** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

<u>A 1</u>	or th	e 2021 calendar year, or tax year beginning JULII, ZUZI and e	enaing U	UN 30, 2022				
B	Check if pplicat	C Name of organization		D Employer identifi	cation number			
	Addr	ACHIEVE TWIN CITIES						
	Name chan	Doing business as ACHIEVE!MINNEAPOLIS		41-14252	64			
F	Initial return	The second secon	Room/suite	E Telephone number				
	Final	2829 IINITVERSTOV AVE SE	50	(612) 455-1530				
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,768,102.			
	Amer retur	MINNEAPOLIS, MN 33414		H(a) Is this a group return				
	Appli tion pend			for subordinates				
		2829 UNIVERSITY AVE SE #850, MINNEAPOLIS		H(b) Are all subordinates in				
		tempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) ol	r 527	1	list. See instructions			
		ite: WWW.ACHIEVETWINCITIES.ORG	1	H(c) Group exemptio				
	orm c	f organization: X Corporation Trust Association Other ► Summary	L Year	of formation: ZUUZ	M State of legal domicile: MN			
ГС		Briefly describe the organization's mission or most significant activities: SEE S	וותשעי	T.F. O				
çe	1	Briefly describe the organization's mission or most significant activities:	CHEDO	пв О				
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets			
Veri	3			3	36			
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			36			
ა ბ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			66			
ij	6	Total number of volunteers (estimate if necessary)			350			
ξį	7 a	•		7a	0.			
ĕ	 b			7b	0.			
		······································		Prior Year	Current Year			
_	8	Contributions and grants (Part VIII, line 1h)		2,644,895.	3,204,045.			
une	9	Program service revenue (Part VIII, line 2g)		1,610,844.	2,537,216.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		23,937.	25,841.			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-17,257.	-31,786.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,262,419.	5,735,316.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,082,919.	1,637,805.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,958,159.	3,689,052.			
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 205,33	9.					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		838,999.	684,765.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,880,077.	6,011,622.			
	19	Revenue less expenses. Subtract line 18 from line 12		-617,658.	-276,306.			
Net Assets or			Ве	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		9,889,778.	9,710,050.			
ASS	21	Total liabilities (Part X, line 26)		805,997.	930,812.			
Ret	22	Net assets or fund balances. Subtract line 21 from line 20		9,083,781.	8,779,238.			
	art II	Signature Block						
		alties of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is			
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer	has any knowledge.				
		Nanule Hant		Mar 17, 2023				
Sig	n	Signature of officer		Date				
Her	е	DANIELLE GRANT, PRESIDENT & CEO						
		Type or print name and title		Doto I.v. F	DTIM			
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN			
Paid			CPA 0	3/14/23 self-employ				
	arer	Firm's name SDK CPA		Firm's EIN ▶	41-1680240			
Use	Only	Firm's address 100 WASHINGTON AVE S STE 1600			0 220 5500			
_		MINNEAPOLIS, MN 55401		Phone no. 6 1	2-332-5500			
May	/ the I	RS discuss this return with the preparer shown above? See instructions			X Yes No			

	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 X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	tal expenses, and
	revenue, if any, for each program service reported.	0 200 556
4a	(Code:) (Expenses \$3, 252, 650 . including grants of \$0 .) (Revenue \$	2,308,556.
	CAREER & COLLEGE INITIATIVES PROGRAMS - SEE SCHEDULE O	
4b	(Code:) (Expenses \$1,957,520 • including grants of \$1,637,806 •) (Revenue \$	228,660.)
	MINNEAPOLIS PUBLIC SCHOOLS PARTNERSHIP - SEE SCHEDULE O	,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 5 , 210 , 170 .	
		Form 990 (2021)

2

15440314 310044 67552.0

Form 990 (2021) ACHIEVE TWIN CITIES Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12u		
D		12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Pid the approximation projection on office and because the state of the United Obstaco			X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		 ^
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4 41:		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	l		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	X	

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Form 990 (2021) ACHIEVE TWIN CITIES
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
ZTU	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		04-		x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		X
00	, , ,	21		-25
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			\ ₃₇
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
5,	Part V, line 1	34		x
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- JUA		<u> </u>
D		35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		x
0-	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			\
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		77	
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 84			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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ACHIEVE TWIN CITIES 41-1425264 Page 5 Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 66 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O.

Form **990** (2021)

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Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069

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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 36 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 36 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a 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 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request __ Other (explain on Schedule O) Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records MEGAN SWOBODA - 612-455-1556

Form **990** (2021)

#850, MINNEAPOLIS,

2829 UNIVERSITY AVE SE,

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

(A)	(B)			(((D)	(E)	(F)
Name and title	Average	(do		Posi heck i		າ than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both or/trus	n an	compensation	compensation	amount of
	week		l an	u a u	i ecic	Tritus	(66)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		ee (ee	npen		1099-NEC)	1099-1420)	and related
	below	dual t	rtiona	_	oldu	st cor	_	1000 1420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5. gaa
(1) DANIELLE GRANT	40.00		_							
PRESIDENT/CEO/EX-OFFICIO		Х		Х				162,950.	0.	16,287.
(2) MEGAN SWOBODA	40.00									
DIRECTOR OF FINANCE & OPER				Х				98,769.	0.	9,092.
(3) HILARY MARDEN-RESNIK	2.00									
CHAIR		Х		Х				0.	0.	0.
(4) ABDUL M. OMARI, PHD	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) NICK HARA	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) MARTIN ABRAMS	1.00									
DIRECTOR		Х						0.	0.	0.
(7) KAWASKII BACON	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(8) BRETT BOHLANDER	1.00	ļ								
DIRECTOR		Х						0.	0.	0.
(9) SHAMAYNE BRAMAN	1.00	ļ								
DIRECTOR		Х						0.	0.	0.
(10) JAMES BURROUGHS	1.00	l								
DIRECTOR		Х						0.	0.	0.
(11) KRISSI CARLSON	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(12) JOHN CONLIN	2.00	1								_
DIRECTOR		Х						0.	0.	0.
(13) SCOTT CUMMINGS	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(14) KIM ELLISON	1.00									
EX-OFFICIO		Х						0.	0.	0.
(15) JACOB FREY	1.00	1								
EX-OFFICIO		Х						0.	0.	0.
(16) DEREK FRIED	1.00	 						_	_	_
DIRECTOR		Х						0.	0.	0.
(17) ART GARDNER, JR.	1.00							_		_
DIRECTOR		Х						0.	0.	Form 990 (202

Form **990** (2021)

