

Form **990**

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

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A For the 2021 calendar year, or tax year beginning** and ending

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ENTERPRISE FOR YOUTH</b>		<b>D</b> Employer identification number <b>23-7139082</b>
	Doing business as		<b>E</b> Telephone number <b>(415) 392-7600</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>2021 FILLMORE STREET</b>		<b>G</b> Gross receipts \$ <b>2,900,756.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>SAN FRANCISCO, CA 94115</b>		
<b>F</b> Name and address of principal officer: <b>NINIVE CALEGARI</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J Website:** ▶ **ENTERPRISEFORYOUTH.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1969** **M** State of legal domicile: **CA**

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ENGAGE &amp; EMPOWER SF YOUTH ON A PATH TO ECONOMIC INDEPENDENCE THROUGH TRAINING AND INTERNSHIPS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>19</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>19</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>279</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>591</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>987,042.</b>	<b>1,438,587.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>927,731.</b>	<b>1,296,188.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>27,047.</b>	<b>9,350.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>61,283.</b>	<b>100,731.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,003,103.</b>	<b>2,844,856.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>4,000.</b>	<b>4,000.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,368,739.</b>	<b>1,732,414.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>156,839.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>609,249.</b>	<b>615,475.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,981,988.</b>	<b>2,351,889.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>21,115.</b>	<b>492,967.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>1,317,002.</b>	<b>End of Year</b> <b>1,761,578.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>209,159.</b>	<b>159,382.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,107,843.</b>	<b>1,602,196.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>NINIVE CALEGARI, CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>NAZANIN BENYAMINI</b>		<b>09/21/22</b>	<input type="checkbox"/>	<b>P00666808</b>
Firm's name ▶ <b>SINGERLEWAK LLP</b>			Firm's EIN ▶ <b>95-2302617</b>		
Firm's address ▶ <b>262 GRAND AVENUE</b> <b>S. SAN FRANCISCO, CA 94080</b>			Phone no. <b>(650) 872-7600</b>		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 1,962,404. including grants of \$ 4,000. ) (Revenue \$ 1,296,188. ) SEE SCHEDULE O

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 1,962,404.

**Part IV Checklist of Required Schedules**

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

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

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts (2a), federal employment tax returns (2b), unrelated business gross income (3a), foreign accounts (4a), prohibited tax shelter transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7g), sponsoring organizations (8-9), and Section 501(c)(7) and (12) organizations (10-11).

**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**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	19	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	19	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 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 **KEN LIANG - (415) 392-7600**  
**2021 FILLMORE ST, SUITE 192, SAN FRANCISCO, CA 94115**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRENT HYDER PRESIDENT	2.00	X		X				0.	0.	0.
(2) ANDREA DUBLIN CO-PRESIDENT	3.00	X		X				0.	0.	0.
(3) SHAHID HUSSAIN SECRETARY	2.00	X		X				0.	0.	0.
(4) ROBERTO RIVERA TREASURER	2.00	X		X				0.	0.	0.
(5) ASHIK ARDESHNA DIRECTOR	2.00	X						0.	0.	0.
(6) TERENCE BEI DIRECTOR	2.00	X						0.	0.	0.
(7) DONNA BOYER DIRECTOR	1.00	X						0.	0.	0.
(8) DALANA BRAND DIRECTOR	1.00	X						0.	0.	0.
(9) DANIEL BURNETT DIRECTOR	1.00	X						0.	0.	0.
(10) JACKIE CHEN DIRECTOR	1.00	X						0.	0.	0.
(11) JAY JACOBS DIRECTOR	2.00	X						0.	0.	0.
(12) TYNNETTA MCINTOSH DIRECTOR	1.00	X						0.	0.	0.
(13) KATHRYN MONEY DIRECTOR	1.00	X						0.	0.	0.
(14) ANA MORAGA ARCHILA DIRECTOR	1.00	X						0.	0.	0.
(15) LESLIE OHARA DIRECTOR	1.00	X						0.	0.	0.
(16) ANDI PIMENTEL DIRECTOR	1.00	X						0.	0.	0.
(17) ALISON GELB PINCUS DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOE SINHA DIRECTOR	1.00	X					0.	0.	0.	
(19) SCOTT SNOW DIRECTOR	1.00	X					0.	0.	0.	
(20) NINIVE CALEGARI CHIEF EXECUTIVE OFFICER	40.00			X			177,489.	0.	0.	
(21) CARLO SOLIS SENIOR PROGRAM DIRECTOR	40.00				X		134,985.	0.	7,001.	
(22) JIAN LIANG FINANCE DIRECTOR	40.00				X		112,451.	0.	6,872.	
<b>1b Subtotal</b>							424,925.	0.	13,873.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							424,925.	0.	13,873.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	36,466.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	559,354.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	842,767.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f			1,438,587.			
	Program Service Revenue	2 a	FEEs FOR SERVICE	Business Code 611430	1,296,188.	1,296,188.	
b							
c							
d							
e							
f		All other program service revenue					
g Total. Add lines 2a-2f			1,296,188.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		7,652.		7,652.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				4,000.			
	b	Less: cost or other basis and sales expenses	7b	2,302.			
	c	Gain or (loss)	7c	1,698.			
d	Net gain or (loss)		1,698.		1,698.		
8 a	Gross income from fundraising events (not including \$ 36,466. of contributions reported on line 1c). See Part IV, line 18						
			150,480.				
			53,598.				
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events		96,882.		96,882.		
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	Business Code 611430	3,849.		3,849.	
	b						
	c						
	d	All other revenue					
	e Total. Add lines 11a-11d			3,849.			
12 Total revenue. See instructions			2,844,856.	1,296,188.	0.	110,081.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	4,000.	4,000.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	177,489.	147,118.	13,951.	16,420.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,352,180.	1,155,697.	109,590.	86,893.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	72,665.	54,161.	8,534.	9,970.
<b>10</b> Payroll taxes	130,080.	109,413.	9,540.	11,127.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	113,666.	73,223.	33,388.	7,055.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	24,367.	19,873.	3,477.	1,017.
<b>14</b> Information technology	48,604.	39,560.	1,969.	7,075.
<b>15</b> Royalties				
<b>16</b> Occupancy	142,610.	124,121.	7,671.	10,818.
<b>17</b> Travel	4,697.	2,798.	1,251.	648.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	54,404.	14,215.	39,620.	569.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	11,557.	10,058.	622.	877.
<b>23</b> Insurance	60,183.	56,733.	1,620.	1,830.
<b>24</b> 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.)				
<b>a</b> <b>STUDENT STIPENDS</b>	138,390.	138,240.		150.
<b>b</b> <b>PRINTING AND COPYING</b>	8,282.	7,016.	508.	758.
<b>c</b> <b>POSTAGE AND DELIVERY</b>	4,160.	3,672.	245.	243.
<b>d</b> <b>MOVING EXPENSES</b>	2,558.	1,873.	550.	135.
<b>e</b> All other expenses	1,997.	633.	110.	1,254.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	2,351,889.	1,962,404.	232,646.	156,839.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	82,470.	<b>1</b>	119,133.
	<b>2</b> Savings and temporary cash investments .....	450,519.	<b>2</b>	658,194.
	<b>3</b> Pledges and grants receivable, net .....	9,113.	<b>3</b>	84,976.
	<b>4</b> Accounts receivable, net .....	201,471.	<b>4</b>	406,311.
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	117,262.	<b>9</b>	36,276.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 143,672.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 126,276.		
	<b>11</b> Investments - publicly traded securities .....	242,823.	<b>11</b>	252,912.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	185,875.	<b>12</b>	186,380.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1,317,002.	<b>16</b>	1,761,578.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	71,770.	<b>17</b>	109,032.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	110,000.	<b>19</b>	50,350.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	27,389.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	209,159.	<b>26</b>	159,382.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	995,872.	<b>27</b>	1,457,592.
	<b>28</b> Net assets with donor restrictions .....	111,971.	<b>28</b>	144,604.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	1,107,843.	<b>32</b>	1,602,196.
<b>33</b> Total liabilities and net assets/fund balances .....	1,317,002.	<b>33</b>	1,761,578.	

