTIFY AND NURTURE YOUNG TALENT FOR THEIR INDUSTRIES, PROVIDES YOUTHFUL ENERGY AND TECH SAVVY IN THE WORKPLACE AND OFFERS OPPORTUNITIES FOR EMPLOYEES TO GAIN VALUABLE SUPERVISORY AND MENTORING EXPERIENCE. STEP-UP ACHIEVE HAS PROVIDED OVER 8,700 INTERNSHIP OPPORTUNITIES SINCE 2003, YIELDING TREMENDOUS BENEFITS FOR YOUNG PEOPLE, BUSINESSES AND OUR REGIONAL ECONOMY.

IN 2017-2018:

- STEP-UP ACHIEVE PARTNERED WITH NEARLY 150 TWIN CITIES COMPANIES, NONPROFITS AND PUBLIC AGENCIES TO PROVIDE 756 PAID SUMMER AND SCHOOL YEAR INTERNSHIPS IN 15 INDUSTRIES.
- INTERNS EARNED A COMBINED \$1.9 MILLION IN WAGES AT THEIR WORK SITES.
- ACHIEVEMPLS PROVIDED WORK-READINESS TRAINING FOR 1,870 LOW-INCOME YOUTH FROM STEP-UP ACHIEVE AND STEP-UP DISCOVER (THE CITY OF MINNEAPOLIS-LED STEP-UP COMPONENT FOR YOUNGER STUDENTS).
- 90% OF STEP-UP ACHIEVE INTERNS CAME FROM LOW-INCOME FAMILIES, 88% WERE YOUTH OF COLOR, 83% WERE POTENTIALLY FIRST-GENERATION COLLEGE STUDENTS, AND 56% WERE FIRST OR SECOND GENERATION IMMIGRANTS.
- 95% OF INTERNS WHO PARTICIPATED IN OUR YEAR-END SURVEY SAID THEIR INTERNSHIP WAS A VALUABLE LEARNING EXPERIENCE; 97% SAID STEP-UP ACHIEVE PREPARED THEM TO BECOME VALUABLE CONTRIBUTORS TO THE FUTURE WORKFORCE.

Name of the organization ACHIEVE! MINNEAPOLIS	Employer identification number 41-1425264
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- 82% OF STEP-UP ACHIEVE SUPERVISORS SURVEYED SAID THE PROGRAM WAS A SUCCESS AT THEIR ORGANIZATION; 74% SAID IF THEY HAD A JOB OPENING THEY WOULD CONSIDER HIRING THEIR INTERN AS AN EMPLOYEE; 87% SAID THEIR INTERN MADE A VALUABLE CONTRIBUTION TO THE WORKPLACE.

STEP-UP ACHIEVE ALSO COLLABORATES WITH DOZENS OF CORPORATE, GOVERNMENT AND HIGHER EDUCATION PARTNERS ACROSS THE TWIN CITIES FOR OUR STEP-UP ACHIEVE CAREER PIPELINES, WHICH PROVIDE FOCUSED CAREER EXPOSURE RESOURCES AND OPPORTUNITIES FOR INTERNS. EMPLOYERS AND EXPERTS IN STEM, HEALTHCARE, DESIGN, AND FINANCIAL SERVICES PARTNER TO DEVELOP SECTOR-SPECIFIC TRAININGS, NETWORKING EVENTS AND INDUSTRY-RECOGNIZED CREDENTIALS FOR MINNEAPOLIS YOUTH.

IN 2017-2018 OUR STEP-UP ACHIEVE CAREER PIPELINE ACTIVITIES INCLUDED:

- DESIGN PIPELINE: OUR ANNUAL CREATIVE CRASH COURSE EVENT CONNECTED STEP-UP ACHIEVE INTERNS WHO ARE INTERESTED IN DESIGN CAREERS WITH TWIN CITIES INDUSTRY LEADERS. HOSTED BY COCO MINNEAPOLIS, 34 INTERNS JOINED OVER 20 PROFESSIONAL TRAINERS AND VOLUNTEERS FROM LOCAL DESIGN AND ARCHITECTURE FIRMS FOR A FULL DAY OF DESIGN-THINKING EXERCISES AND PRODUCT DESIGN COMPETITIONS.
- HEALTHCARE PIPELINE: 143 STEP-UP ACHIEVE INTERNS PARTICIPATED IN OUR DAY-LONG PRE-EMPLOYMENT TRAINING FOR HEALTHCARE (PETH) AND HEALTH CAREERS FAIR, WHICH PREPARED THEM FOR THEIR SUMMER HEALTHCARE JOBS, CONNECTED THEM WITH LOCAL HEALTHCARE PROFESSIONALS AND INTRODUCED THEM TO THE WIDE