Form 990 (2021) ACHIEVE 5	TWIN CIT	ΊĒ	S						41-14	<u> 252</u>	264	Pa	ge 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C				(D)	(E)	П		(F)	
Name and title	Average	(-1-		Posi				Reportable	Reportable		Esti	mated	Ł
	hours per	box	, unle	heck r ss per:	son i	is both	n an	compensation	compensation		amo	ount o	f
	week	offi	cer ar	nd a di	irecto	or/trus	tee)	from	from related		0	ther	
	(list any	director						the	organizations		comp	ensati	on
	hours for	r dire				pg .		organization	(W-2/1099-MISC	;/	fro	m the	
	related	stee o	nstee			eusa		(W-2/1099-MISC/	1099-NEC)		orga	nizatio	วท
	organizations	altrus	nal tr		loyee	comp		1099-NEC)				relate	
	below	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgar	nizatio	ns
	line)	lnd	lus	#	Key	e E	윤			\dashv			
(18) CHELSIE GLAUBITZ GABIOU	1.00												_
DIRECTOR		Х		\sqcup				0.	(0.			0.
(19) ED GRAFF	1.00												
EX-OFFICIO		Х						0.		0.			0.
(20) MICHELLE GROGG	2.00												
DIRECTOR		X						0.	(0.			0.
(21) HONORABLE MARTHA HOLTON DIMICK	1.00									\neg			
DIRECTOR		Х						0.		٥.١			0.
(22) ANIL HURKADLI	1.00												
DIRECTOR	1.00	Х						0.		٥.			0.
(23) MARK JENNEN	1.00	22	\vdash	\vdash				0.	<u> </u>	' '			•
	1.00	Х						0.		۱. ٥			0.
DIRECTOR	1 00	Λ						0.		' '			<u> </u>
(24) VELMA KORBEL	1.00	.,							,	,			^
DIRECTOR	1 00	Х	_					0.	(0.			0.
(25) STEVE LISS	1.00	ļ								_			_
DIRECTOR		Х	_					0.	(0.			0.
(26) BRAD PEDERSON	2.00												
DIRECTOR		Х						0.		0.			0.
1b Subtotal							ightharpoons	261,719.		0.	25	,37	9.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								261,719.		0.	25	, 37	9.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable				
compensation from the organization						•		·	·				1
<u> </u>											,	Yes	No
3 Did the organization list any former officer.	director, trust	ee. k	cev e	empl	ove	e. or	hia	nhest compensated emp	lovee on				
line 1a? If "Yes," complete Schedule J for s	•	-	•	•	•		_		•	- 1	3		Х
4 For any individual listed on line 1a, is the su										"			
and related organizations greater than \$150	=		-					•	-	- 1	4	х	
										⊦	7		
• •	•				•			•			-		Х
rendered to the organization? If "Yes," com	<u>nplete Schedul</u>	e J f	or su	ıch p	oers	on .				<u> </u>	5		
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	•								nsati	ion fror	n	
the organization. Report compensation for	the calendar ye	ear e	endir	ng wi	ith c	or wi	thin T		ear.				
(A)				_				(B)		_	(C)		
Name and business	address	N	INC	<u> </u>			\dashv	Description of s	ervices		ompen	Sation	
							_						
2 Total number of independent contractors (i	ncluding but p	ot lir	niter	1 to t	thos	se lie	ted	above) who received me	ore than				
\$100,000 of compensation from the organi	•	J. 111			(_		and vo, who received the	5.5 triair				
SEE PART VII, SECTION		TN	TΤΔ	ጥፐ	_		чH	ETS			Form 9	90 (2)	024/
CLL LIMIT VII, DUCTION					-14	v.						(2)	J_ 1)

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Form 990 ACHIEVE '	LMIN CIJ	.T.F.	ເຣ						41-142	5 2 6 4
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	mployees, and Highest C						Compensated Employe	ees (continued)	
(A) Name and title	(B) Average			(C Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director	Institutional trustee	all t	Key employee	Highest compensated employee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(27) RICH RENIKOFF DIRECTOR	1.00	Х						0.	0.	0.
(28) DARA RUDICK DIRECTOR	1.00	х						0.	0.	0.
(29) AMBER RUFFIN DIRECTOR	1.00	х						0.	0.	0.
(30) JEFF SAVAGE DIRECTOR	1.00	X						0.	0.	0.
(31) SARA STAMSCHROR-LOTT	1.00									
DIRECTOR (32) JOHN STANOCH	3.00	Х						0.	0.	0.
DIRECTOR (33) ELIZABETH STEVENS	1.00	X						0.	0.	0.
DIRECTOR (34) TONY TOLLIVER	1.00	Х						0.	0.	0.
DIRECTOR (35) MAT WATSON	1.00	Х						0.	0.	0.
DIRECTOR		Х						0.	0.	0.
(36) CHRISSIE WEYENBERG DIRECTOR	1.00	Х						0.	0.	0.
(37) NERITA HUGHES, PHD DIRECTOR	1.00	Х						0.	0.	0.
(38) ELIZABETH NELSON DIRECTOR	1.00	Х						0.	0.	0.
(39) MIKE SMOCZYK DIRECTOR	1.00	х						0.	0.	0.
									-	
Total to Part VII, Section A, line 1c										

Form 990 (2021) ACHIEVE
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
			,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
			14 750				300010113 3 12 3 14
nts nts		Federated campaigns 1a	14,759.	-			
ž ou		Membership dues 1b					
s, (C	Fundraising events	229,088.				
ij k	c	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	6	Government grants (contributions) 1e					
Sign	f	All other contributions, gifts, grants, and					
he		similar amounts not included above 1f 2,	960,198.				
草草		Noncash contributions included in lines 1a-1f	75,985.				
S E		Total. Add lines 1a-1f		3,204,045.			
<u> </u>		Total / Not in less fa 11	Business Code	, , , , , , , , , , , , , , , , , , , ,			
		CONTRACT INCOME		2,498,556.	2 /98 556		
<u>i</u>		EARNED INCOME	900099	38,660.			
e er			300033	30,000.	30,000.		
n S	C	·					
ra Sev	C						
Program Service Revenue	•	•					
₫	f	All other program service revenue					
	ç	Total. Add lines 2a-2f)	2,537,216.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)	>	25,841.			25,841.
	4	Income from investment of tax-exempt bond p					
	5	Royalties	-				
		(i) Real	(ii) Personal				
	6 -	Gross rents 6a					
				1			
				-			
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 8	Gross amount from sales of (i) Securities	(ii) Other	-			
		assets other than inventory 7a					
	k	Less: cost or other basis					
ne		and sales expenses					
her Revenue	C	Gain or (loss) 7c					
Be	c	! Net gain or (loss)	<u> </u>				
ē	8 8	Gross income from fundraising events (not					
₹		including \$ 229,088. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	0.				
	ŀ	Less: direct expenses 8b					
		Net income or (loss) from fundraising events		-32,786.			-32,786.
		Gross income from gaming activities. See		3=7.000			,
	3 6						
		* *************************************		-			
		Net income or (loss) from gaming activities	>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	k	Less: cost of goods sold10k					
\Box	C	Net income or (loss) from sales of inventory	<u> </u>				
_ω			Business Code				
no e	11 a	MISCELLANEOUS	900099	1,000.	1,000.		
ane Du	k)					
Miscellaneous Revenue	c						
isc Be		All other revenue					
Σ		• Total. Add lines 11a-11d		1,000.			
	12	Total revenue. See instructions		5,735,316.	2,538,216.	0.	-6,945.