**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	2,844,856.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,351,889.
3	Revenue less expenses. Subtract line 2 from line 1	3	492,967.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,107,843.
5	Net unrealized gains (losses) on investments	5	1,386.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,602,196.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2021)



**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	843,799.	1,137,164.	1,814,798.	987,042.	1,438,587.	6,221,390.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	843,799.	1,137,164.	1,814,798.	987,042.	1,438,587.	6,221,390.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						864,905.
<b>6 Public support.</b> Subtract line 5 from line 4.						5,356,485.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	843,799.	1,137,164.	1,814,798.	987,042.	1,438,587.	6,221,390.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3,277.	6,252.	7,911.	27,047.	7,652.	52,139.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	3,264.	6,043.	968.		3,849.	14,124.
<b>11 Total support.</b> Add lines 7 through 10						6,287,653.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,866,578.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	85.19 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	86.21 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**ENTERPRISE FOR YOUTH**

Employer identification number

**23-7139082**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization <b>ENTERPRISE FOR YOUTH</b>	Employer identification number <b>23-7139082</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE WALTER & ELISE HAAS FUND 1 LOMBARD STREET, SUITE 305 SAN FRANCISCO, CA 94111	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE KIMBALL FOUNDATION 1660 BUSH STREET, SUITE 300 SAN FRANCISCO, CA 94109	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SAN FRANCISCO UNIFIED SCHOOL DISTRICT 1306 43RD AVE SAN FRANCISCO, CA 94122	\$ 65,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	KATHRYN & AARON MONEY 25 20TH AVENUE SAN FRANCISCO, CA 94121	\$ 37,242.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SALESFORCE.COM FOUNDATION 50 FREMONT STREET, SUITE 300 SAN FRANCISCO, CA 94105	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	GAP INC. PO BOX 27808 ALBUQUERQUE, NM 87125	\$ 69,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ENTERPRISE FOR YOUTH</b>	Employer identification number  <b>23-7139082</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SIMON BREITBARD FINE ARTS  779 SANTA CRUZ AVE  MENLO PARK, CA 94025	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	SMALL BUSINESS ADMINISTRATION  455 MARKET ST #600  SAN FRANCISCO, CA 94105	\$ 276,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE  CINCINNATI, OH 45999	\$ 258,354.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ENTERPRISE FOR YOUTH</b>	Employer identification number  <b>23-7139082</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization <b>ENTERPRISE FOR YOUTH</b>	Employer identification number <b>23-7139082</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D**  
**(Form 990)**

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

**2021**

Open to Public Inspection

Name of the organization **ENTERPRISE FOR YOUTH** Employer identification number **23-7139082**

**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 are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" 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
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2021

**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, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	111,971.	102,361.	74,542.	78,542.	82,513.
b Contributions	25,350.		15,000.		
c Net investment earnings, gains, and losses	11,283.	13,610.	16,819.		29.
d Grants or scholarships	4,000.	4,000.	4,000.	4,000.	4,000.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	144,604.	111,971.	102,361.	74,542.	78,542.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  35.0000 %
  - c Term endowment  65.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		70,496.	65,466.	5,030.
e Other		73,176.	60,810.	12,366.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,396.

**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) CERTIFICATE OF DEPOSIT	186,380.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	186,380.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	2,909,430.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	1,386.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	9,590.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	53,598.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	64,574.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,844,856.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	2,844,856.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	2,415,077.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	9,590.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	53,598.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	63,188.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,351,889.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	2,351,889.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE 501(C)(3), QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER 170(B)(1)(A), AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER 509(A)(1).

