

IRS E-file Signature Authorization
for a Tax Exempt EntityFor calendar year 2023, or fiscal year beginning SEP 1, 2023, and ending AUG 31, 2024

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

Minnesota Alliance With Youth

EIN or SSN

45-3774063

Name and title of officer or person subject to tax

Jim Davnie
Executive Director

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave lines 2b, 4b, 5b, 6b, 7b, 8b, 9b or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below to complete more than one line in Part I.

1a Form 990	check here~~~	X	bTotal revenue, if any (Form 990, Part VIII, column (A), line 12)~~~~~	1b <u>2,793,223</u>
2a Form 990-EZ	check here~~~		bTotal revenue, if any (Form 990-EZ, line 9)~~~~~	2b _____
3a Form 1120-POL	check here		bTotal tax (Form 1120-POL, line 22)~~~~~	3b _____
4a Form 990-PF	check here~~~		bTax based on investment income (Form 990-PF, Part V, line 5)~~~~~	4b _____
5a Form 8868	check here~~~		bBalance due (Form 8868, line 3c)~~~~~	5b _____
6a Form 990-T	check here~~~		bTotal tax (Form 990-T, Part III, line 4)~~~~~	6b _____
7a Form 4720	check here~~~		bTotal tax (Form 4720, Part III, line 1)~~~~~	7b _____
8a Form 5227	check here~~~		bFMV of assets at end of tax year (Form 5227, Item D)~~~~~	8b _____
9a Form 5330	check here~~~		bTax due (Form 5330, Part II, line 19)~~~~~	9b _____
10a Form 8038-CP	check here		bAmount of credit payment requested (Form 8038-CP, Part III, line 22)~~~~~	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS acknowledgement of receipt or reason for rejection of the transmission, the reason for any delay in processing the return or refund, and the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

 I authorize Abdo LLPto enter my PIN 00560Enter five numbers, but
do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

*****THIS IS NOT A FILEABLE COPY*****

Date

Signature of officer or person subject to tax

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

41555100062

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-File (MeF) Information for Authorized Providers for Business Returns.

ERO's signature

Date

03/12/25

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2023)

Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Electronic filing (e-file)

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. Minnesota Alliance With Youth	Taxpayer identification number (TIN) 45-3774063
	Number, street, and room or suite no. If a P.O. box, see instructions. 2250 University Ave W #200N	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. 55114	

Enter the Return Code for the return that this application is for (please separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual) Form 5227 Form 6069	09
Form 4720 (individual)	03	Form 8870 Form 5330	10
Form 990-PF	04	(individual) Form 5330 (other than individual)	11
Form 990-T (sec. 401(a) or 408(a) trust)	05		12
Form 990-T (trust other than above)	06		13
Form 990-T (corporation)	07		14
Form 1041-A	08		

After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of Jim Davnie

2250 University Ave W #200N - St Paul, MN 55114

Telephone No. 612-460-7568

Fax No. _____

If the organization does not have an office or place of business in the United States, check this box ~~~~~

If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box _____. If it is for part of the group, check this box _____ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until July 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 ____ or
 tax year beginning SEP 1, 20 23, and ending AUG 31, 20 24

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 3a \$ 0.
b any nonrefundable credits. See instructions. 3b \$ 0.
c If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2024)

Extended to July 15, 2025

Return of Organization Exempt From Income Tax

Form 990

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

AFor the 2023 calendar year, or tax year beginning SEP 1, 2023 and ending AUG 31, 2024

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization Minnesota Alliance With Youth		D Employer identification number 45-3774063		
	Doing business as				
	Number and street (or P.O. box if mail is not delivered to street address) 2250 University Ave W #200N		Room/suite	E Telephone number 612-460-7568	
	City or town, state or province, country, and ZIP or foreign postal code St. Paul, MN 55114			F Gross receipts \$ 2,793,223.	
	F Name and address of principal officer same as C above		Jim Davnie	G H(a) Is this a group return for subordinates? ~ Yes X No	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? Yes Yes No No		
	J Website: www.mnyouth.net		If "No," attach a list. See instructions		
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2011		M State of legal domicile: MN