Form 990 (2021) ACHIEVE TWIN CITIES Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must com	nolete column (A)	
0000	Check if Schedule O contains a respons			ipiete column (r y.	
	not include amounts reported on lines 6b, 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	1,040,003.	1,040,003.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	597,802.	597,802.		
3	Grants and other assistance to foreign	30.7002	30.70021		
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	300,547.	169,428.	75,450.	55,669.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,876,174.	2,624,200.	165,992.	85,982.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	41,402.	38,766.	1,580.	1,056. 9,913.
9	Other employee benefits	240,101.	215,654.	14,534.	9,913.
10	Payroll taxes	230,828.	205,085.	16,309.	9,434.
11	Fees for services (nonemployees):				
	Management	2 500		2,500.	
	Legal	2,500. 19,400.		19,400.	
	Accounting	19,400.		19,400.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch O.)	70,371.	36,049.	34,322.	
12	Advertising and promotion		-		
13	Office expenses	34,781.	8,663.	14,521.	11,597.
14	Information technology				
15	Royalties			10	
16	Occupancy	88,524.	72,487.	10,555.	5,482.
17	Travel	2,761.	2,294.	327.	140.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	43,835.	26,376.	17,459.	
19 20	Conferences, conventions, and meetings	43,033.	20,3/0.	11,400.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,496.	9,000.	27,561.	1,935.
23	Insurance	18,262.	- ,	18,262.	,
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)			·	
а	PROGRAM EXPENSES	109,943.	109,943.		
b	EQUIPMENT & MAINTENANCE	106,257.	2,804.	83,728.	19,725.
С	PUBLIC RELATIONS/OUT.	66,096.	19,105.	45,468.	1,523.
d	TRAINING	43,447.	7,358.	35,639.	450.
	All other expenses	40,092.	25,153.	12,506.	2,433.
25	Total functional expenses. Add lines 1 through 24e	6,011,622.	5,210,170.	596,113.	205,339.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
		L			000

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			7,251,712.	2	8,300,262
	3	Pledges and grants receivable, net			1,304,570.	3	231,552
	4	Accounts receivable, net			348,466.	4	437,290
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ		6			
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	5			33,826.	9	30,753
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		184,233.			
	b	Less: accumulated depreciation	. 10b	127,873.	39,341.	10c	56,360
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		903,666.	12	645,636	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	8,197.	15	8,197		
	16	Total assets. Add lines 1 through 15 (must ed	9,889,778.	16	9,710,050		
	17	Accounts payable and accrued expenses			603,385.	17	545,344
	18	Grants payable	191,227.	18	378,923		
	19	Deferred revenue		10,958.	19	6,545	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		•••••		21	
es	22	Loans and other payables to any current or for					
#		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24)	Complete Part X	407		0
		of Schedule D			427.		030.013
	26	Total liabilities. Add lines 17 through 25			805,997.	26	930,812
s		Organizations that follow FASB ASC 958, cl	neck her				
JCe		and complete lines 27, 28, 32, and 33.			1,528,457.	0=	1,782,677
alaı	27	Net assets without donor restrictions			7,555,324.	27	6,996,561
Ö B	28	Net assets with donor restrictions			7,555,524.	28	0,990,301
Ĕ		Organizations that do not follow FASB ASC	958, cne	ck here			
ĕ	00	and complete lines 29 through 33.	1		00		
şţ	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			9,083,781.	31	8,779,238
ž	32	Total liebilities and not see to find belonged			9,889,778.	32	9,710,050
	33	Total liabilities and net assets/fund balances			9,009,110•	33	Form 990 (202

Pa	T XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)		5,73						
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,01						
3	Revenue less expenses. Subtract line 2 from line 1	3	-27						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5									
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	8,77	9,2	38.				
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_ X				
	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?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate								
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	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?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing								
	Act and OMB Circular A-133?	-	За		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2021)				

SCHEDULE A

(Form 990)

Total

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

Name of the organization ACHIEVE TWIN CITIES 41-1425264 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2330658.	2476100.	6419588.	2644895.	3204045.	17075286.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2330658.	2476100.	6419588.	2644895.	3204045.	17075286.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3941416.
6	Public support. Subtract line 5 from line 4.						13133870.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2330658.	2476100.	6419588.	2644895.	3204045.	17075286.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	16,955.	33,624.	31,380.	23,937.	25,841.	131,737.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	27,824.	26,697.		300.	1,000.	55,821.
11	Total support. Add lines 7 through 10						17262844.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	_
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	76.08 %
15	Public support percentage from 2020	Schedule A, Part I	I, line 14			15	63 .4 9 %
16a	33 1/3% support test - 2021. If the o	rganization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization quali	fies as a publicly s	upported organiza	ition			▶□
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part '	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶∐
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu						▶∐
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

Schedule A (Form 990) 2021

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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a w	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22

Schedule A (Form 990) 2021

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	•		
	6		
	7		
	7		
	8		
	3		
	9a		
	9b		
	9с		
	10a		
	10b		
_		- 000	

Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
<u> </u>	tion of Type it Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	•		
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	(2)	
2	Activities Test. Answer lines 2a and 2b below.	straction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u>_</u> u		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
2	these activities but for the organization's involvement.	ZU		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to requirely appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
L	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2h		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*3b

3chedule A (Form 990) 2021

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

ACHIEVE TWIN CITIES 41-1425264 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 X 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

ACHIEVE	TWIN	CITIES
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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		\$\$	Person X Payroll			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
2		\$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	Name, address, and ZIF + 4	\$335,918.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6		\$117,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

ACHIEVE TWIN CITIES

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		\$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 71,480.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Name, address, and ZIP + 4	\$ 68,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

ACHIEVE TWIN CITIES

41-1425264

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
123/153 11-11	04		Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 4 Name of organization **Employer identification number** ACHIEVE TWIN CITIES 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 info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

123454 11-11-21

Relationship of transferor to transferee

Schedule B (Form 990) (2021)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization ACHIEVE TWIN CITIES **Employer identification number** 41-1425264

organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other at Total number at end of year	es No es No d area e on the last				
Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? 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. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a)	d area				
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c Number of conservation easements on a certified historic structure included in (a)					
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d. Number of consequation accompate included in (a) acquired offer 7/05/00 and action biotects at a standard					
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure					
listed in the National Register					
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?	es No				
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during	the year				
>					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	ear				
▶ \$					
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)?	es No				
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and					
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the					
organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.					
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1					
a Revenue included on Form 990, Part VIII, line 1					