THE ORGANIZATION IS ALSO EXEMPT FROM INCOME TAXES UNDER CALIFORNIA REVENUE AND TAXATION CODE 23701D.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

HEROES AT WORK EVENT EXPENSES NETTED AGAINST INCOME

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**Part XIII** Supplemental Information (continued)

HEROES AT WORK EVENT EXPENSES NETTED AGAINST INCOME

PART XI, LINE 2D - OTHER ADJUSTMENTS:

HEROES AT WORK EVENT EXPENSES NETTED AGAINST INCOME

PART XII, LINE 2D - OTHER ADJUSTMENTS:

HEROES AT WORK EVENT EXPENSES NETTED AGAINST INCOME



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		HEROES AT WORK		NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts .....	186,946.		186,946.
	2	Less: Contributions .....	36,466.		36,466.
	3	Gross income (line 1 minus line 2) .....	150,480.		150,480.
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....	53,598.		53,598.
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			53,598.
	11	Net income summary. Subtract line 10 from line 3, column (d) .....			96,882.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_





**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**ENTERPRISE FOR YOUTH**

Employer identification number

**23-7139082**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2021





**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

**2021**

Open to Public  
Inspection

Name of the organization

ENTERPRISE FOR YOUTH

Employer identification number

23-7139082

FORM 990, PART 3, LINE 1

ENTERPRISE FOR YOUTH EMPOWERS UNDER-RESOURCED SAN FRANCISCO YOUTHS TO  
REACH THEIR POTENTIAL THROUGH TRANSFORMATIVE PAID INTERNSHIP  
EXPERIENCES SUPPORTED BY A COMMUNITY OF EMPLOYERS, CARING ADULTS, AND  
PEERS.

FORM 990, PART 3 - ADDITIONAL PROGRAM MISSION INFO

ENTERPRISE FOR YOUTH EMPOWERS UNDER-RESOURCED SAN FRANCISCO YOUTH TO  
REACH THEIR POTENTIAL THROUGH TRANSFORMATIVE PAID INTERNSHIP  
EXPERIENCES SUPPORTED BY A COMMUNITY OF EMPLOYERS, CARING ADULTS, AND  
PEERS. FOUNDED IN 1969, ENTERPRISE SERVES BETWEEN 400 AND 500 YOUTH,  
AGES 14 TO 21, ANNUALLY THROUGH A CONTINUUM OF EMPLOYMENT RESOURCES:  
JOB READINESS TRAINING; PAID WORK EXPERIENCE ACROSS A BROAD RANGE OF  
SECTORS (HEALTH, TECHNOLOGY, ART/ARCHITECTURE/DESIGN, FINANCIAL AND  
LEGAL SERVICES, GOVERNMENT AND NONPROFIT, ENTREPRENEURSHIP, GREEN  
CAREERS, COMMUNICATIONS, AND RETAIL); COLLEGE CREDIT ATTAINMENT WITH  
CITY COLLEGE OF SAN FRANCISCO; SECTORBASED SKILLS TRAINING  
OPPORTUNITIES IN HEALTHCARE AND TECHNOLOGY; FINANCIAL LITERACY; AND  
ONGOING CAREER DEVELOPMENT AND NETWORKING SUPPORT.

THE BAY AREA HAS THE HIGHEST INCOME INEQUALITY IN CALIFORNIA, WITH TOP  
EARNERS MAKING 12.2 TIMES MORE THAN THOSE AT THE LOW END (PUBLIC POLICY  
INSTITUTE OF CA). OVER THE PAST TWO YEARS, COVID HAS EXACERBATED WEALTH  
AND RACIAL INEQUALITIES; THE CURRENT ECONOMIC ENVIRONMENT IS  
PARTICULARLY CHALLENGING FOR YOUTH. ON TOP OF PREPANDEMIC CHALLENGES

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization ENTERPRISE FOR YOUTH	Employer identification number 23-7139082
--	--

SUCH AS HIGH COST OF LIVING AND STUDENT DEBT, YOUTH HAVE BEEN DISADVANTAGED BY A SLOWER JOBS RECOVERY. ACCORDING TO THE BUREAU OF LABOR STATISTICS, YOUTH OF COLOR HAVE BEEN PARTICULARLY AFFECTED, AS UNEMPLOYMENT RATES REMAINED ELEVATED IN 2021 FOR BLACK, ASIAN AND HISPANIC/LATINO YOUTH.

THE ENTERPRISE PROGRAM MODEL IS DESIGNED TO COUNTERACT THE PERSISTENT TREND OF ECONOMIC INEQUALITY. OUR ABILITY NOT ONLY TO TRAIN YOUTH BUT TO PLACE THEM IN PAID INTERNSHIPS AND SUPPORT THEIR PROFESSIONAL DEVELOPMENT OVER TIME LEADS TO STRONG OUTCOMES. A POSITIVE YOUTH DEVELOPMENT FRAMEWORK, SMALL COHORT MODEL, AND EFFECTIVE YOUTH MENTORSHIP ENSURE THAT YOUNG PEOPLE ARE SUPPORTED BOTH BY A GROUP OF PEERS AND BY MULTIPLE ADULTS. WITH DATA PUBLISHED BY THE NATIONAL ASSOCIATION OF COLLEGES AND EMPLOYERS SHOWING THE POSITIVE IMPACT OF MULTIPLE INTERNSHIPS, WE ACTIVELY PROMOTE A MULTI-YEAR MODEL, ALLOWING YOUTH TO BUILD STRONG RESUMES DURING HIGH SCHOOL AND BEGIN DEVELOPING A BROADER NETWORK. WE TRAIN YOUTH IN JOB SKILLS, DEVELOP THEIR PROFESSIONAL SKILLS, AND, IN COLLABORATION WITH LONG-STANDING AND NEW CORPORATE, NONPROFIT AND EDUCATIONAL PARTNERS, PROVIDE MULTIPLE, EXTRAORDINARY OPPORTUNITIES FOR DIRECT WORK EXPERIENCE. OUR CONSISTENT, CARING, YOUTH-CENTERED APPROACH LEADS TO HIGH COMPLETION RATES, AND REFLECTS OUR VALUES OF GROWTH, INTEGRITY, COMMUNITY AND YOUTH EMPOWERMENT.