Part I Summary

Revenue Activities & Governance	1 Briefly describe the organization's mission or most significant activity: Minnesota Alliance With Youth develops leaders who foster young people's through service, Minnesota			
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7	
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	116	
	6 Total number of volunteers (estimate if necessary)	6	300	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	450,198.	2,386,324.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,397,306.	404,982.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	747.	1,917.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,848,251.	2,793,223.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	
	14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
	15 Professional fundraising fees (Part IX, column (A), line 11e)	964,697.	1,102,286.	
	16a	0.	0.	
	b Total fundraising expenses (Part IX, column (D), line 25)	1,991,222	1,949,087.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,955,919	3,051,373.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-107,668.	-258,150.		
19 Revenue less expenses. Subtract line 18 from line 12				
Net Assets and Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	1,118,811.	728,707.	
	22 Net assets or fund balances. Subtract line 21 from line 20	361,516.	229,562.	
		757,295.	499,145.	

Part II Signature Block

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

Sign Here	Signature of officer Jim Davnie, Executive Director		Date	
	Type or print name and title Type/Print Preparer's Name			
Paid	Preparer's signature Steven D. Anseth, CPA	Date 03/12/25	Check if self-employed	PTIN P00552219
	Firm's name Abdo LLP	Firm's EIN 41-1397419		
Preparer Use Only	Firm's address 5201 Eden Ave Ste 250 Edina, MN 55436	Phone no. 952.835.9090		

May the IRS discuss this return with the preparer shown above? See instructions

X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23

Form 990 (2023)

See Schedule O for Organization Mission Statement Continuation

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission:

Through service, Minnesota Alliance With Youth develops leaders who foster young people's individual assets, honor their voices, and prepare them to reach their goals.

2 Did the organization undertake any significant program services during the year which were not listed on the

prior Form 990 or 990-EZ?~~~~~
If "Yes," describe these new services on Schedule O.

Yes X N

Yes

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?~~~~~

X O

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

N

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

4a (Code: _____) (Expenses \$ 2,729,041. including grants of \$ _____) (Revenue \$ 404,982.)

In the year ended August 31, 2024, 49 AmeriCorps Promise Fellows, serving statewide, devoted a term of service to closing the opportunity gap in Minnesota by providing evidence-based supports to young people across urban, suburban, and rural communities. Promise Fellows increase the capacity of schools and community organizations by using an array of data-driven strategies: tracking attendance and work completion, monitoring student engagement, supporting academic growth through caring adult interventions, service and service-learning opportunities, and out-of-school-time supports. During the program year, 1,397 students received support from an AmeriCorps Promise Fellow through individual and group supports. 89.8% of the students showed improvement in attendance, tardiness, student engagement instrument score, or work

4b (Code: _____) (Expenses \$ 252,059. including grants of \$ _____) (Revenue \$ _____)

The Minnesota Youth Council (MYC) amplifies the voice and power of young adults, creating opportunities for young people to actively influence decisions that directly impact their lives. Participants learn and practice civil skills that promote civil discourse and strengthen our local and statewide democratic systems. The MYC serves as liaison between young people, youth-led and youth-serving organizations, and state policymakers and the Governor and Lieutenant Governor. They are the statutorily-created "Voice of Youth" in Minnesota and expand opportunities for all young people in Minnesota to have their voices and input considered. Throughout the program year, all volunteers and members combined contributed over 80,000 hours of service.

4c (Code: _____) (Expenses \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)

(Expenses \$ _____) (Revenue \$ _____)

4e Total program service expenses 2,981,100.

Form 990 (2023)

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)?	X	
2	If "Yes," complete Schedule A	X	
3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		
4	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	X	
5	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		
6	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	X	
7	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	X	
8	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	X	
9	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
10	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	X	
11	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	X	
12a	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
b	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
c	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	X	
d	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	X	
e	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	X	
f	Did the organization report an amount for other liabilities in Part X, line 22? If "Yes," complete Schedule D, Part X	X	
13	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	X	
14a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
15	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States? If "Yes," complete Schedule F, Parts I and IV	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	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	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 2a, 2b, and 21? If "Yes," complete Schedule G, Part III	X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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 7? If "Yes," complete Schedule I, Parts I and II	X	