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

Schedule D (Form 990) 2021

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a	Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	easures, or	Other S	Similar A	ssets	(continu	r uge — ied)
a Public arbition d Loan or exchange program a Public arbition d Cother b Scholarly research e Other c Preservation for future generations d 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 for tor size funds, rather than to be maintained as pair of the organization's collection? Yee No Part W 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, fusitee, custodian or other intermediany for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, fusitee, custodian or other intermediany for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1d Description during the year 1d Description of year standard and the provided on Part XIII C Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Three years back (b) Four years back (c) Four years back (e)		•									
a Public exhibition d Loan or exchange program b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they turner the organization's exempt purpose in Part XIII. 5 During the year, did the organization sololic for 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? Ves No Part IV Excrow 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; line 21. 1b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount C Beginning balance 1 Additions during the year 1 1d 1 Beginning during the year 2 Distributions during the year 1 Ending balance 2 Distributions during the year 1 Beginning of year balance 2 Distributions during the year intermediary for contributions or organization include an amount on Form 990, Part X, line 21, for secrov or custodial account liability? Yes No 1 If 'Yes,' explain the arrangement in Part XIII Check here if the explanation has been provided on Dart XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part XIV, line 10. 1a Beginning of year balance 1b Contributions 1a Beginning of year balance 1b Contributions 1c Administrative expenses 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 3 Board designated or quasi-atmone micropartizations isted as required on Schedule R? 4 Term endowment I bunds and Activations is listed as required on Schedule R? 5 Term endowment funds not in the possession of the organization had administered f			,	•	,	G	· ·				
b Scholarly research e	а		d		Loan or exc	change progra	ım				
c			е								
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? 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, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX line 21. 1b If "Yes, explain the arrangement in Part XIII and complete the following table: C Beginning balance 1c Amount 1c Amount 1c Amount 1c Description during the year 1f Ending balance 2 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. 1a Beginning of year balance 1b Contributions 1c Not investment earnings, gains, and losses of Cart Iv, line 10. 1b Contributions 1c Not investment earnings, gains, and losses of Grants or scholarships 1d Grants or scholarships 1d Administrative expenses 2 End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) heid as: a Board designated or quasi-endowment											
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to be sold to raise funds rather than to be maintained as part of the organization's collection?											
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b Permanent endowment ▶	2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	ı, column (a)) held as:					
c Term endowment ▶	а	Board designated or quasi-endowment		_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements 3 3, 864 28, 220 5, 644 6 d Equipment 4 Equipment 5 4, 400 5, 347 5, 53 6	b	Permanent endowment	%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 Buildings c Leasehold improvements 4 Equipment 5 , 400 5 5, 347 5 53	С	Term endowment	%								
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 Buildings c Leasehold improvements 4 Description of property (a) Cost or other basis (other) 5 144, 969, 94, 306, 50, 663, 663, 600, 600, 600, 600, 600, 60		The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
(i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 33,864 28,220 5,644 degree of the organization and the part XIII the intended uses of the organization and the o	За	Are there endowment funds not in the posses	ssion of the organiza	tion that	are held a	nd administer	ed for the	organizatio	n		
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 Buildings c Leasehold improvements d Equipment 2 144,969. 94,306. 50,663. e Other		by:								١	res No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 Buildings c Leasehold improvements d Equipment 2 144,969. 94,306. 50,663. e Other		(i) Unrelated organizations								3a(i)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 Buildings c Leasehold improvements d Equipment 4 Description of property (a) Cost or other basis (investment) 33,864 28,220 5,644 4 Equipment 4 144,969 94,306 50,663 e Other 5,400 53b											
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) 1a Land b Buildings c Leasehold improvements d Equipment 28,220 5,644 4 Equipment 5,400 5,347 53	b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on So	hedule R?						
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) 1a Land b Buildings c Leasehold improvements d Equipment e Other 5,400. 5,347.											
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) 1a Land b Buildings c Leasehold improvements d Equipment e Other Co) Accumulated depreciation (d) Book value 33,864	Par										
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation				, Part IV	, line 11a. S	See Form 990.	, Part X, lin	ne 10.			
basis (investment) basis (other) depreciation 1a Land 33,864 28,220 5,644 c Leasehold improvements 144,969 94,306 50,663 e Other 5,400 5,347 53						1			\top	(d) Book	value
1a Land b Buildings c Leasehold improvements 33,864. 28,220. 5,644. d Equipment 144,969. 94,306. 50,663. e Other 5,400. 5,347. 53.		bescription of property								(a) book	value
b Buildings c Leasehold improvements 33,864. 28,220. 5,644. d Equipment 144,969. 94,306. 50,663. e Other 5,400. 5,347. 53.	10	Land	<u> </u>	,	24010	()	aspir	- 3.4			
c Leasehold improvements 33,864. 28,220. 5,644. d Equipment 144,969. 94,306. 50,663. e Other 5,400. 5,347. 53.											
d Equipment 144,969. 94,306. 50,663. e Other 5,400. 5,347. 53.					3	3 864		28 220			644
e Other										<u> </u>	<u>, 663</u>
Total Add lines 1a through 1e. (Column (d) must equal Form 000. Part V column (D) line 10a.)					7.3		-				<u>, 553.</u> 53
				V action	m (D) 1: 4				\div	56	360

Schedule D (Form 990) 2021

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2021 ACHIEVE TWIN CITIES		41-1425264 Page		
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value	
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other	645 626			
(A) BENE INT - TMF INV POOL	645,636.	END-OF-YEAR MARKET	VALUE	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	645 606			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	645,636.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" o		1d. See Form 990, Part X, line 15.	(1) D	
- 	Description		(b) Book value	
(2)				
(3)				
(5)				
(6)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>15.)</u>	>		
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e 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)				
(0)			1	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2021

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

Joi loadio D	(1 01111 000) 202 1			~ -	_
Part XI	Reconciliation of	f Revenue per	Audite	d Financial Statements With Revenue per Return.	

Pai	T XI Reconciliation of Revenue per Audited Financial Sta	itements with	revenue per me	tui II.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,708,268.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-28,237.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,189.		
е	Add lines 2a through 2d			2e	-27,048.
3	Subtract line 2e from line 1			3	5,735,316.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
_	—				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)		5	5,735,316.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With	Expenses per F		5,735,316. n.
Pa	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, Ii	atements With	Expenses per F		n.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With	Expenses per F		5,735,316. n. 6,012,811.
_	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, Ii	atements With	Expenses per F	Returi	n.
1	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements	ratements With ine 12a.	Expenses per F	Returi	n.
1 2	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	tatements With	Expenses per F	Returi	n.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	Expenses per F	Returi	n.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	Expenses per F	Returi	6,012,811.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	1,189.	Returi	6,012,811.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1,189.	Return	n.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	1,189.	1 1 2e	6,012,811.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	1,189.	1 1 2e	6,012,811.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	1,189.	1 1 2e	6,012,811.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	1,189.	1 1 2e	6,012,811.

Part XIII Supplemental Information.

