#### STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE
PAGE 1 of 5

(For Registry Use Only)

		Check if:					
		Ch	ange of address				
ENTERPRISE FOR YOUTH		Am	nended report				
Name of Organization							
List all DBAs and names the organization uses or has used							
2021 FILLMORE STREET ,	NO. 192	State Cha	arity Registration Number $\mathtt{CT}\underline{12832}$				
Address (Number and Street)							
SAN FRANCISCO, CA 9411	15	Corporati	ion or Organization No. 0620243				
	GARI@ENTERPRISEFOR						
(415) 392-7600 YOUTH		Federal E	mployer ID No. 23-7139082				
Telephone Number E-mail Addres	SS						
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  Make Check Payable to Department of Justice							
Total Revenue Fee	Total Revenue	Fee	Total Revenue	Fe			
Less than \$50,000 \$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$80	_		
Between \$50,000 and \$100,000 \$50	Between \$1,000,001 and \$5 million	·	Between \$100,000,001 and \$500 million		,000		
Between \$100,001 and \$250,000 \$75	Between \$5,000,001 and \$20 millio		Greater than \$500 million		,200		
PART A - ACTIVITIES							
For your most recent full accounting	period (beginning $01/01/20$	22 enc	ling <u>12/31/2022</u> ) list:				
Total Revenue							
(including noncash contributions) \$ Z,804,	365 Noncash Contributions \$			<u> 7,2</u>	<u>62</u>		
Program Expenses \$	1,986,401	Total Exp	enses \$ <u>2,445,891</u>				
PART B - STATEMENTS REGARDING ORG	GANIZATION DURING THE PERIOD C	OF THIS RE	PORT				
Note: All questions must be answered. If	you answer "yes" to any of the ques	tions holo	w you must attach a congrate page				
				Yes	No		
			-	162	INO		
<ol> <li>During this reporting period, were there and any officer, director or trustee there</li> </ol>	•		· ·				
any financial interest?	on, entrier directly or with an entity in wi	licit arry su	cironicer, director or trustee riad		x		
During this reporting period, was there a	any that ambazzlament diversion or m	nicuso of th	o organization's charitable property		1		
or funds?	any there, embezziement, diversion or n	iisuse oi tii	e organization's chantable property		x		
or range.					1		
3. During this reporting period, were any o	organization funds used to pay any pena	alty, fine or	judgment?		x		
4. During this reporting period, were the se	onvious of a commercial fundrainer fund	draining on	uncel for charitable purposes, or		1		
4. During this reporting period, were the second commercial coventurer used?	ervices of a confinercial fundraiser, fund	araising col	driser for charitable purposes, or		x		
Commercial Covernation accus					<del>  ^</del>		
5. During this reporting period, did the org	anization receive any governmental fun	iding?	SEE STATEMENT 10	Х			
			SEE STATEMENT TO		-		
6. During this reporting period, did the org	anization hold a raffle for charitable pur	poses?			<sub>v</sub>		
					X		
7. Does the organization conduct a vehicle	e donation program?				<b>₩</b>		
					X		
8. Did the organization conduct an indepe	· ·	ial stateme	nts in accordance with	37			
generally accepted accounting principles for this reporting period?							
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?							
					X		
I declare under penalty of perjury that I ha	, ,		ng documents, and to the best of my knov	/ledg	е		
and belief, the content is true, correct and	complete, and I am authorized to sig	jrı.					
	NTUE 631 E63 5 T		780				
	NIVE CALEGARI inted Name		CEO itte Date				
Orginatare of Authorized Agent Pri	IIICO NAITE	'	nuc Date				

CA RRF-1 INFORMATION REGARDING GOVERNMENTAL FUNDING STATEMENT 10
PART B, LINE 5

SAN FRANCISCO PUBLIC UTILITIES COMMISSION 525 GOLDEN GATE AVE SAN FRANCISCO, CA 94102

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print ENTERPRISE FOR YOUTH 23-7139082 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 2021 FILLMORE STREET , 192 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. SAN FRANCISCO, CA 94115 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) ASHOT YEGHIAZARYAN • The books are in the care of ▶ 2021 FILLMORE ST, SUITE 192 - SAN FRANCISCO, CA 94115 Telephone No.  $\triangleright$  (415) 392-7600 Fax No.  $\blacktriangleright$  (415) 392-7611 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