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	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	a	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b	
d		24c	
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organization Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
	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-T? If "Yes," complete Schedule L, Part I	25b	X
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	X
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? If "Yes," complete Schedule L, Part III	27	X
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):		
a	Ac current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	28a	X
	"Yes," complete Schedule L, Part IV	28b	X
b	Af family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28c	X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	29	X
	"Yes," complete Schedule L, Part IV	30	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	31	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	32	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	33	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	34	
33	Schedule N, Part II	35a	X
34	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	35b	
35a		36	
b	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	37	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	38	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
3	Section 501(c)(3) organization Did the organization make any transfers to an exempt non-charitable related organization?		
6	If "Yes," complete Schedule R, Part V, line 2		X
3	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		X
7	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		
	Note: All Form 990 filers are required to complete Schedule O		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
8	1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	29
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

PartV 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, filed for the calendar year ending with or within the year covered by this return	2a	116	
3a If at least one is reported online 2a, did the organization file all required federal employment tax returns?	2	X	
b Did the organization have unrelated business gross income of \$1,000 or more during the year?	b	X	
4a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3a		
b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	3		
b If "Yes," enter the name of the foreign country	b	X	
c See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4		
6a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	a		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a	X	
If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b	X	
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	5c		
If "Yes," did the organization include with the very solicitations an express statement that such contributions or gifts were not tax deductible?	6a		
6b	6b	X	
7 Organizations that may receive deductible contributions under section 170(c).	7a		
a 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?	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	X	
e If "Yes," indicate the number of Forms 8282 filed during the year	7e		
f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X	
g Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
h If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	9a	X	
9 sponsoring organization have excess business holdings at any time during the year?	9b	X	
Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:	10a		
a Initiation fees and capital contributions included on Part VIII, line 12	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 b Section 501(c)(12) organizations. Enter:	11a		
Gross income from members or shareholders	11b		
Gross income from other sources. (Do not enter amounts due or paid to other sources against amounts due or received from them.)			
12 a 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		
13 b 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		
b 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	13b		
Enter the amount of reserves on hand	13c		
14 Did the organization receive any payments for indoor tanning services during the tax year?	14a	X	
If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		
If "Yes," see the instructions and file Form 4720, Schedule N.	16	X	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			
If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
If "Yes," complete Form 6069.	Form		

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.

Check if Schedule O contains a response or note to any line in this Part VI **Section A. Governing Body and Management**

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed MN

18 Section 6104 requires an organization to make its Forms 1023 (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.

Own website Another's website Upon request Other(explain on Schedule O)

19 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

Jim Davnie - 612-460-75682250 University Ave W #200N, St Paul, MN

55114

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

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

ter -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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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, the ~~the \$10,000.00 minimum amount of compensation received by each director or trustee~~

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.

Check this box if neither the organization nor any related orga

(A) (B) (C) (D) (E)