Name of the organization ACHIEVE! MINNEAPOLIS	Employer identification number 41-1425264
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RANGE OF HEALTH CAREERS AND UNDERLYING SKILLS ESSENTIAL TO SUCCESS. NINE INTERNS ALSO COMPLETED THE ANNUAL WEEK-LONG URBAN SCRUBS CAMP, A SUMMER HEALTHCARE IMMERSION CAMP AT AUGSBURG UNIVERSITY ORGANIZED BY OUR PARTNERS AT HEALTHFORCE MINNESOTA.

- FINANCIAL SERVICES PIPELINE: 42 INTERNS WHO WERE INTERESTED IN FINANCIAL SERVICES CAREERS PARTICIPATED IN OUR ANNUAL FINANCIAL SERVICES CAREERS DAY, WHICH WAS HOSTED BY OUR PIPELINE PARTNER THE FEDERAL RESERVE BANK OF MINNEAPOLIS. INTERNS LEARNED ABOUT THE WIDE RANGE OF FINANCIAL CAREERS, HEARD A PRESENTATION BY FEDERAL RESERVE SR. VICE PRESIDENT DUANE CARTER, PRACTICED NETWORKING SKILLS AND PARTICIPATED IN PROFESSIONAL DEVELOPMENT SESSIONS. 30 VOLUNTEERS FROM SOME OF OUR MOST DEDICATED FINANCIAL SERVICES PIPELINE PARTNERS PARTICIPATED IN THE EVENT, INCLUDING PIPER JAFFRAY, TCF BANK, THRIVENT FINANCIAL, U.S. BANK AND WELLS FARGO.

PART III, LINE 4D

VOLUNTEER PROGRAM: IN 2017-18, OVER 780 COMMUNITY MEMBERS DONATED 4,776 HOURS TO MPS STUDENTS THROUGH ACHIEVEMPLS VOLUNTEER OPPORTUNITIES. THEY MENTORED STUDENTS AS GRADUATION COACHES, INSPIRED THEM WITH STORIES OF THEIR PROFESSIONAL JOURNEYS AT OUR CAREER EXPLORATION EVENTS, SERVED AS STEP-UP MOCK INTERVIEWERS AND WORK READINESS TRAINERS, AND OFFERED WORKSHOPS IN FINANCIAL LITERACY AND CAREER SKILLS.

GRADUATION COACHES: NEARLY 130 ACHIEVEMPLS GRADUATION COACHES PROVIDED PERSONALIZED SUPPORT TO 247 NINTH GRADERS AND 53 TWELFTH GRADERS. THESE VOLUNTEER COACHES HELPED STUDENTS GRADUATE ON TIME, PRIORITIZE THEIR ACADEMIC GOALS AND PLAN FOR LIFE AFTER HIGH SCHOOL. STUDENTS MET WITH

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THEIR GRADUATION COACH TWICE EACH MONTH AT THEIR SCHOOL. THEY BENEFITTED FROM A POSITIVE RELATIONSHIP WITH AN ADULT OUTSIDE OF THE FAMILY, GAINED GREATER CONFIDENCE AND STRENGTHENED THEIR STUDY SKILLS, RELATIONSHIP-BUILDING, CAREER EXPLORATION AND POSTSECONDARY PLANNING. THIS YEAR, WE SURVEYED STUDENTS TO MEASURE THEIR GROWTH OVER TIME IN SCHOOL CONNECTEDNESS, ACADEMIC SELF-EFFICACY AND GOAL SETTING SKILLS, AND FOUND GROWTH IN ALL THREE AREAS. THE MOST NOTABLE GROWTH WAS IN SCHOOL CONNECTEDNESS, WHERE STUDENTS IN NINTH GRADE GREW 9.9% AND IN TWELFTH GRADE GREW 13.3% OVER THE COURSE OF THE YEAR. IMPROVED SCHOOL CONNECTEDNESS IS ASSOCIATED WITH INCREASED SCHOOL ATTENDANCE, WHICH IN TURN IS HIGHLY PREDICTIVE OF GPA AND PASSING CLASSES.