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

Form 8868 (Rev. 1-2022)

EXTENDED TO NOVEMBER 15, 2023 **Return of Organization Exempt From Income Tax** 

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

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A	For the	a 2022 calendar year, or tax year beginning and	a enaing		
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres	ENTERPRISE FOR YOUTH		_	
	Name change	Doing business as		23-71390	82
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	er
	Final return/	2021 FILLMORE STREET	192	(415) 39	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	2,870,745.
	Ameno return	SAN FRANCISCO, CA 94115		H(a) Is this a group r	eturn
	Application	F Name and address of principal officer: NINIVE CALEGARI		for subordinates	? Yes X No
	pendin	9 SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No
Ι.	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1	) or 527	If "No," attach a	list. See instructions
J	Websit	e: ENTERPRISEFORYOUTH.ORG		H(c) Group exemption	on number
ΚI	Form of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1969 I	M State of legal domicile: CA
Pa		Summary			
	1	Briefly describe the organization's mission or most significant activities: ENGA	AGE & E	MPOWER SF Y	OUTH ON A
Activities & Governance		PATH TO ECONOMIC INDEPENDENCE THROUGH TR			
na.	2	Check this box if the organization discontinued its operations or dispo	osed of more	than 25% of its net as	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	17
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			17
ە ق	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			269
iţi	6	Total number of volunteers (estimate if necessary)			126
ċ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă	ь	Net unrelated business taxable income from Form 990-T, Part I, line 11			_
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,438,587.	1,252,683.
nue	9	Program service revenue (Part VIII, line 2g)		1,296,188.	1,353,655.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,350.	6,314.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		100,731.	191,713.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,844,856.	2,804,365.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,000.	2,000.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,732,414.	1,816,470.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	ь	Total fundraising expenses (Part IX, column (D), line 25)	514.		
ы	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		615,475.	627,421.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,351,889.	
	1	Revenue less expenses. Subtract line 18 from line 12		492,967.	
26	ß			eginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		1,761,578.	2,117,262.
Ass	21	Total liabilities (Part X, line 26)		159,382.	196,310.
Net S	22	Net assets or fund balances. Subtract line 21 from line 20		1,602,196.	1,920,952.
	art II	Signature Block	•		
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedul	es and statem	ents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of v	which preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Hei		NINIVE CALEGARI, CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	RAYMOND ENG RAYMOND ENG Pag	10 Em ]	L1/16/23 self-emplo	yed <b>P</b> 00361507
	parer	Firm's name SINGERLEWAK LLP			5-2302617
	Only	Firm's address 262 GRAND AVENUE			
		S. SAN FRANCISCO, CA 94080		Phone no. (6	50) 872-7600
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions		1	X Yes No
•					

	Check if Schedule O contains a response or r	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 progr	am services during the year wh	nich were not listed on the	
_	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Schedule (			
3	Did the organization cease conducting, or make sign	nificant changes in how it cond	ucts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomp	plishments for each of its three	largest program services, as measur	ed by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are rec	quired to report the amount of g	grants and allocations to others, the t	otal expenses, and
	revenue, if any, for each program service reported.	\ <u></u>	0.000	1 252 655
4a	(Code:) (Expenses \$1,986,40	<u>J ⊥ •</u> including grants of \$	2,000. (Revenue \$	1,353,655.
	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 gran	nts of \$	) (Revenue \$	)
4e		,986,401.		,
		•		Form <b>990</b> (2022)

# Form 990 (2022) ENTERPRISE F Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
•	Schedule D, Part III	-		122
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2022) ENTERPRISE FOR YOUTH
Part IV Checklist of Required Schedules (continued)

	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		Х
00	Schedule N, Part II	32		Λ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 21
J <del>-1</del>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
352	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- JJA		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	500		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
33300	1 10 13 22	Form	990	(2022)