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	1 a Federated campaigns ~~~~~~ b Membership dues ~~~~~~ c Fundraising events~~~~~ d Related organizations ~~~~ e Government grants (contribution)~~~~~ f Allother contributions, gifts, grants, and similar amounts not included above~~~~~ Noncash contributions included in lines 1a-1f	1a 1b 1c 1d e 2,172,234. f g 214,090. \$			
	h Total. Add lines 1a-1f	2,386,324.			
Host Site Fees		BusinessCode			
	a2	900099	404,982.	404,982.	
	b				
	c				
	d				
	e				
	f				
	g Allother program service revenue~~~~~				
	Total. Add lines 2a-2f	404,982.			
Other Revenue	4 Investment income (including dividends, interest, and othersimilar amounts)~~~~~ 5 Income from investment of tax-exempt bond proceeds 6a Royalties b (ii) Personal c Gross rents ~~~~~ 6a d Less: rental expenses~ 7a Rental income or (loss) b Net rental income or (loss) Gross amount from sales of c assets other than inventory Less: cost or other basis and sales expenses~~~ Gain or (loss)~~~~~ d Net gain or (loss) a8 Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18~~~~~ b Less: direct expenses ~~~~~ c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See b Part IV, line 19~~~~~ c Less: direct expenses ~~~~~ 10a Net income or (loss) from gaming activities b Gross sales of inventory, less returns c and allowances~~~~~ 11a Less: cost of goods sold~~~~~ b Net income or (loss) from sales of inventory	1,917.			1,917.
Miscellaneous Revenue		Business Code			
	c				
	d Allother revenue~~~~~				
	e Total. Add lines 11a-11d				
12 Total revenue. See instructions	2,793,223.	404,982.	0.	1,917.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22~~~~~				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16~~~ Benefits paid to or for members~~~~~ Compensation of current officers, directors, trustees, and key employees~~~~~ Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ~~~	142,997.	136,854.	5,449.	694.
7 Othersalaries andwages ~~~~~	796,085.	762,819.	29,425.	3,841.
8 Pension plan accrals and contributions (include section 401(k) and 403(b) employer contributions)	13,201.	12,303.	825.	73.
9 Other employee benefits~~~~~	80,135.	74,690.	5,005.	440.
10 Payroll taxes~~~~~	69,868.	66,424.	3,103.	341.
11 Fees for services (nonemployees):	122,000.	122,000.		
a Management ~~~~~	567.	103,683.		
b Legal ~~~~~	105,305.	24,000.		
c Accounting ~~~~~	24,000.			567.
d Lobbying ~~~~~				1,622.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees~~~~~				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
Advertising and promotion~~~~~	191,813.	191,195.	618.	
12 Office expenses~~~~~	8,186.	8,178.	8.	
13 Information technology~~~~~	51,499.	46,880.	4,619.	
14 Royalties ~~~~~	75,872.	69,490.	6,382.	
15 Occupancy ~~~~~	68,027.	66,650.	1,377.	
16 ~~~~~	9,410.	9,041.	369.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials~				
19 Conferences, conventions, and meetings~~	100,160.	98,999.	1,161.	
20 Interest ~~~~~				
21 Payments to affiliates~~~~~				
22 Depreciation, depletion, and amortization~~				
23 Insurance ~~~~~	19,784.	16,647.	3,137.	
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.)				
a Living allowance and be	1,127,442.	1,127,442.		
b Service fees	33,562.	33,562.		
c Subscriptions, dues, an	4,946.	4,164.	782.	
d Background checks	2,320.	2,318.	2.	
e All otherexpenses	4,194.	3,761.	433.	
2 Total functional expensesAdd lines 1 through 24e	3,051,373.	2,981,100.	64,884.	5,389.
5 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
6 Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing~~~~~	246,468	1	189,854.
	2 temporary cash investments~~~~~	220,889	2	122,790.
	3 receivable, net~~~~~	624,773	3	352,570.
	4 net~~~~~	2,917	4	2,917.
	5 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~~~~~		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)~		6	
	7 Notes and loans receivable, net~~~~~		7	
	8 Inventories for sale or use~~~~~		8	
	9		9	
	10a Prepaid expenses and deferred charges~~~~~	23,764.		38,076.
	10b Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ~~~	10a		
	Less: accumulated depreciation ~~~~~	10b		10c
	11 Investments - publicly traded securities~~~~~		11	
	12 Investments - other securities. See Part IV, line 11~~~~~		12	
	13 Investments - program-related. See Part IV, line 11 ~~~~~		13	
	14 Intangible assets ~~~~~		14	22,500.
	15 Other assets. See Part IV, line 11~~~~~		15	728,707.
	16 Total assets. Add lines 1 through 15 (must equal line 33)	1,118,811.	16	172,999.
Liabilities	17 Accounts payable and accrued expenses~~~~~	361,516.	17	56,563.
	18 Grants payable ~~~~~		18	
	19 Revenue~~~~~	Deferred	19	
	20 Liabilities~~~~~	Tax-exempt bond	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D~		21	
	22 Loans and other 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~~~~~		2	
	23 Secured mortgages and liabilities, including federal income tax payables to related third parties, and other liabilities not included on lines 17-24. Complete Part X		2	
	24		2	
	25 of Schedule D		2	
	26 Total liabilities. Add lines 17 through 25	361,516.	5	229,562.
Net Assets or Fund Balances	27 Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.		2	
	28 Net assets without donor restrictions~~~~~	670,295.	2	459,145.
	29 Net assets with donor restrictions~~~~~	87,000.	7	40,000.
	30 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.		2	
	31 Capital stock or trust principal, or current funds~~~~~	Paid-in or	8	
	32 Capital surplus, or land, building, or equipment fund~~~~~	Retained	2	
	33 Earnings, endowment, accumulated income, or other funds~~~~~	Total net	9	
	34 Assets or fund balances~~~~~	assets or fund balances	3	
	35 Total liabilities and net assets/fund balances	757,295.	0	499,145.
	36	1,118,811.	31	728,707.
	37		3	Form 990 (2023)
	38		2	
	39		33	

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	2,793,223.
2 Total expenses (must equal Part IX, column (A), line 25)	2	3,051,373.
3 Revenue less expenses. Subtract line 2 from line 1	3	-258,150.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	757,295.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	0.
		499,145.