CAREER EXPLORATION EVENTS: OUR CAREER EVENTS BROUGHT NEARLY 300 VOLUNTEERS FROM OVER 200 COMPANIES INTO NINE MPS HIGH SCHOOLS TO SHARE THEIR CAREER INSIGHTS AND ADVICE WITH STUDENTS. THEY SHARED THE HIGHLIGHTS AND CHALLENGES OF A WIDE RANGE OF PROFESSIONAL FIELDS AND HOW TO BEGIN PREPARING NOW FOR GREAT CAREERS -INCLUDING MANY CAREERS STUDENTS HAD NEVER HEARD OF BEFORE.

STEP-UP MOCK-INTERVIEWS: ACHIEVEMPLS ALSO PROVIDES OPPORTUNITIES FOR OVER 400 COMMUNITY MEMBERS TO SUPPORT YOUNG PEOPLE AT OUR ANNUAL FOUR-NIGHT STEP-UP MOCK INTERVIEWS AT THE MINNEAPOLIS CONVENTION CENTER. THESE VOLUNTEERS INTERVIEW AND COACH HUNDREDS OF STEP-UP INTERNS AS PART OF THEIR WORK READINESS TRAINING AND PREPARATION FOR SUMMER INTERNSHIPS.

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OTHER VOLUNTEER OPPORTUNITIES: THROUGH STEP-UP, EMPLOYEES FROM SEVERAL OF OUR STEP-UP PARTNER COMPANIES ALSO VOLUNTEER WITH OUR INTERNS AS WORK READINESS TRAINERS, CAREER EXPOSURE EVENT LEADERS, AND FINANCIAL LITERACY AND CAREER SKILLS FACILITATORS.

ACHIEVEMPLS PUBLIC EDUCATION EVENTS: ACHIEVEMPLS HOSTS SEVERAL PUBLIC EVENTS THROUGHOUT THE YEAR FOR OUR LOCAL COMMUNITY TO STRENGTHEN KNOWLEDGE AND SUPPORT OF PUBLIC EDUCATION AND MINNEAPOLIS STUDENTS. THESE EVENTS INCLUDE:

- EDTALKS, A LIVELY SERIES OF HAPPY HOUR EVENTS HELD FOUR TIMES EACH YEAR AND FEATURING COMPELLING SHORT TALKS ON CUTTING-EDGE ISSUES IMPACTING EDUCATION AND OUR YOUNG PEOPLE, AS WELL AS OPPORTUNITIES FOR PARTICIPANTS TO GET ENGAGED WITH STUDENTS VIA ACHIEVEMPLS AND PARTNER ORGANIZATIONS.
- PRINCIPAL PARTNER DAY, AN INVITATION-ONLY EVENT WHICH MATCHES 30 TWIN CITIES COMMUNITY LEADERS WITH MPS PRINCIPALS FOR A HALF-DAY OF JOB SHADOWING, FEEDBACK AND DIALOGUE WITH OTHER PARTICIPANTS ABOUT THE OPPORTUNITIES AND CHALLENGES FACING PUBLIC EDUCATION.
- THOUGHT LEADER EVENTS SUCH AS OUR 2018 BRIDGING THE GAP BREAKFAST FOR TWIN CITIES BUSINESS, EDUCATION AND COMMUNITY LEADERS, WHICH FEATURED A KEYNOTE BY MINNEAPOLIS FEDERAL RESERVE PRESIDENT NEEL KASHKARI AND A PANEL OF LOCAL EXPERTS.
- ACHIEVE101, WHICH PROVIDES AN EXCLUSIVE GLIMPSE INTO OUR CAREER & COLLEGE CENTER PROGRAMS, FEATURES STORIES FROM OUR STUDENTS AND STAFF, AND INTRODUCES PARTICIPANTS TO OPPORTUNITIES TO BECOME VOLUNTEERS,

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STEP-UP ACHIEVE EMPLOYERS AND FUNDERS.

PART VI, SECTION A, LINE 1

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

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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 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

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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. 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.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

ATTACHMENT 1

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
VOLUNTEER PROGRAMS			
TOTALS			

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

ATTACHMENT 2

<u>DESCRIPTION</u>	<u>AMOUNT</u>
EDUCATION LUNCHEON	144,160.
TOTAL	<u>144,160.</u>

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ATTACHMENT 3FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
EDUCATION LUNCHEON	7,315.	65,815.	-58,500.
TOTALS	<u>7,315.</u>	<u>65,815.</u>	<u>-58,500.</u>

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