YOUTH SERVED

OUR TARGET DEMOGRAPHIC INCLUDES YOUTH WHO ARE LOW INCOME OR QUALIFY FOR FREE AND REDUCED LUNCH, FIRSTGENERATION COLLEGE BOUND STUDENTS, RECENT IMMIGRANTS, UNDERREPRESENTED YOUTH OF COLOR, YOUTH LEARNING ENGLISH AS

Name of the organization ENTERPRISE FOR YOUTH	Employer identification number 23-7139082
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A NEW LANGUAGE, STUDENTS AT CONTINUATION OR ALTERNATIVE SCHOOLS, AND PREGNANT OR PARENTING YOUTH. BASED ON 2021 DATA ACROSS ALL PROGRAMS, 80% OF THE YOUTH WE SERVE ARE ECONOMICALLY DISADVANTAGED; 59% QUALIFY FOR FREE/REDUCED LUNCH; 28% REPORT FAMILY INCOMES UNDER \$30K; 52% SPEAK A LANGUAGE AT HOME OTHER THAN ENGLISH; THEY ARE ETHNICALLY/CULTURALLY DIVERSE (45% ASIAN, 5% BLACK, 23% HISPANIC/LATINX, 1% MIDDLE EASTERN, 8% MULTIRACIAL, 9% SOUTHEAST ASIAN/PACIFIC ISLANDER, 5% WHITE, AND 4% DECLINE TO STATE); AND 59% WOULD BE FIRST GENERATION COLLEGE GRADUATES. A HIGH PERCENTAGE OF OUR YOUTH LIVE IN SAN FRANCISCO'S SOUTHEASTERN NEIGHBORHOODS, INCLUDING BAYVIEW/HUNTERS POINT, EXCELSIOR/OUTER MISSION, PORTOLA/VISITACION VALLEY, AND PARKSIDE, WHICH HAVE SOME OF THE LOWEST HOUSEHOLD INCOMES, HIGHEST UNEMPLOYMENT, HIGHEST PERCENTAGES OF LIMITED ENGLISH SPEAKERS, AND LOWEST PERCENTAGES OF COLLEGE GRADUATES.

ENTERPRISE 2021 INTERNSHIP PROGRAM

ENTERPRISE IS A CENTRAL EMPLOYMENT RESOURCE, WHERE YOUTH LEARN JOB SKILLS AND SOFT SKILLS, PRACTICE THOSE SKILLS IN SUPPORTIVE WORK SETTINGS AND ONGOING PROFESSIONAL DEVELOPMENT, CONNECT CAREER GOALS WITH POSTSECONDARY EDUCATION, DEVELOP RELATIONSHIPS WITH PEERS AND MENTORS, AND BUILD THEIR PROFESSIONAL NETWORK. PROVIDING YOUNG PEOPLE ACCESS TO JOBS IS THE CORNERSTONE OF ENTERPRISE'S WORK; WE FOSTER FINANCIAL INDEPENDENCE FOR YOUTH AND SUPPORT THEM ON A PATH TO ECONOMIC MOBILITY AND PROSPERITY.

JOB-READINESS TRAINING: WE OFFER JOB-READINESS TRAINING IN BOTH ENGLISH AND SPANISH LANGUAGE COHORTS DURING THE SPRING AND FALL EACH YEAR. WE OFFER VIRTUAL JOB-READINESS TRAINING SESSIONS AS WELL AS IN-PERSON,

Name of the organization ENTERPRISE FOR YOUTH	Employer identification number 23-7139082
--	--

ON-CAMPUS COHORTS THROUGH OUR DESIGNATED SCHOOL PARTNERSHIPS.

JOB-READINESS TRAINING INCLUDES 20 HOURS OF TRAINING COVERING PROFESSIONAL COMMUNICATION SKILLS, TEAMWORK, TIME MANAGEMENT, FINANCIAL LITERACY, CALIFORNIA EMPLOYMENT LAW, AND INTERVIEW SKILLS. YOUTH CREATE RESUMES, COVER LETTERS, AND LINKEDIN PROFILES; THEY LEARN TO CONDUCT A JOB SEARCH USING VARIOUS ONLINE JOB SEARCH TOOLS. YOUTH PRACTICE COMMUNICATION AND PRESENTATION SKILLS IN A SERIES OF MOCK INTERVIEWS WITH SUPPORTIVE VOLUNTEER INTERVIEWERS FROM CORPORATE PARTNERS, INCLUDING OKTA, JP MORGAN CHASE, AND DELOITTE, AMONG OTHERS.

JOBREADINESS TRAINING PROVIDES YOUTH WITH PRACTICAL JOB PREPAREDNESS SKILLS, AS WELL AS THE SOFT SKILLS CRITICAL TO WORKPLACE SUCCESS. YOUTH EARN A \$125 STIPEND FOR COMPLETING THE TRAINING AND ARE ELIGIBLE FOR ENTERPRISE PAID WORK EXPERIENCE PROGRAMS.

PAID WORK EXPERIENCE: WORKING WITH OVER 50 EMPLOYMENT PARTNERS IN HEALTHCARE, TECHNOLOGY, ART/ARCHITECTURE/DESIGN, FINANCIAL AND LEGAL SERVICES, GOVERNMENT AND NONPROFIT, ENTREPRENEURSHIP, GREEN CAREERS, COMMUNICATIONS, AND RETAIL, WE OFFER A COMBINATION OF VIRTUAL, IN-PERSON AND HYBRID INTERNSHIPS, WITH ALL WORKSHOPS AND OTHER SUPPLEMENTAL PROGRAMMING HELD VIRTUALLY. DURING OUR SUMMER 2021 INTERNSHIP CYCLE 44% OF YOUTH PARTICIPATED IN VIRTUAL INTERNSHIPS, 40% IN IN-PERSON INTERNSHIPS, AND 16% IN HYBRID INTERNSHIPS. PROVIDING OPPORTUNITIES FOR YOUNG PEOPLE TO GAIN EXPERIENCE IN A VARIETY OF WORKPLACE SETTINGS HELPS TO BUILD THEIR CONFIDENCE IN DIFFERENT ENVIRONMENTS AND PREPARES THEM FOR THE FUTURE.