09191115 701224 19130

Form 990 (2022) ENTERPRISE FOR YOUTH
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 12 test the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, 2a 269  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  b If Yes, 1 has it filed a Form 980 T for this year? If Yo 1 to line 3b, provide an explanation on Schedule O  3b						Yes	No
b If a least one is reported on line 2s, did the organization file all required federal employment tax returns?  22. X  33. J X  34. At a viter during the read of form 990-1 for this year? Vitor to line 3b, provide an explanation on Schedule 0  35. J X  36. J X  37. At a viter during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (buch as a bark account, securities account, or other financial accounts)?  36. J X  37. At a viter during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (buch as a bark account, securities account, or other financial accounts)?  37. At a viter of the comparization and the viter organization that a viter organization and party to a prohibited tax shelter transaction at any time during the tax year?  38. X  39. J X  30. J X  30. J X Y S T V	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
3a Dt the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 80, provide an explanation on Schedule 0  3ch If "Yes," the time during the calendar year, did the organization have an interest in, or a signiture or other authority over, a financial account in a foreign country guest as a bank account, or other financial accountry?  5a If "Yes," eximate the name of the foreign country  5b If "Yes," eximations for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (PBAR).  5a Was the organization a protein business in the state of the specific of the organization include with every solicitation an express statement that such contributions or gifts were not tax doductibles and characteristic of the organization include with every solicitation an express statement that such contributions or gifts were not tax doductibles and state of the organization include with every solicitation an express statement that such contributions or gifts were not tax doductibles?  7 organizations that may receive deductible contributions under section 170(c).  8 of the organization state in the specific of the organization include with every solicitation an express statement that such contributions or gifts were not tax doductibles?  7 organizations that may receive deductible contributions under section 170(c).  8 of the organizations that may receive deductible contributions under section 170(c).  9 of the specimental organization section of the state of the speciment of the speciment of the speciment in excess of \$75 made partly as a contribution of undersection of the speciment of the speciment of		filed for the calendar year ending with or within the year covered by this return	2a	269			
b If "Yes," fall filled a Form 990°T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization has have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4b If "Yes," either the name of the foreign country (such as a bank account, securities account, or other financial accounts ("BAPI," See instructions for filing requirements for FircCN Form 114, Report of Foreign Bank and Financial Accounts ("BAPI," See instructions for filing requirements for FircCN Form 114, Report of Foreign Bank and Financial Accounts ("BAPI," See in the file of the programation in the registration at any time during the tax year?  5b If "Yes," die in 6a of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes "to line 6a of 5b, did the organization file Form 8868.7"  6c If "Yes "to line 6a of 5b, did the organization file Form 8868.7"  6c If "Yes "to line 6a of 5b, did the organization file Form 8868.7"  6c If "Yes "to line 6a of 5b, did the organization file Form 8868.7"  6c If "Yes "to line 6a of 5b, did the organization file Form 8868.7"  6d If "Yes," and the organization function with the second of the value of the goods as starteness provided to the payor?  7c If	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	Х	
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Sa   X   X   Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5a   Did any taxable party notify the organization file Form 8886-17   Sc   If Yes' to line 5a or 5b, did the organization file Form 8886-17   Sc   If Yes' to line 5a or 5b, did the organization file Form 8886-17   Sc   If Yes' to line 5a or 5b, did the organization file Form 8886-17   Sc   If Yes' to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles   Sc   If Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles   Sc   If Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles   Sc   If Yes', did the organization receive a payment in excess of \$75 made party as a contribution of property for which it was required to tile Form 8822   If Yes', indicate the number of Forms 88282 field during the year   Tel   If Yes', indicate the number of Forms 88282 field during the year   Tel   If Yes', indicate the number of Forms 88282 field during the year   Tel   If Yes', indicate the number of Forms 88282 field during the year   Tel   If Yes', indicate the number of Forms 88282 field during the year   Tel   If Yes', indicate the number of Forms 88282 field during the year   Tel   If Yes', indicate the number of Forms 88282 field during the year   Tel   If Yes', indicate the number of Forms 88282 field during the year   Tel   If Yes', indicate the number of Forms 88282 field during the year   Tel   If Yes', indicate the number of Forms 88282 field during the year   Tel   If Yes', indicate the number of Paymenum, so the paymenum of paymenum of the server of the paymenum of the paymenu	b	If "Yes," enter the name of the foreign country					
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  77  78  79  17				1	7с		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7g	d						
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds.  2 Did the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  2 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c/17) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  1 Toba  1 Section 501(c/12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12 If Yes,* enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization iscensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves on hand  14 Did the organization receive any payments for indoor tanning services during the tax year?  15 If Yes,* has it filed a Form 720 to report these payments? if YNO,* provide an explanation on Schedule O  14 Ida  15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  15 If Yes,* see the instructions and file Form 4720, Schedule N.  16 If Yes,* complete Form 4720, Schedule O.  17	_			t?			
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		If "Yes," complete Form 6069.				000	