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

PART X, LINE 2:

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 EXPENSES, 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.

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number ACHIEVE TWIN CITIES 41-1425264 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 10-21-21

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

Schedule G (Form 990) 2021

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

		of fundraising event contributions and gro	ss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.	
Revenue			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through	
			GALA	(ayant type)	(total number)	col. (c))	
			(event type)	(event type)	(total number)		
	1	Gross receipts	229,088.			229,088.	
	2	Less: Contributions	229,088.			229,088.	
	3	Gross income (line 1 minus line 2)					
	4	Cash prizes	1,089.			1,089.	
	5	Noncash prizes	1,185.			1,185.	
Direct Expenses	6	Rent/facility costs	5,688.			5,688.	
irect Ex	7	Food and beverages	5,761.			5,761.	
D	8	Entertainment	7,625.			7,625.	
	9	Other direct expenses	11,438.			11,438.	
	10	Direct expense summary. Add lines 4 through	•		•	32,786.	
	11	Net income summary. Subtract line 10 from lin	ne 3, column (d)			-32,786.	
Pa	rt I	Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	_	
		\$15,000 on Form 990-EZ, line 6a.					
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Re	1	Gross revenue					
es	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes % No	Yes % No	Yes % No		
7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
			, , ,		•		
		ter the state(s) in which the organization condu					
		the organization licensed to conduct gaming ac No," explain:				Yes No	
		ere any of the organization's gaming licenses re Yes," explain:			rear?	Yes No	

Schedule G (Form 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021 ACHIEVE TWIN CITIES	41-1425264 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
	13a %
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization of gaming received by the organization of gaming received by the organization of gaming revenue received by the organization of gaming received by t	ount
of gaming revenue retained by the third party \$\bigs\\$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
ATT 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	; and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
· · · · · · · · · · · · · · · · · · ·	

Schedule G	(Form 990)	ACHIEVE TWIN	CITIES	41-1425264	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)			
		(commaca)			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

► Attach to Form 990.

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

2021
Open to Public

Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 41-1425264 ACHIEVE TWIN CITIES Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) MINNEAPOLIS PUBLIC SCHOOL 1250 W. BROADWAY AVENUE AID TO DISTRICT SCHOOLS 41-0851980 501(C)(3) MINNEAPOLIS, MN 55411 0.N/A N/A AND PROGRAMS 1,040,003. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) 2021

Schedule I (Form 990) 2021 ACHIEVE TWIN C	TIES				41-1425264	Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(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 noncash	assistance
SCHOLARSHIPS	90	211,853.	0.			
CLASSROOM GRANTS	32	385,949.	0.			
Post IV Complemental Information Dravide the information ve	wired in Dort Lin	a 2: Dort III. ookumn	(b), and any other of	Aditional information		
Part IV Supplemental Information. Provide the information repart I, LINE 2:	quired in Part I, III	ie 2, Part III, Column	(b), and any other ac	aditional information.		
MOST FUNDS ARE MANAGED BY MINNEAPO	T.TS PIIRT.T	C SCHOOLS	(MPS). EAC	H VEAR THEV		
ARE PUBLICLY AUDITED.	110 10001	е веноопь	(III b) • Line	11 111111 111111		
10021001						
MPS SCHOOL AND DEPARTMENT FUNDS: S	MALL, RAN	IDOM AWARDS	S (USUALLY	UNDER		
\$1,000) ARE GRANTED BASED UPON A S	CHOOL OR	PROJECT NE	EED THROUGH	OUT THE		
YEAR. SCHOOLS OR DEPARTMENTS REQUE	ST FUNDS.	REQUESTS	ARE REVIEW	ED AND		
APPROVED BY MPS FINANCE STAFF. APP	ROVED REQ	UESTS ARE	THEN REVIE	WED BY		
MEMBERS OF ACHIEVE TWIN CITIES' DE	VELOPMENT	AND ADMIN		STAFF.		

Schedule I (Form 990) ACHIEVE TWIN CITIES Part IV Supplemental Information	41-1425264 Page 2
AWARDS ARE MADE BASED UPON MERIT, EXTERNAL LACK OF FUNDING,	
FUND AVAILABILITY.	
SCHOLARSHIPS FOR STUDENTS: STUDENTS COMPLETE APPLICATIONS F	OR SCHOLARSHIPS
AVAILABLE THROUGH ACHIEVE TWIN CITIES. MPS SETS UP SELECTIO	
SCHOOL-SPECIFIC SCHOLARSHIPS AND DISTRICT-WIDE SCHOLARSHIPS	, REVIEWS THE
CRITERIA FOR EACH SCHOLARSHIP AND THE QUALIFICATIONS OF EAC	
MAKES AWARDS BASED UPON THE BEST MATCHES. A FEW SCHOLARSHIP AVAILABLE THROUGH PRIVATE FUNDERS WHO PARTICIPATE IN THE SE	
(WITH NAMES AND IDENTIFYING STUDENT INFORMATION REDACTED).	ELCTION TROCEDS
GRANT AWARDS FOR EDUCATORS: MPS EDUCATORS COMPLETE APPLICAT	IONS FOR
SPECIFIC LEADERSHIP OR CLASSROOM GRANTS. APPLICATIONS ARE R	EVIEWED AND
SCORED TO A RUBRIC OR SET OF SCORING INSTRUCTIONS. SELECTIO	N COMMITTEES AND
SELECTION PROCESS ARE SIMILAR TO STUDENT SCHOLARSHIPS: AWAR	DS ARE BASED ON
APPLICATION STRENGTH AND MERIT, AS DETERMINED BY MPS SELECT	ION COMMITTEE OR
PRIVATE FUNDER.	

Schedule I (Form 990)

SCHEDULE J (Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

ACHIEVE TWIN CITIES

 $Employer\ identification\ number \\ 41-1425264$

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			l
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
				l
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	1b		
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?	2		
				l
3	Indicate which, if any, of the following the 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.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
				l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	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:			37
		5a		X
b	, ,	5b		
_	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:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	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			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Schedule J (Form 990) 2021

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	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DANIELLE GRANT	(i)	162,950.	0.	0.	4,889.	11,398.	179,237.	0.
PRESIDENT/CEO/EX-OFFICIO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

ACHIEVE TWIN CITIES

Employer identification number 41-1425264

Par	t 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 det noncash contribut	•	its
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	11	32,985.	STOCK MARKET	r Quot	'ES
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
40	trust interests Securities - Miscellaneous						
12 13	Qualified conservation contribution -						
13	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		4.0	42.000			
25	Other (LAPTOPS)	X	40	43,000.	FAIR MARKET	VALUE	i
26	Other ()						
27	Other ()						
<u>28</u> 29	Other () Number of Forms 8283 received by the organize	zation during	the tox year for a	antributions			
29	for which the organization completed Form 82			1 1			
	5	, ,	0			Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	jh 28, that it		
	must hold for at least three years from the date						
	exempt purposes for the entire holding period	?				30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	policy that re	quires the review	of any nonstandard contribut	ions?	31 X	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash			
						32a X	
	If "Yes," describe in Part II.	-l		. fannsklab oak wys (-Vis I	-1		
33	If the organization didn't report an amount in c	column (c) fo	a type of property	ror which column (a) is ched	cked,		
	describe in Part II.					/Farm 00/	