Part XII Financial Statements and Reporting

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

X

	Yes	No
1 Accounting method used to prepare the Form 990: Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
2a If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 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 <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 basis, consolidated basis, or both: X Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X
Form 990		

(2023)

SCHEDULE A
(Form 990)

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

2023

Open to Public
Inspection

Name of the organization

Minnesota Alliance With Youth

Employer identification number
45-3774063

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 2 A school described in section 170(b)(1)(A)(ii). Attach Schedule E (Form 990).
 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 5 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 section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.
 See section 509(a)(2). (Complete Part III.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations~~~~~

~~~~~
-------

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	498,210.	655,266.	509,934.	450,198.	2386324.	4499932.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total.	498,210.	655,266.	509,934.	450,198.	2386324.	4499932.
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)						
6 Public support\$Subtract line 5 from line 4.						4499932.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	498,210.	655,266.	509,934.	450,198.	2386324.	4499932.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	169.	54.	101.	747.	1,917.	2,988.
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.)	33.					33.
11 Total supportAdd lines 7 through 10						4502953.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

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

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	99.93	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	92.93	%

16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X

b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")~~~						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513~~~~~						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf~~~						
5 The value of services or facilities furnished by a governmental unit to the organization without charge~~~						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year ~~~~~~						
c Add lines 7a and 7b ~~~~~~						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6~~~~~						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources~						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b~~~~~						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on~~~~~						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)~~~~~						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	~~~~~	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15		16	%

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

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))~~~~~	18	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17~~~~~		

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization~~~~~

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization~~~~~

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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**

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

## PartIV Supporting Organizations (continued)

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

## Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

## Section C. Type II Supporting Organizations

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

## Section D. All Type III Supporting Organizations

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

## Section E. Type III Functionally Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3	
		b	

## PartV TypeIII Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part V). See instructions. All other TypeIII non-functionally integrated supporting organizations must complete Sections A through E.		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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)		
Section 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-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required) <i>provide details in Part V</i>	5
6 Other distributions <i>describe in Part V</i> . See instructions.	6
7 Total annual distribution <i>Add lines 1 through 6</i>	7
8 Distributionstoattentivesupportedorganizations to which the organization is responsive <i>(provide details in Part VI)</i> . See instructions.	8
9 Distributable amount for 2023 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocation (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part V</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

## Part VI

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

**Schedule B**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**Minnesota Alliance With Youth**

Employer identification number

**45-3774063**

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization4947(a)(1) nonexempt charitable trust  not treated as a private foundation

527 political organization

501(c)(3) exempt private foundation

Form 990-PF

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the rules in 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 exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received exclusively 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 answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
Minnesota Alliance With Youth	45-3774063

**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	Otto Bremer Trust	\$ 85,000.	Person X
	30 E 7th Street, Suite 2900		Payroll
	St. Paul, MN 55101		Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Serve Minnesota Innovation Fund	\$ 2,167,234.	Person X