Form **990** (2022)

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Page 6

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 17			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
74	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
b		7b		Х
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		-25
		00	Х	
a	The governing body?  Each committee with authority to act on behalf of the governing body?	8a 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	21	
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		
	(Inis Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b		10b		
112	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	T T G		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	,	12c	х	
13	on Schedule O how this was done	13	X	
14		14	X	
	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	14	21	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		15a	Х	
a	The organization's CEO, Executive Director, or top management official	15b	21	X
b	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		-25
160				
104	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		-25
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	IOD		
	List the states with which a copy of this Form 990 is required to be filed CA			
17 10		s only)	ovoilak	
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 for public inspection. Indicate how you made these available. Check all that apply.	orny)	uvandi	JI <del>C</del>
	T7 T7			
10	X Own website X Another's website X Upon request Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	rial	
19		ı ııı lai l	nai	
20	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 ASHOT YEGHIAZARYAN - (415) 392-7600			
	2021 FILLMORE ST, SUITE 192, SAN FRANCISCO, CA 94115			

Form **990** (2022)

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average hours per week	(do box		Pos heck	ition	than o	one n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) BRENT HYDER	2.00	ļ								
PRESIDENT		Х		Х				0.	0.	0.
(2) LESLIE OHARA	2.00	ļ								
VICE-PRESIDENT		Х		Х				0.	0.	0.
(3) DALANA BRAND	2.00									•
SECRETARY		Х		Х				0.	0.	0.
(4) ROBERTO RIVERA	2.00	ļ		l						
TREASURER	0.00	Х		Х				0.	0.	0.
(5) TERRENCE BEI	2.00								•	•
DIRECTOR	0.00	Х						0.	0.	0.
(6) DONNA BOYER	2.00								•	•
DIRECTOR	2 00	Х						0.	0.	0.
(7) DANIEL BURNETT	2.00								•	•
DIRECTOR	0.00	Х						0.	0.	0.
(8) ASHIK ARDESHNA	2.00								•	•
DIRECTOR	2 00	Х						0.	0.	0.
(9) ANDREA PIMENTEL DUNN	2.00	.,								•
DIRECTOR	0.00	Х						0.	0.	0.
(10) JAY JACOBS	2.00	.,								•
DIRECTOR	2 00	Х						0.	0.	0.
(11) TYNNETTA MCINTOSH	2.00								•	•
DIRECTOR	2 00	Х						0.	0.	0.
(12) ANA MORAGA ARCHILA	2.00	3,7							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(13) ALISON GELB PINCUS	2.00	3,7							_	•
DIRECTOR	2 00	Х						0.	0.	0.
(14) STEPHANIE BREITBARD	2.00	<b>.</b> ,							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(15) JOE SINHA DIRECTOR	2.00	v							0.	0
	2 00	Х						0.	0.	0.
(16) SCOTT SNOW	2.00	v						0.	0.	^
01RECTOR (17) JACKIE CHEN	2 00	Х	$\vdash$		-	$\vdash$		1	U •	0.
DIRECTOR	2.00	Х						0.	0.	0.
DIRECTOR	L	Λ	İ.	l		l		1 0.	U •	Form <b>990</b> (2022)

232007 12-13-22 Form **990** (2022)