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

Schedule M (Form 990) 2021

this part for any additional information.						
SCHEDULE M, LINE 32B:						
THE ORGANIZATION USES RAYMOND JAMES	THROUGH	BREMER	BANK	TO S	SELL	DONATED
STOCK/SECURITIES.						
132142 11-17-21					Sche	dule M (Form 990) 2021

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2021 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

ACHIEVE TWIN CITIES

Employer identification number 41-1425264

FORM 990, ITEM C, DOING BUSINESS AS: ACHIEVE MPLS PART I, LINE 1 & PART III, LINE 1 AS ONE OF THE UPPER MIDWEST'S LEADING CAREER AND COLLEGE READINESS ORGANIZATIONS, ACHIEVE TWIN CITIES RALLIES COMMUNITY SUPPORT AND DELIVERS BEST-IN-CLASS PROGRAMS TO INSPIRE AND EQUIP YOUNG PEOPLE IN MINNEAPOLIS AND SAINT PAUL, MINNESOTA FOR CAREERS, COLLEGE AND LIFE. OUR VISION IS THAT ALL STUDENTS HAVE FULL AND EQUITABLE ACCESS TO POSTSECONDARY EDUCATION AND CAREER OPPORTUNITIES, CREATING A MORE JUST AND VIBRANT COMMUNITY. FOUNDED IN 2002, ACHIEVE TWIN CITIES HAS PROVIDED GUIDANCE, SUPPORT AND RESOURCES FOR OVER 80,000 STUDENTS ITS FIRST 20 YEARS. WHILE OUR HIGH SCHOOLS PREPARE STUDENTS ACADEMICALLY, ACHIEVE TWIN CITIES HELPS ENSURE THAT EACH STUDENT GRADUATES WITH THE RESOURCES SUPPORT AND CONFIDENCE THEY NEED TO ACHIEVE THEIR CAREER AND POSTSECONDARY DREAMS. ACHIEVE RECOGNIZES THE VALUE IN EVERY PATH TO PERSONAL AND ECONOMIC SUCCESS AND PROVIDES CARING GUIDANCE AND EXPERTISE TO EMPOWER EACH STUDENT TO PURSUE THE BEST OPTIONS FOR THEIR CAREER AND COLLEGE GOALS, INCLUDING TWO OR FOUR-YEAR COLLEGE APPRENTICESHIPS, TECHNICAL TRAINING, EMPLOYMENT AND MANY OTHER OPPORTUNITIES. AS A UNIVERSAL SERVICE PROVIDER, ACHIEVE TWIN CITIES ACCOMPLISHES THIS

132211 11-11-21

INTERCONNECTED CAREER AND COLLEGE READINESS

WORK THROUGH PROVEN,

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

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u>

Employer identification number Name of the organization ACHIEVE TWIN CITIES 41-1425264 PROGRAMS THAT ARE AVAILABLE TO ALL STUDENTS FROM THEIR FIRST DAY OF NINTH GRADE THROUGH HIGH SCHOOL GRADUATION. THESE INCLUDE CAREER AND COLLEGE READINESS SERVICES IN 26 MINNEAPOLIS PUBLIC SCHOOLS AND SAINT PAUL PUBLIC SCHOOLS HIGH SCHOOLS; STEP UP PAID SUMMER CAREER EXPERIENCES AND WORK READINESS TRAINING (IN PARTNERSHIP WITH THE CITY OF MINNEAPOLIS); AND THE NEW ACHIEVE COLLEGE INTERNSHIPS PROGRAM FOR COLLEGE STUDENTS. ACHIEVE TWIN CITIES ALSO HOSTS PUBLIC ENGAGEMENT EVENTS FOCUSING ON CAREER AND COLLEGE READINESS, WORKFORCE DEVELOPMENT, AND A WIDE VARIETY OF ISSUES THAT IMPACT YOUNG PEOPLE AND SCHOOLS. THESE EVENTS ARE DESIGNED TO BOTH INFORM AND ENGAGE THE LOCAL COMMUNITY IN PROVIDING RESOURCE SUPPORT AND ADVOCATING FOR STUDENTS AND PUBLIC SCHOOLS. ACHIEVE TWIN CITIES ALSO SERVES AS THE MINNEAPOLIS PUBLIC SCHOOLS NONPROFIT FOUNDATION, SECURING MAJOR GRANTS FOR KEY DISTRICT PRIORITIES AND ADMINISTERING SCHOOL AND DEPARTMENT FUNDS, STUDENT SCHOLARSHIPS AND SMALL GRANTS FOR CLASSROOMS AND STAFF. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: CAREER & COLLEGE INIATIVES PROGRAMS: CAREER AND COLLEGE READINESS (CCR) SERVICES: AT THE HEART OF ACHIEVE TWIN CITIES' WORK ARE ITS CAREER AND COLLEGE READINESS SERVICES, WHICH ARE EMBEDDED IN 26 MINNEAPOLIS PUBLIC SCHOOLS AND SAINT PAUL PUBLIC SCHOOLS HIGH SCHOOLS. THE CCR TEAM PROVIDES A WIDE RANGE OF

EQUITY-FOCUSED CAREER AND COLLEGE READINESS GUIDANCE AND PROGRAMS,

Name of the organization

ACHIEVE TWIN CITIES

 $\begin{array}{c} \text{Employer identification number} \\ 41 - 1425264 \end{array}$

WORKING ONE-ON-ONE WITH YOUNG PEOPLE TO BUILD THE KIND OF TRUSTING,

LONG-TERM RELATIONSHIPS THAT ARE ESSENTIAL FOR CREATING POST-GRADUATION

PLANS AND CAREER SUCCESS.

STAFFED BY CAREER AND COLLEGE READINESS PROFESSIONALS THAT INCLUDE

LICENSED COUNSELORS, TEACHERS AND SOCIAL WORKERS, ACHIEVE PROGRAMS ARE

AVAILABLE TO ALL 18,000 STUDENTS EACH YEAR IN EACH DISTRICT WITH

PERSONALIZED CAREER EXPLORATION ADVISING, CAREER EVENTS WITH LOCAL

PROFESSIONALS, COLLEGE FAIRS AND TOURS, COLLEGE REP VISITS, ASSISTANCE

WITH FAFSA, FINANCIAL AID AND COLLEGE APPLICATIONS, ADVICE ON RESUME

WRITING AND JOB INTERVIEWING, CONNECTIONS WITH INTERNSHIP AND JOB

OPPORTUNITIES, AND LINKS TO OTHER COLLEGE ACCESS PROVIDERS.