	120 S 6th Street, Suite 2260		Payroll
	Minneapolis, MN 55402		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.)
(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.)

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Name of organization

Employer identification number

Minnesota Alliance With Youth

45-3774063

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

Minnesota Alliance With Youth

Employer identification number

45-3774063

## Part III

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

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

## Political Campaign and Lobbying Activities

2023

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.Open to Public  
Inspection

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

¥ Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

¥ Section 527 organizations: Complete Part I-A only.

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

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

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

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

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

Name of organization

Minnesota Alliance With Youth

Employer identification number

45-3774063

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

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

2 Political campaign activity expenditures~~~~~ \$ 24,000.

3 Volunteer hours for political campaign activities~~~~~

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

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

2 Enter the amount of any excise tax incurred by organization managers under section 4955. If the organization

3 incurred a section 4955 tax, did it file Form 4720 for this year?~~~~~ Was a correction made? Yes N

4 ~~~~~ Yes o

a If "Yes," describe in Part IV. N

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

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

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

3 exempt function activities~~~~~ \$

4 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,

5 line 17b~~~~~ \$

Did the filing organization file Form 1120-POL for this year?~~~~~ Yes No

Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990) 2023

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying) ~~~~~														
b	Total lobbying expenditures to influence a legislative body (direct lobbying) ~~~~~														
c	Total lobbying expenditures (add lines 1a and 1b) ~~~~~														
d	<del>Other exempt purpose expenditures</del>														
e	Total exempt purpose expenditures (add lines 1c and 1d) ~~~~~														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <tr> <td>If the amount on line 1e, column (a) or (b) is:</td> <td>The lobbying nontaxable amount is:</td> </tr> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f) ~~~~~														
h	Subtract line 1g from line 1a. If zero or less, enter -0- ~~~~~														
i	Subtract line 1f from line 1c. If zero or less, enter -0- ~~~~~														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	Yes	No												

## 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

## Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d					
e Grassroots nontaxable amount					
Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers? ~~~~~	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?~~~~~	X		
d Mailings to members, legislators, or the public?~~~~~	X		
e Publications, or published or broadcast statements? ~~~~~	X		
f Grants to other organizations for lobbying purposes?~~~~~	X		
g Direct contact with legislators, their staff, government officials, legislative body or similar means?~~~~ Other activities?~~~~~ Total. Add lines 1c through 1i~~~~~	X	X	24,000.
h		X	
i 1c through 1i~~~~~		X	
j			24,000.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?~			
b If "Yes," enter the amount of any tax incurred under section 4912~~~~~			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912~~~			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members~~~~~	1	
2 Section 162(e) nondeductible lobbying and political expenditures (does not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year~~~~~	2a	
b Carryover from last year ~~~~~	2b	
c Total~~~~~	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues~~~~~	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?~~~~~		
5 Taxable amount of lobbying and political expenditures. See instructions	4	
	5	

**Part IV** Supplemental Information

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

Part II-B, Line 1, Lobbying Activities:

Lobbying activities are for the hiring of a lobbyist at the state level

to secure funding from the State of Minnesota education bill.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

Minnesota Alliance With Youth

Employer identification number  
**45-3774063**

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds		
6 are the organization's property, subject to the organization's exclusive legal control?~~~~~	Yes	No
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only		
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring		

impermissible private benefit? Yes No

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

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

Preservation of land for public use (for example, recreation or education)      Preservation of a historically important land area  
Protection of natural habitat      Preservation of a certified historic structure  
Preservation of open space

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

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

a Total number of conservation easements~~~~~

b Total acreage restricted by conservation easements~~~~~

c Number of conservation easements on a certified historic structure included on line 2a~~~~~