	<b>(A)</b> Name and title		box	not cl	Pos heck i ss per	more rson i	than o s both or/trus	n an	(D) Reportable compensation from	(E)  Reportable compensation from related		Estii amo	mater ount o	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	;/	compe fror orgar and organ	n the nization relate	e on ed
	INIVE CALEGARI	40.00							100 000			•		
CEO (19) C7	ARLO SOLIS	40.00			Х				192,882.	(	0.	2	, 58	33.
C00	AKIO SOLIS	40.00					X		141,148.		۱. د	5	, 61	11.
	ubtotal								334,030.	(	0. 0.	8	,19	94.
	otal from continuation sheets to Part VII								334,030.		) . ) .	8	,19	0.
<b>2</b> To	otal (add lines 1b and 1c) otal number of individuals (including but no ompensation from the organization								· · · · · · · · · · · · · · · · · · ·		<u> </u>		<u>, + -</u>	2
	inpendation nom the organization											Y	'es	No
	d the organization list any former officer,													v
<b>4</b> Fo	e 1a? If "Yes," complete Schedule J for some any individual listed on line 1a, is the sund related organizations greater than \$150	m of reportable	е со	mpe	ensa	tion	and	oth	er compensation from t	he organization		3	x	X
<b>5</b> Did	d any person listed on line 1a receive or a ndered to the organization? If "Yes." com	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services		5		X
	B. Independent Contractors	piete Scriedule	; U 10	JI SU	<i>ICIT</i>	JEIS	OII .							
	omplete this table for your five highest core organization. Report compensation for t										nsat	ion from	1	
	(A) Name and business			ONE					(B) Description of s		C	(C) ompens	ation	1
	otal number of independent contractors (in 00,000 of compensation from the organiz	•	ot lin	nited	to t	thos (		ted	above) who received mo	ore than				
232009 12	40.00											Form <b>9</b> 9	90 (2	2022)

23-7139082

Form 990 (2022) ENTERPR
Part VIII | Statement of Revenue

			Check if Schedule O c	ont	aine a i	roepopeo	or note to any li	ao in this Dart VIII			
			Check if Schedule O C	OHL	ali is a i	response	or note to any in	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt		Revenuè éxcluded
									function revenue	business revenue	from tax under
											sections 512 - 514
nts nts	1	а	Federated campaigns			1a		_			
irai our		b	Membership dues			1b					
s, G		С	Fundraising events			1c	49,825.				
ar /		d	Related organizations			1d					
s, G		е	Government grants (contri	buti	ions)	1e	32,659.				
io		f	All other contributions, gifts,	gran	ts, and						
out the			similar amounts not included	abov	ve	1f   1	,170,199.				
iţ.		a	Noncash contributions included in I			1g \$					
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f		,			1,252,683.			
<u> </u>							Business Code	, ,			
•	2	, ,	FEES FOR SERV	TC	F.		611430	1,353,655.	1.353.655.		
/ice	_	b					02220				
ser iue											
m S		C									
gra Re		d									
Program Service Revenue		e	All II								
-			All other program service r					1,353,655.			
			Total. Add lines 2a-2f					1,333,033.			
	3	,	Investment income (includ					6 214			6 214
								6,314.			6,314.
	4		Income from investment of								
	5	,	Royalties	·							
					(1)	) Real	(ii) Personal				
	6		Gross rents	6a				_			
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of		(i) Se	ecurities	(ii) Other				
			assets other than inventory	7a							
		<b>b</b> Less: cost or other basis									
ne			and sales expenses	7b							
/en		С	Gain or (loss)	7с							
Revenue		d	Net gain or (loss)			<u></u>					
er	8	а	Gross income from fundraisin	ng ev	ents (n	ot					
₹			including \$49	, 8	25.	of					
			contributions reported on	line	1c). Se	ee					
			Part IV, line 18		•	88	228,908.				
		b				81	66,380.				
		С	Net income or (loss) from f					162,528.			162,528.
	9		Gross income from gaming		•			·			
	_	_	Part IV, line 19				a				
		h				. ما					
			Net income or (loss) from g				<u> </u>				
	10		Gross sales of inventory, le	-	-						
		u	and allowances				la				
		h	Less: cost of goods sold					-			
							D				
		C	Net income or (loss) from s	saie	s UI INV	entory .	Business Code				
ns	44	_	MISCELLANEOUS	т	NCO	ИГ	611430	29,176.			29,176.
Miscellaneous Revenue	11	a b	INVESTMENT		-1001		611430	29,170.	1	<del> </del>	9.
ilar							211400	<del>                                     </del>	1	<del> </del>	<del></del>
sce Re		C	All athor recessors					1	1	1	
Ξ̈́			All other revenue					29,185.			
	<u>ــــــــــــــــــــــــــــــــــــ</u>		Total. Add lines 11a-11d						1 252 655	0	100 007
	12		Total revenue. See instructio	ns				2,804,365.	<u>μ, 333, 033.</u>	0.	198,027.
23200	9 12	-13	22								Form <b>990</b> (2022)