ACHIEVE TWIN CITIES CAREER EXPLORATION PROGRAMMING - FULLY INTEGRATED

INTO THESE HIGH SCHOOL SERVICES - CONNECTS STUDENTS WITH A VARIETY OF

CAREER AND TRAINING OPPORTUNITIES THAT HELP THEM PREPARE TO ACCESS

FAMILY-SUPPORTING, HIGH-DEMAND AND HIGH-GROWTH CAREERS MORE QUICKLY

AFTER HIGH SCHOOL. ACHIEVE TWIN CITIES ALSO BRINGS EMPLOYERS INTO HIGH

SCHOOLS TO MEET WITH STUDENTS VIA CAREER SPEAKER EVENTS AND TAKES

STUDENTS OUT INTO THE COMMUNITY TO PARTICIPATE IN INTERACTIVE WORKSITE

TOURS.

PROGRAM DATA SHOWS THAT 95% OF STUDENTS WHO UTILIZE ACHIEVE TWIN CITIES

SCHOOL-BASED SERVICES GRADUATE WITH A CAREER PATHWAY PLAN. BIPOC

STUDENTS WHO UTILIZE THESE SERVICES ENROLL IN POSTSECONDARY PROGRAMS AT

69% HIGHER RATES THAN THOSE WHO DO NOT, AND LOWER INCOME STUDENTS

ENROLL AT 79% HIGHER RATES. THAT MEANS WITH ACHIEVE TWIN CITIES

SUPPORT, MORE STUDENTS ARE PURSUING THE EDUCATION AND TRAINING THEY

Name of the organization Employer identification number ACHIEVE TWIN CITIES 41-1425264

NEED FOR MEANINGFUL CAREERS AND FINANCIAL INDEPENDENCE.

INTERNSHIP PROGRAMS

STEP UP YOUTH EMPLOYMENT PROGRAM: STEP UP PREPARES TODAY'S YOUTH FOR

TOMORROW'S CAREERS BY RECRUITING, TRAINING AND PLACING HUNDREDS OF

MINNEAPOLIS YOUTH (AGES 14-21) IN PAID INTERNSHIPS EACH YEAR WITH OVER

200 REGIONAL EMPLOYERS, FROM FORTUNE 500 COMPANIES AND SMALL BUSINESSES

TO PUBLIC AGENCIES AND NONPROFITS. A PARTNERSHIP OF THE CITY OF

MINNEAPOLIS, ACHIEVE TWIN CITIES, CAREERFORCE MINNEAPOLIS AND PROJECT

FOR PRIDE IN LIVING, STEP UP IS ONE OF THE NATION'S LEADING YOUTH

EMPLOYMENT PROGRAMS AND LEVERAGES A COLLECTIVE THAT SPANS 15 INDUSTRIES

AND MULTIPLE SECTORS.

STEP UP SUPPORTS HISTORICALLY UNDERREPRESENTED YOUTH IN MINNEAPOLIS WHO

ARE READY TO NAVIGATE THE PROFESSIONAL WORLD. IT ALSO HELPS

ORGANIZATIONS DIVERSIFY THEIR WORKFORCE AND BUILD A BASE OF YOUNG,

SKILLED WORKERS FOR THE ENTIRE REGION. STEP UP HAS PROVIDED OVER 31,000

INTERNSHIP EXPERIENCES SINCE 2003, YIELDING A COMPETITIVE TALENT

PIPELINE, A STRONGER ECONOMY AND MILLIONS OF DOLLARS IN WAGES FOR STEP

UP INTERNS. IT ALSO COLLABORATES WITH CORPORATE, GOVERNMENT AND HIGHER

EDUCATION PARTNERS TO PROVIDE SECTOR-SPECIFIC TRAININGS, NETWORKING

EVENTS AND INDUSTRY-RECOGNIZED CREDENTIALS THROUGH FOUR CAREER

PIPELINES IN STEM, HEALTHCARE, DESIGN AND FINANCIAL SERVICES. INTERNS

COLLECTIVELY EARN OVER \$2 MILLION IN WAGES EACH SUMMER FOR THEMSELVES

AND THEIR FAMILIES.

ACHIEVE COLLEGE INTERNSHIPS: LAUNCHED IN 2020, THE NEW ACHIEVE COLLEGE

Name of the organization 41-1425264 ACHIEVE TWIN CITIES INTERNSHIPS PROGRAM PROVIDES CAREER-BUILDING OPPORTUNITIES FOR COLLEGE JUNIORS - INCLUDING STEP UP ALUMS, MINNEAPOLIS AND SAINT PAUL PUBLIC SCHOOLS GRADUATES, WALLIN SCHOLARS AND MINNESOTA PRIVATE COLLEGE FUND BLACK MEN'S SUCCESS INITIATIVE SCHOLARS - WHO ARE UNDERREPRESENTED IN TWIN CITIES COMPANIES AND LOCAL INTERNSHIP PROGRAMS. ACHIEVE TWIN CITIES HAS PARTNERED WITH 60 GLOBAL BUSINESSES, LOCAL COMPANIES AND COMMUNITY-BASED ORGANIZATIONS TO PROVIDE HIGH-QUALITY PAID SUMMER INTERNSHIPS, MENTORS AND PROFESSIONAL NETWORKING FOR OVER 100 STUDENTS FROM 20 COLLEGES AND UNIVERSITIES. THE PROGRAM ALSO HELPS EMPLOYERS STRENGTHEN THEIR RECRUITMENT AND RETENTION OF TALENTED, DIVERSE STUDENTS WHO WANT TO LAUNCH THEIR CAREERS IN THE TWIN CITIES.

VOLUNTEER PROGRAMS: TWIN CITIES COMMUNITY MEMBERS AND EMPLOYEES FROM LOCAL COMPANIES VOLUNTEER WITH HIGH SCHOOL STUDENTS BY INTRODUCING THEM TO NEW CAREERS AND EDUCATION OPPORTUNITIES, HOSTING COMPANY WORKSITE TOURS, PARTICIPATING IN STEP UP MOCK INTERVIEWS AND ACHIEVE COLLEGE INTERNSHIPS PROFESSIONAL TRAINING, AND PROVIDING OTHER CAREER EXPLORATION SUPPORT.

CAREER EXPLORATION EVENTS CONNECT VOLUNTEERS WITH HIGH SCHOOL STUDENTS TO SHARE THEIR CAREER JOURNEYS AND INSIGHTS ON A WIDE RANGE OF CAREER AND TRAINING OPPORTUNITIES. THROUGH IN-SCHOOL CAREER SPEAKER EVENTS AND OFF-SITE WORKSITE TOURS, STUDENTS EXPLORE NEW CAREER FIELDS, MEET LOCAL PROFESSIONALS, SEE WORKERS IN ACTION AT THEIR COMPANIES AND LEARN THE STEPS THEY NEED TO TAKE TOWARD SPECIFIC FIELDS AND INDUSTRIES. IN THE 2021-22 SCHOOL YEAR, 130 INDIVIDUALS FROM 90 TWIN CITIES COMPANIES AND ORGANIZATIONS SERVED AS CAREER VOLUNTEERS.