d Number of conservation easements included on line 2c acquired after July 25, 2006, 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?~~~~~

Yes No

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

7 _____

8 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

9 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?~~~~~

Yes No

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~~~~~ \$ _____  
b Assets included in Form 990, Part X~~~~~ \$ _____

**Part III** Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a Public exhibition  
b Scholarly research  
c Preservation for future generations

d Loan or exchange program  
e Other _____

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

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

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

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

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

	Amount
1c	Beginning
1d	
1e	
1f	Ending balance

c balance~~~~~  
d Distributions during the year~~~~~  
e Ending balance~~~~~

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No  
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

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

3a Board designated or quasi-endowment %  
Permanent endowment %

Term endowment %

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

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

	Yes	No
3a(i)		
3a(ii)		
3b		

(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) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land~~~~~				
b Buildings~~~~~				
c Leasehold improvements~~~~~				
d Equipment~~~~~				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				0.

**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives ~~~~~		
(2) Closely held equity interests ~~~~~		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))</b>		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

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

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.

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

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

1	Total revenue, gains, and other support per audited financial statements~~~~~	1	2,852,644.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	facilities~~~~~	2	59,421.
c	Recoveries of prior year grants~~~~~	b	
d	Other (Describe in Part XIII.) ~~~~~	2c	
e	Add lines 2a through 2d ~~~~~	2	
3	Subtract line 2e from line 1 ~~~~~	d	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b~~~~~	4a	
b	Other (Describe in Part XIII.) ~~~~~	4b	
c	Add lines 4a and 4b ~~~~~	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,793,223.

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

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

1	Total expenses and losses per audited financial statements~~~~~	1	3,110,794.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities~~~~~	2a	59,421.
b	Prior year adjustments~~~~~	2b	
c	Other losses~~~~~	2c	
d	Other (Describe in Part XIII.)~~~~~	2d	
e	Add lines 2a through 2d~~~~~	2e	59,421.
3	Subtract line 2e from line 1~~~~~	3	3,051,373.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b~~~~~	4a	
b	Other (Describe in Part XIII.)~~~~~	4b	
c	Add lines 4a and 4b~~~~~	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,051,373.

### 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.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

Minnesota Alliance With Youth

Employer identification number  
45-3774063

Form 990, Part I, Line 1, Description of Organization Mission:

individual assets, honor their voices, and prepare them to reach their  
goals.

Form 990, Part III, Line 4a, Program Service Accomplishments:

completion.

Form 990, Part VI, Section B, line 11b:

The draft form 990 was shared with the entire board for review and  
approval.

Form 990, Part VI, Section B, Line 12c:

Policies are sent out annually for the Board of Directors and staff to  
review and sign.

Form 990, Part VI, Section B, Line 15a:

A review was done by the Board of Directors comparing salaries of  
comparable organizations. Reviews are scheduled annually.

Form 990, Part VI, Section C, Line 19:

The Organization makes its governing documents and conflicts of interest  
policy available to the public upon request. The audited financial  
statements are posted on the Organization's website.

Form 990, Part XII, Line 2c:

The process has not changed from the prior year.

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

LHA 332211 11-14-23

Schedule O (Form 990) 2023

Name of the organization

## Minnesota Alliance With Youth

Employer identification number  
45-3774063

# **TAX RETURN FILING INSTRUCTIONS**

MINNESOTA ANNUAL REPORT

**FOR THE YEAR ENDING**

August 31, 2024

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**Prepared For:**

Minnesota Alliance With Youth  
2250 University Ave W #200N  
St. Paul, MN 55114

---

**Prepared By:**

Abdo LLP  
5201 Eden Ave, Ste 250  
Edina, MN 55436

---

**Amount of Tax:**

Balance due of \$25

---

**Make Check Payable To:**

State of Minnesota

---

**Mail Tax Return To:**

Minnesota Attorney Generals Office  
Charities Division  
445 Minnesota Street, Suite 1200  
St. Paul, MN 55101-2130

---

**Return must be mailed on or before:**

March 17, 2025

---

**Special Instructions:**

The report should be signed and dated by an authorized individual(s).  
Include the organization's Federal Employer Identification Number and 2023 Annual Report on the check or money order.

MailTo:

Minnesota Attorney General's Office  
Charities Division  
445 Minnesota Street, Suite 1200  
St. Paul, MN 55101-2130

Website Address:

[www.ag.state.mn.us/charity](http://www.ag.state.mn.us/charity)

STATE OF MINNESOTA  
CHARITABLE ORGANIZATION  
ANNUAL REPORT FORM

C2

(Pursuant to Minn. Stat. ch. 309)

SECTION A: Organization Information