THE ENTERPRISE MULTI-YEAR MODEL ALLOWS YOUTH TO BUILD STRONG RESUMES

Name of the organization ENTERPRISE FOR YOUTH	Employer identification number 23-7139082
--	--

DURING HIGH SCHOOL, ENGAGE IN A RANGE OF PAID WORK EXPERIENCE AND TRAINING OPPORTUNITIES, AND BEGIN DEVELOPING A PROFESSIONAL NETWORK. YOUTH EARN \$17.34/HR FOR 75 HOURS, ALONG WITH PAYMENT FOR ACCRUED VACATION TIME. YOUTH IN MOST PROGRAMS ARE ELIGIBLE FOR COLLEGE CREDIT THROUGH OUR PARTNERSHIP WITH CITY COLLEGE OF SAN FRANCISCO. WE OFFER THE FOLLOWING WORK EXPERIENCE PLACEMENTS:

CAREER EXPERIENCE INTERNSHIPS WITH PARTNERS LIKE FIRST REPUBLIC BANK, OLD NAVY (CORPORATE OFFICES), SPUR, SOUTHERN EXPOSURE, UCSF DYSLEXIA CENTER, THERANOVA, RED DOT STUDIO, AND SMALL BUSINESSES THROUGH OUR PARTNERSHIPS WITH SFMADE AND SF NEW DEAL;

HEALTHCARE SKILLS-BUILDING INTERNSHIPS OFFERING A BLENDED EXPERIENCE WHERE YOUTH ENROLL IN THE HEALTH TERMINOLOGIES COURSE AT CITY COLLEGE OF SAN FRANCISCO (EARNING 3 COLLEGE CREDITS) AND, CONCURRENTLY, GAIN WORK EXPERIENCE THROUGH PRACTICUM HOURS WITH PARTNERS LIKE HELIX, AS WELL AS OTHER WORK-BASED PROGRAMS IN HEALTHCARE;

TECHNOLOGY SKILLS-BUILDING INTERNSHIPS THROUGH WHICH YOUTH GAIN PROFICIENCY IN PYTHON, JAVASCRIPT, UNITY, OR HTML, AND THEN USE THEIR SKILLS TO CREATE WEBSITES, VIDEO GAMES, OR WEB APPLICATIONS AS THEIR FINAL PROJECT. YOUTH ALSO HAVE EXPOSURE TO PROFESSIONALS IN TECHNOLOGY THROUGH CAREER PANELS, JOB SHADOWS AND OTHER WORK-BASED PROGRAMS IN TECHNOLOGY;

CLIMATE CAREER CORPS, DEVELOPED IN PARTNERSHIP WITH NATURE IN THE CITY, TO EXPAND THE ENTERPRISE ENVIRONMENTAL JOBS PORTFOLIO BY INCORPORATING OUR GREEN CAREERS PROGRAM, INTERNSHIPS IN THE PARKS THROUGH SF REC &

Name of the organization ENTERPRISE FOR YOUTH	Employer identification number 23-7139082
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PARKS EPARTMENT AND THE GOLDEN GATE NATIONAL RECREATION AREA, WITH INTERNSHIPS AT ENVIRONMENTAL ORGANIZATIONS, GOVERNMENTAL AGENCIES, AND BUSINESSES THAT ARE ADDRESSING CLIMATE CHANGE. ALONG WITH THEIR INTERNSHIP, YOUTH PARTICIPATE IN AN EDUCATIONAL COMPONENT, INTRODUCING THEM TO ENVIRONMENTAL SCIENCE AND POLICY ISSUES;

RETAIL POSITIONS WITH PARTNERS LIKE OLD NAVY AND STARBUCKS, EXEMPLIFIED BY SPECIALIZED TRAINING AND ONGOING SUPPORT FOR YOUTH MODELED ON OUR LONG-STANDING PARTNERSHIP WITH GAP INC.;

CAREER EXPLORATION TRAINING, A VIRTUAL PROGRAM DEVELOPED IN PARTNERSHIP WITH SFUSD, PROVIDING WORKFORCE TRAINING, FINANCIAL LITERACY TRAINING AND CAREER EXPOSURE THROUGH CAREER PANELS IN FINANCIAL SERVICES, HEALTHCARE, TECHNOLOGY, AND ART/ARCHITECTURE/DESIGN, PROFESSIONAL DEVELOPMENT THROUGH A STUDY OF LEADERSHIP, AND MORE; AND

PROGRAM ASSISTANTS, A PROGRAM TO SUPPORT ENTERPRISE ALUMNI BY HIRING FORMER INTERNS AS PROGRAM ASSISTANTS, FOSTERING YOUTH LEADERSHIP AND PEER MENTORSHIP. MOST PROGRAM ASSISTANTS WORK WITH THE PROGRAM TEAM TO SUPPORT YOUTH DURING SUMMER AND FALL INTERNSHIPS; A SMALLER NUMBER WORK WITH COMMUNICATIONS OR DEVELOPMENT STAFF LEARNING SKILLS IN NONPROFIT MANAGEMENT.

ADDITIONAL TRAINING AND CAREER DEVELOPMENT IS WOVEN THROUGHOUT. BLENDED INTERNSHIPS IN HEALTHCARE AND TECHNOLOGY INCLUDE SECTOR-SPECIFIC EDUCATION AND TRAINING AS AN INTEGRAL PART OF THE PROGRAM. YOUTH IN RETAIL AND GREEN CAREERS RECEIVE SPECIALIZED TRAINING IN CUSTOMER SERVICE AND ENVIRONMENTAL EDUCATION IN ADVANCE OF THEIR INTERNSHIPS.

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YOUTH IN ALL PROGRAMS ATTEND REQUIRED, WEEKLY PROFESSIONAL DEVELOPMENT WORKSHOPS DURING THEIR INTERNSHIPS TO HONE SKILLS INTRODUCED IN JOB]READINESS TRAINING, IMPROVE FINANCIAL LITERACY, AND COMPLETE COLLEGE COURSEWORK WITH SUPPORT FROM ENTERPRISE JOB COACHES AND VOLUNTEER MENTORS. AT THE CULMINATION OF ALL INTERNSHIPS, YOUTH CELEBRATE THEIR ACHIEVEMENTS AND GIVE FINAL PRESENTATIONS TO THEIR PEERS, MENTORS, WORK SUPERVISORS AND COLLEAGUES, AND FAMILY MEMBERS.