Employer identification number

Name of the organization 41-1425264 ACHIEVE TWIN CITIES EACH YEAR, HUNDREDS OF COMMUNITY VOLUNTEERS PARTICIPATE IN THE ANNUAL STEP UP MOCK INTERVIEWS, INTERVIEWING AND COACHING STEP UP YOUTH PARTICIPANTS ONE-ON-ONE IN PREPARATION FOR THEIR SUMMER INTERNSHIP INTERVIEWS. THE MOCK INTERVIEWS ARE PART OF STEP UP WORK READINESS TRAINING, WHICH EACH INTERN MUST COMPLETE BEFORE THEY ARE MATCHED WITH THEIR SUMMER EMPLOYER. IN 2022, DUE TO COVID-19 PANDEMIC RESTRICTIONS, WE HOSTED THE STEP UP MOCK INTERVIEWS VIRTUALLY, WITH 186 VOLUNTEERS WHO INTERVIEWED AND COACHED STEP UP PARTICIPANTS.

LOCAL BUSINESS PROFESSIONALS ALSO VOLUNTEER WITH ACHIEVE COLLEGE INTERNSHIPS PARTICIPANTS THROUGH OUR "JOB WINNER" EVENTS. THIS YEAR, 23 TALENT ACQUISITION PROFESSIONALS SHARED THEIR CAREER AND INDUSTRY INSIGHTS WITH COLLEGE INTERNS, FOLLOWED BY ONE-ON-ONE MOCK JOB INTERVIEWS TO HELP THEM PRACTICE AND GET FEEDBACK ON THEIR INTERVIEW AND PRESENTATION SKILLS IN PREPARATION FOR FUTURE JOB INTERVIEWS.

IN ADDITION TO THESE VOLUNTEER OPPORTUNITIES, EMPLOYEES FROM ACHIEVE TWIN CITIES PARTNER COMPANIES ALSO VOLUNTEER THEIR TIME WITH STEP UP AND ACHIEVE COLLEGE INTERNSHIPS PARTICIPANTS AS WORK READINESS TRAINERS, CAREER EXPOSURE EVENT LEADERS AND FINANCIAL LITERACY AND CAREER SKILLS EVENT FACILITATORS. MANY OF THESE OPPORTUNITIES WERE HELD VIRTUALLY IN 2022 DUE TO THE PANDEMIC.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: MINNEAPOLIS PUBLIC SCHOOLS (MPS) PARTNERSHIP: IN ADDITION TO BEING A STRONG PROGRAM PARTNER THROUGH CAREER AND COLLEGE READINESS SERVICES FOR 20 MPS HIGH SCHOOLS, ACHIEVE TWIN CITIES ALSO SERVES AS THE NONPROFIT FOUNDATION FOR MPS. IN THIS ROLE IT ASSISTS THE DISTRICT IN

Employer identification number

Name of the organization ACHIEVE TWIN CITIES

Employer identification number 41-1425264

RAISING MILLIONS IN CORPORATE AND FOUNDATION GRANTS FOR KEY DISTRICT

PRIORITIES SUCH AS STEM (SCIENCE, TECHNOLOGY, ENGINEERING AND MATH),

GIRLS IN ENGINEERING, MATHEMATICS, AND SCIENCE (GEMS) AND GUYS IN

SCIENCE AND ENGINEERING (GISE) AND COLLEGE AND CAREER READINESS

PROGRAMS. ACHIEVE TWIN CITIES ALSO PROCESSES OVER \$1 MILLION EACH YEAR

IN PRIVATE DONATIONS TO MPS SCHOOLS AND DEPARTMENTS AND DISTRIBUTES

FUNDS TO SUPPORT A VARIETY OF MPS ACTIVITIES, RANGING FROM CLASSROOM

SUPPLIES TO ARTISTS AND FIELD TRIPS. ACHIEVE TWIN CITIES ALSO

ADMINISTERS 75-100 COLLEGE SCHOLARSHIPS FOR MPS GRADUATES EACH YEAR AND

AWARDS SMALL GRANTS FOR CLASSROOMS, STAFF PROFESSIONAL DEVELOPMENT AND

FIELD TRIPS.

FORM 990, PART VI, SECTION A, LINE 1A:

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 ONCE BETWEEN MEETINGS OF THE BOARD OF DIRECTORS. THE

EXECUTIVE COMMITTEE SETS THE AGENDA FOR THE BOARD MEETINGS, SUPERVISES THE

CEO AND PERFORMS ANY OTHER DUTIES ASSIGNED BY THE BOARD OF DIRECTORS.

FORM 990, 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 PROVIDES

A DIGITAL 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 REVIEWS

THE 990 AND THEN RECOMMENDS THE BOARD APPROVE THE 990 AT ITS MEETING IN

ADVANCE OF FILING. A FULL COPY OF THE FORM 990, INCLUDING SCHEDULE B (THE

SCHEDULE OF CONTRIBUTORS), IS PROVIDED TO ALL BOARD MEMBERS IN ADVANCE OF

Name of the organization Employer identification number ACHIEVE TWIN CITIES 41-1425264

THE BOARD MEETING VIA SECURE CLOUD-BASED VIEW-ONLY FILE.

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

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

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

<u>Schedule O (Form 990) 2021</u>

Name of the organization **Employer identification number** 41-1425264 ACHIEVE TWIN CITIES THE PROCESS OF DETERMINING THE COMPENSATION OF THE PRESIDENT AND CEO DANIELLE GRANT INCLUDES A REVIEW AND PRELIMINARY APPROVAL BY THE EXECUTIVE COMMITTEE IN AN EXECUTIVE SESSION, FOLLOWED BY APPROVAL OF THE FULL BOARD IN AN EXECUTIVE SESSION. CEO COMPENSATION DECISIONS ARE ALIGNED WITH THE BOARD-APPROVED EXECUTIVE COMPENSATION PHILOSOPHY, AND BASED ON A REVIEW OF THE MINNESOTA COUNCIL OF NONPROFITS' SURVEY FOR COMPENSATION AND 990 COMPENSATION DATA FROM SELECT COMPANIES TO ASSESS WHETHER THE SALARIES ARE COMPARABLE. THE PRESIDENT AND CEO MAKES ALL COMPENSATION DECISIONS FOR OTHER OFFICERS AND STAFF, BASED ON COMPENSATION RANGES UPDATED EVERY OTHER YEAR BASED ON COMPARISON DATA FROM THE MINNESOTA COUNCIL ON NONPROFITS' SURVEY FOR COMPENSATION. AN ANNUAL PERFORMANCE REVIEW SYSTEM IS USED TO DETERMINE RAISES. FORM 990, 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.