Legal Name of Organization Minnesota Alliance With Youth

Federal EIN: 45-3774063

Fiscal Year-End: 08312024

mm/dd/yyyy

Did the organization's fiscal year-end change? Yes  No

Mailing Address: <u>Jim Davnie</u>	Physical Address: <u>Jim Davnie</u>
Contact Person	Contact Person
<u>2250 University</u> Ave W#200N	<u>2250 University Ave W #200N</u>
Street Address <u>55114</u>	Street Address <u>MN 55114</u>
St. Paul, MN	St. Paul,
City, State, and ZIP Code	City, State, and ZIP Code
<u>612-460-7568</u>	

Physical Address: <u>Jim Davnie</u>	Physical Address: <u>Jim Davnie</u>
Contact Person	Contact Person
<u>2250 University Ave W #200N</u>	<u>2250 University Ave W #200N</u>
Street Address <u>MN 55114</u>	Street Address <u>MN 55114</u>
St. Paul,	St. Paul,
City, State, and ZIP Code	City, State, and ZIP Code
<u>612-460-7568</u>	

1. Organization's website: www.mnyouth.net

Phone Number

2. List of the organization's alternate and former names (attach list if more space is needed). j davnie@mnyouth.net

Email Address

Email Address

Alternat  
e

Forme  
r

3. List all names under which the organization solicits contributions (attach list if more space is needed).  
Minnesota Alliance with Youth

Alternat  
e

Forme  
r

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? Yes  No

5. Total amount of contributions the organization received from Minnesota donors: \$ 173,250.

6. Has the organization's tax-exempt status with the IRS changed?

Yes  No  If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?

Yes  No  If yes, attach explanation.

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM**  
**(Continued)**

8. Has the organization been denied the right to solicit contributions by any court or government agency?  
 Yes  No  If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes  No  
 If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser	Compensation
---------------------------------	--------------

Street Address	City, State, and ZIP Code
----------------	---------------------------

10. Is the organization a food shelf? Yes  No

If yes, is the organization required to file an audit? Yes, audit attached  No

Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes  No

If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

12. A full list of the organization's board of directors, including names, addresses, and total compensation paid to each (attach list if more space is needed).

See Statement 1

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM**  
**(Continued)**

---

13. A full list of the names of all banks or other financial institutions in which the organization's funds are deposited. DO NOT include account numbers. (Attach list if more space is needed.)

Wells Fargo

---

Morgan Stanley

---

**SECTION B: Financial Information**

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.

Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

**INCOME**

1. Contributions Received
2. Government Grants
3. Program Service Revenue
4. Other Revenue
5. **TOTAL INCOME**

\$ _____ 1  
\$ _____ 2  
\$ _____ 3  
\$ _____ 4  
\$ _____ 5

**EXPENSES**

6. Program Expenses
7. Management & General Expenses
8. Fund-raising Expenses
9. **TOTAL EXPENSES**
10. **EXCESS or DEFICIT**  
 (Line 5 minus Line 9)

\$ _____ 6  
\$ _____ 7  
\$ _____ 8  
\$ _____ 9  
\$ _____ 10

**ASSETS**

11. Cash
12. Land, Buildings & Equipment
13. Other Assets
14. **TOTAL ASSETS**

\$ _____ 11  
\$ _____ 12  
\$ _____ 13  
\$ _____ 14

**LIABILITIES**

15. Accounts Payable
16. Grants Payable
17. Other Liabilities
18. **TOTAL LIABILITIES**

\$ _____ 15  
\$ _____ 16  
\$ _____ 17  
\$ _____ 18

**FUND BALANCE/NET WORTH**

(Line 14 minus Line 18)

\$ _____

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM**  
**(Continued)**

**Section B (continued): Statement of Functional Expenses**

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
3. Grants and other assistance to individuals in the U.S.				
4. Grants and other assistance to governments, organizations, and individuals outside the U.S.				
5. Benefits paid to or for members				
6. Compensation of current officers, directors, trustees, and key employees				
Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
10. Other employee benefits				
11. Payroll taxes				
Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting				
c. Lobbying				
d. Professional fundraising services				
e. Investment management fees				
e. Other				
f. Advertising and promotion				
12. Office expenses				
13. Information technology				
14. Royalties				
15. Occupancy				
16. Travel				
17. Payments of travel or entertainment expenses for any federal, state, or local public officials				
18. Conferences, conventions, and meetings				
20. Interest				
Payments to affiliates				
21. Depreciation, depletion, and amortization				
22. Insurance				
23. Other expenses. Itemize expenses not covered above. Expenses labeled "miscellaneous" may not exceed 5% of total expenses (Line 25).				
a.				
b.				
c.				
25d Total functional expenses Add lines 1 through 24d				
26. Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)

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**Section C: Board of Directors Signatures and Acknowledgment**

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. ~~See~~ Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

Executive Director _____ (Title) and Lead Practice Officer _____ (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

Board of Directors _____ (Board of Directors, Trustees, or Managing Group) adopted on the _____

day of _____, 20____, approving the contents of the document, and do hereby certify that the

Board of Directors _____ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

Jim Davnie

Name (Print)

Kita Yang

Name (Print)

Signature

Executive Director

Signature

Lead Practice Officer

Title

Title

Date

Date