ONGOING PROFESSIONAL DEVELOPMENT AND NETWORKING: PROVIDING A CONTINUUM OF SERVICES, WE HOST EVENTS THROUGHOUT THE YEAR AND ACTIVELY PROMOTE A MULTI YEAR PROGRAM MODEL. ALL YOUTH WHO HAVE COMPLETED JOBBREADINESS TRAINING ARE INVITED TO RECEIVE SUPPLEMENTARY CAREER BUILDING PROGRAMS THROUGHOUT THE YEAR. THESE PROGRAMS ENABLE YOUTH TO AUGMENT THE IMPACT OF THEIR WORK EXPERIENCES THROUGH MORE ADVANCED CAREER TRAINING WORKSHOPS, CAREER INSPIRATION PANEL DISCUSSIONS, COLLEGE PREPARATION EVENTS, NETWORKING EVENTS, JOB SHADOWS, ALUMNI GATHERINGS, AS WELL AS OPPORTUNITIES TO ATTEND CONFERENCES SUCH AS DREAMFORCE. YOUTH ALSO HAVE ACCESS TO OUR JOB BANK. IN ADDITION, YOUTH WHO HAVE COMPLETED AT LEAST ONE WORK EXPERIENCE PROGRAM ARE ELIGIBLE TO APPLY FOR THE YOUTH COUNCIL, A ONE YEAR LEADERSHIP DEVELOPMENT PROGRAM.

FORM 990, PART 3, LINE 4A

OUR WORKFORCE DEVELOPMENT PROGRAMS PROVIDE YOUTH JOB-READINESS SKILLS LEADING DIRECTLY TO PROFESSIONAL WORKPLACE EXPERIENCE LINKED TO COLLEGE COURSEWORK. OUR LONG-STANDING PARTNERSHIPS WITH EMPLOYERS, AND STRONG RELATIONSHIPS ACROSS MANY JOB SECTORS, PROVIDE YOUTH ACCESS TO AN EXPANSIVE NETWORK OF OPPORTUNITIES. IN ADDITION, WE PROVIDE

Name of the organization ENTERPRISE FOR YOUTH	Employer identification number 23-7139082
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ONGOING SUPPORT TO YOUTH INCLUDING LEADERSHIP TRAINING, ACCESS TO OUR YOUTH JOB BANK, AND MEMBERSHIP IN OUR ALUMNI NETWORK. ENTERPRISE STAFF WORK CLOSELY WITH INTERN SITE SUPERVISORS AND CORPORATE VOLUNTEERS TO CREATE AN ENGAGING AND SUPPORTIVE ENVIRONMENT FOR YOUNG PEOPLE TO EXPLORE THEIR INDIVIDUAL INTERESTS AND REFINE THEIR CAREER GOALS, BUILDING SELF-CONFIDENCE AND SELF-RELIANCE. AS RESEARCH SHOWS: "IN STUDIES OF EFFECTIVE YOUTH-SERVING NONPROFITS, PAID WORK EXPERIENCE IS ASSOCIATED WITH HIGHER LONG-TERM EARNINGS AND IMPROVED EMPLOYMENT NETWORKS FOR PARTICIPANTS." ENTERPRISE PROVIDES THE FRAMEWORK FOR YOUTH TO DEVELOP THEIR OWN NETWORKS OF PEERS, MENTORS AND COLLEAGUES-INVALUABLE ESOURCES IN LIFE.

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

LINE 11B EXPLANATION - THE 990 WILL BE REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD AND A COPY WILL BE PROVIDED TO ALL BOARD MEMBERS.

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

WHEN ANY FINANCIAL OR OTHER PERSONAL INTEREST ON THE PART OF A DIRECTOR, OFFICER, AGENT, KEY EMPLOYEE OF THE ORGANIZATION, OR THEIR IMMEDIATE FAMILY MEMBERS OR CLOSE PERSONAL FRIENDS POSES OR APPEARS TO POSE A CONFLICT WITH THAT INDIVIDUAL'S RESPONSIBILITIES TO THE ORGANIZATION, THE DIRECTOR, OFFICER, AGENT, OR KEY EMPLOYEE SHALL:

PROMPTLY CALL THE SUSPECTED CONFLICT TO THE ATTENTION OF THE MEMBERS OF THE BOARD OF DIRECTOR'S WHO ARE PARTICIPATING IN OR VOTING ON THE MATTER WHICH POSES SUCH CONFLICT, AND ABSTAIN FROM PARTICIPATING DISCUSSIONS ON SUCH MATTER (AT THE DISCRETION OF THE NONCONFLICTED DIRECTORS) OR VOTING ON SUCH MATTER. THE OFFICIAL MINUTES OF THE MEETING IN WHICH SUCH A MATTER ARISES

Name of the organization ENTERPRISE FOR YOUTH	Employer identification number 23-7139082
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SHALL REFLECT THE DISCLOSURE, AND THAT THE DIRECTOR ABSTAINED FROM VOTING  
IN THE MATTER.

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

THE BOARD GOVERNANCE COMMITTEE REVIEWS THE PERFORMANCE AND COMPENSATION OF  
THE EXECUTIVE DIRECTOR ON AN ANNUAL BASIS. THE MINUTES OF THESE MEETINGS  
ARE RECORDED. PERFORMANCE IS ASSESSED BY THE BOARD PRESIDENT AND GOVERNANCE  
COMMITTEE CHAIR RELATIVE TO ANNUAL PERFORMANCE GOALS. COMPENSATION IS  
ASSESSED RELATIVE TO PEERS ON THE BASIS OF THE ANNUAL NORTHERN CALIFORNIA  
NONPROFIT SURVEY DATA.

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

UPON REQUEST

**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

2021

# California Exempt Organization Annual Information Return

199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Corporation/Organization name: **ENTERPRISE FOR YOUTH** California corporation number: **0620243**

Additional information. See instructions. FEIN: **23-7139082**

Street address (suite or room): **2021 FILLMORE STREET, NO. 192** PMB no. \_\_\_\_\_

City: **SAN FRANCISCO** State: **CA** ZIP code: **94115**

Foreign country name \_\_\_\_\_ Foreign province/state/country \_\_\_\_\_ Foreign postal code \_\_\_\_\_

**A** First return  Yes  No

**B** Amended return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final information return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) \_\_\_\_\_

**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series

**G** Is this a group filing? See instructions  Yes  No

**H** Is this organization in a group exemption  Yes  No  
 If "Yes," what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_

**L** Is the organization a limited liability company?  Yes  No

**M** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**N** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**O** Is federal Form 1023/1024 pending?  Yes  No  
 Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,462,169	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	1,438,587	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	2,900,756	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	2,302	00
	7	Total costs. Add line 5 and line 6	7	2,302	00
	8	Total gross income. Subtract line 7 from line 4	8	2,898,454	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,405,487	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	492,967	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		00

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

Signature of officer: \_\_\_\_\_ Title: **CEO** Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Paid Preparer's Use Only** Preparer's signature: **NAZANIN BENYAMINI** Date: **09/21/22** Check if self-employed:  PTIN: **P00666808**

Firm's name (or yours, if self-employed) and address: **SINGERLEWAK LLP**  
**262 GRAND AVENUE**  
**S. SAN FRANCISCO, CA 94080** Firm's FEIN: **95-2302617**  
 Telephone: **(650) 872-7600**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

128951 01-19-22

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	150,480	00	
	2	Interest	•	2	647	00	
	3	Dividends	•	3	7,005	00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions)	STATEMENT 2 •	6	4,000	00	
	7	Other income	SEE STATEMENT 3 •	7	1,300,037	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	1,462,169	00	
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 4 •	9	4,000	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 5 •	11	177,489	00	
	12	Other salaries and wages	•	12	1,352,180	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13		00
		14	Taxes	•	14	130,080	00
		15	Rents	•	15	142,610	00
		16	Depreciation and depletion (See instructions)	•	16	11,557	00
		17	Other expenses and disbursements	SEE STATEMENT 6 •	17	587,571	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	2,405,487	00

<b>Schedule L Balance Sheet</b>		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		532,989	•	777,327
2	Net accounts receivable		201,471	•	406,311
3	Net notes receivable			•	
4	Inventories			•	
5	Federal and state government obligations			•	
6	Investments in other bonds			•	
7	Investments in stock			•	
8	Mortgage loans			•	
9	Other investments	STMT 7	428,698	•	439,292
10 a	Depreciable assets	360,785		143,672	
b	Less accumulated depreciation	( 333,316 )	27,469	( 126,276 )	17,396
11	Land			•	
12	Other assets	STMT 8	126,375	•	121,252
13	<b>Total assets</b>		1,317,002		1,761,578
<b>Liabilities and net worth</b>					
14	Accounts payable		71,770	•	109,032
15	Contributions, gifts, or grants payable			•	
16	Bonds and notes payable			•	
17	Mortgages payable			•	
18	Other liabilities	STMT 9	137,389		50,350
19	Capital stock or principal fund			•	
20	Paid-in or capital surplus. Attach reconciliation			•	
21	Retained earnings or income fund		1,107,843	•	1,602,196
22	<b>Total liabilities and net worth</b>		1,317,002		1,761,578

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	494,353
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year. Attach schedule	•	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•	
6	<b>Total.</b> Add line 1 through line 5		494,353
7	Income recorded on books this year not included in this return. Attach schedule *	•	1,386
8	Deductions in this return not charged against book income this year. Attach schedule	•	
9	<b>Total.</b> Add line 7 and line 8		1,386
10	<b>Net income per return.</b> Subtract line 9 from line 6		492,967

\* SEE STATEMENT

CA 199 CASH CONTRIBUTIONS STATEMENT 1  
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
GEORGE H. SANDY FOUNDATION	PO BOX 591717 SAN FRANCISCO, CA 94159		25,000.
THE WALTER & ELISE HAAS FUND	1 LOMBARD STREET, SUITE 305 SAN FRANCISCO, CA 94111		50,000.
THE KIMBALL FOUNDATION	1660 BUSH STREET, SUITE 300 SAN FRANCISCO, CA 94109		30,000.
SAN FRANCISCO UNIFIED SCHOOL DISTRICT	1306 43RD AVE SAN FRANCISCO, CA 94122		65,340.
ANN AND GORDON GETTY FOUNDATION	ONE EMBARCADERO CENTER, SUITE 1350 SAN FRANCISCO, CA 94111		20,000.
ALISON GELB PINCUS	4104 24TH STREET, #1004 SAN FRANCISCO, CA 94114		20,000.
KATHRYN & AARON MONEY	25 20TH AVENUE SAN FRANCISCO, CA 94121		37,242.
WENDY & BRENT HYDER	1361 JENET CIRCLE NORTH TUSTIN, CA 92750		25,000.
THE REAL REAL	55 FRANCISCO STREET 6TH FLOOR SAN FRANCISCO, CA 94133		25,000.
SALESFORCE.COM FOUNDATION	50 FREMONT STREET, SUITE 300 SAN FRANCISCO, CA 94105		200,000.
GAP INC.	PO BOX 27808 ALBUQUERQUE, NM 87125		69,400.
GAP INC.	PO BOX 27808 ALBUQUERQUE, NM 87125		10,000.
OLD NAVY	2 FOLSOM ST SAN FRANCISCO, CA 94105		20,000.
THE SAN FRANCISCO FOUNDATION	ONE EMBARCADERO CENTER SAN FRANCISCO, CA 94111		25,000.
SIMON BREITBARD FINE ARTS	779 SANTA CRUZ AVE MENLO PARK, CA 94025		40,000.

ENTERPRISE FOR YOUTH		23-7139082
<hr/>		<hr/>
OFFICE OF BUSINESS AND ECONOMIC DEVELOPMENT	1325 J ST STE 1800 SACRAMENTO, CA 95814	25,000.
SMALL BUSINESS ADMINISTRATION	455 MARKET ST #600 SAN FRANCISCO, CA 94105	276,800.
IRS	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI, OH 45999	258,354.
TOTAL INCLUDED ON LINE 3		<hr/> <hr/> 1,222,136.

CA 199	GROSS AMOUNT FROM SALE OF ASSETS			STATEMENT	2
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
PUBLICLY TRADED SECURITIES	01/01/21	12/31/21	PURCHASED		
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE	
	2,302.	0.	0.	4,000.	
TOTAL TO FORM 199, PAGE 2, LN 6	2,302.	0.	0.	4,000.	

CA 199	OTHER INCOME	STATEMENT	3
DESCRIPTION		AMOUNT	
MISCELLANEOUS INCOME		3,849.	
FEES FOR SERVICE		1,296,188.	
TOTAL TO FORM 199, PART II, LINE 7		1,300,037.	

CA 199 CASH CONTRIBUTIONS, GIFTS, GRANTS STATEMENT 4  
AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION: SCHOLARSHIPS

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
STUDENT SCHOLARSHIPS	200 PINE STREET SUITE 600 - SAN FRANCISCO, CA 94104	UNRELATED	4,000.

TOTAL FOR THIS ACTIVITY 4,000.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 4,000.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
BRENT HYDER 2021 FILLMORE STREET, 192 SAN FRANCISCO, CA 94115	PRESIDENT 2.00	0.
ANDREA DUBLIN 2021 FILLMORE STREET, 192 SAN FRANCISCO, CA 94115	CO-PRESIDENT 3.00	0.
SHAHID HUSSAIN 2021 FILLMORE STREET, 192 SAN FRANCISCO, CA 94115	SECRETARY 2.00	0.
ROBERTO RIVERA 2021 FILLMORE STREET, 192 SAN FRANCISCO, CA 94115	TREASURER 2.00	0.
ASHIK ARDESHNA 2021 FILLMORE STREET, 192 SAN FRANCISCO, CA 94115	DIRECTOR 2.00	0.
TERRENCE BEI 2021 FILLMORE STREET, 192 SAN FRANCISCO, CA 94115	DIRECTOR 2.00	0.

DONNA BOYER 2021 FILLMORE STREET, 192 SAN FRANCISCO, CA 94115	DIRECTOR 1.00	0.
DALANA BRAND 2021 FILLMORE STREET, 192 SAN FRANCISCO, CA 94115	DIRECTOR 1.00	0.
DANIEL BURNETT 2021 FILLMORE STREET, 192 SAN FRANCISCO, CA 94115	DIRECTOR 1.00	0.
JACKIE CHEN 2021 FILLMORE STREET, 192 SAN FRANCISCO, CA 94115	DIRECTOR 1.00	0.
JAY JACOBS 2021 FILLMORE STREET, 192 SAN FRANCISCO, CA 94115	DIRECTOR 2.00	0.
TYNNETTA MCINTOSH 2021 FILLMORE STREET, 192 SAN FRANCISCO, CA 94115	DIRECTOR 1.00	0.
KATHRYN MONEY 2021 FILLMORE STREET, 192 SAN FRANCISCO, CA 94115	DIRECTOR 1.00	0.
ANA MORAGA ARCHILA 2021 FILLMORE STREET, 192 SAN FRANCISCO, CA 94115	DIRECTOR 1.00	0.
LESLIE OHARA 2021 FILLMORE STREET, 192 SAN FRANCISCO, CA 94115	DIRECTOR 1.00	0.
ANDI PIMENTEL 2021 FILLMORE STREET, 192 SAN FRANCISCO, CA 94115	DIRECTOR 1.00	0.
ALISON GELB PINCUS 2021 FILLMORE STREET, 192 SAN FRANCISCO, CA 94115	DIRECTOR 1.00	0.
JOE SINHA 2021 FILLMORE STREET, 192 SAN FRANCISCO, CA 94115	DIRECTOR 1.00	0.
SCOTT SNOW 2021 FILLMORE STREET, 192 SAN FRANCISCO, CA 94115	DIRECTOR 1.00	0.

NINIVE CALEGARI 2021 FILLMORE STREET, 192 SAN FRANCISCO, CA 94115	CHIEF EXECUTIVE OFFICER 40.00	177,489.
CARLO SOLIS 2021 FILLMORE STREET, 192 SAN FRANCISCO, CA 94115	SENIOR PROGRAM DIRECTOR 40.00	0.
JIAN LIANG 2021 FILLMORE STREET, 192 SAN FRANCISCO, CA 94115	FINANCE DIRECTOR 40.00	0.
TOTAL TO FORM 199, PART II, LINE 11		177,489.

CA 199	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	AMOUNT
STUDENT STIPENDS	138,390.
PRINTING AND COPYING	8,282.
POSTAGE AND DELIVERY	4,160.
MOVING EXPENSES	2,558.
DIRECT EXPENSES OF FUNDRAISING EVENTS	53,598.
OTHER EMPLOYEE BENEFITS	72,665.
OTHER PROFESSIONAL FEES	113,666.
OFFICE EXPENSES	24,367.
INFORMATION TECHNOLOGY	48,604.
TRAVEL	4,697.
CONFERENCES AND CONVENTIONS	54,404.
INSURANCE	60,183.
ALL OTHER EXPENSES	1,997.
TOTAL TO FORM 199, PART II, LINE 17	
587,571.	

CA 199	OTHER INVESTMENTS	STATEMENT	7
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
MUTUAL FUNDS	130,852.	123,254.
CERTIFICATE OF DEPOSIT	185,875.	186,380.
EQUITIES	111,971.	129,658.
TOTAL TO FORM 199, SCHEDULE L, LINE 9		439,292.

CA 199	OTHER ASSETS	STATEMENT	8
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE		9,113.	84,976.
PREPAID EXPENSES AND DEFERRED CHARGES		117,262.	36,276.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		126,375.	121,252.

CA 199	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEFERRED RENT		27,389.	0.
DEFERRED REVENUE		110,000.	50,350.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		137,389.	50,350.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT	10
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON INVESTMENTS		1,386.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		1,386.	

TAXABLE YEAR  
**2021**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>ENTERPRISE FOR YOUTH</b>	<b>23-7139082</b>

**Part I Electronic Return Information** (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b>	<b>2,900,756</b>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b>	<b>2,898,454</b>
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b>	<b>2,405,487</b>

**Part II Settle Your Account Electronically for Taxable Year 2021**

<b>4</b> <input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (mm/dd/yyyy)
---	------------------	--

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

<b>5</b> Routing number _____	<b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>6</b> Account number _____	

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

<b>Sign Here</b>			
	Signature of officer	Date	CEO

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b> Must Sign	ERO's signature <b>SINGERLEWAK LLP</b>	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P00666808</b>
	Firm's name (or yours if self-employed) and address <b>SINGERLEWAK LLP 262 GRAND AVENUE S. SAN FRANCISCO, CA</b>				Firm's FEIN <b>95-2302617</b> ZIP code <b>94080</b>

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer</b> Must Sign	Paid preparer's signature _____	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address _____			Firm's FEIN ZIP code