### 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 respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,000.	2,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	105 465	155 150	10 051	21 264
	trustees, and key employees	195,465.	155,150.	18,951.	21,364
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 207 044	1 110 100	124 705	150 101
7	Other salaries and wages	1,397,044.	1,110,128.	134,785.	152,131
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	80,775.	58,809.	10 606	11 270
9	Other employee benefits	143,186.		10,696.	11,270 13,313
10	Payroll taxes	143,100.	118,771.	11,102.	13,313
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting				
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	100 765	64 720	20 946	0 100
	column (A), amount, list line 11g expenses on Sch O.)	102,765.	64,720.	29,846.	8,199
12	Advertising and promotion	18,929.	10,909.	274.	7 716
13	Office expenses	76,576.	64,089.	96.	7,746 12,391
14	Information technology	10,570.	04,009.	90.	12,391
15	Royalties				
16	Occupancy	16,796.	14,275.	263.	2,258
17	Travel	10,790.	14,413.	203.	2,230
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	16,407.	14,140.	1,689.	578
19	Conferences, conventions, and meetings	10,407.	14,140.	1,009.	370
20	Interest				
21	Payments to affiliates	11,207.	9,444.		1,763
22	Depreciation, depletion, and amortization	34,329.	29,105.	2,159.	3,065
23	Other expanses Itamiza expanses not severed	34,343.	49,103.	4,133.	3,003
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	STUDENT STIPENDS	330,583.	329,698.	0.	885
b	PRINTING AND COPYING	9,867.	1,340.	5.	8,522
С	CREDIT AND BANK FEES	5,353.	605.	0.	4,748
d	POSTAGE AND DELIVERY	4,408.	3,049.	10.	1,349
е	All other expenses	201.	169.		32
25	Total functional expenses. Add lines 1 through 24e	2,445,891.	1,986,401.	209,876.	249,614
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2022)

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Form 990 (2022)
Part X Balance Sheet

balance Sneet			
Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
	Beginning of year		End of year
Cash - non-interest-bearing	119,133.	1	111,868.
Savings and temporary cash investments		2	1,346,227.
Pledges and grants receivable, net		3	206,419.
Accounts receivable, net	100	4	14,270.
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		5	
Loans and other receivables from other disqualified persons (as defined			
		6	
Notes and loans receivable, net		7	
Inventories for sale or use	•	8	
Prepaid expenses and deferred charges		9	25,548.
Land, buildings, and equipment: cost or other			
basis. Complete Part VI of Schedule D 10a 144,63	L5.		
Less: accumulated depreciation 10b 137,48		10c	7,132.
Investments - publicly traded securities	252,912.	11	219,100.
Investments - other securities. See Part IV, line 11		12	186,698.
Investments - program-related. See Part IV, line 11		13	
Intangible assets		14	
Other assets. See Part IV, line 11		15	
Total assets. Add lines 1 through 15 (must equal line 33)		16	2,117,262.
Accounts payable and accrued expenses	109,032.	17	64,260.
Grants payable		18	
Deferred revenue	50,350.	19	132,050.
Tax-exempt bond liabilities		20	
Escrow or custodial account liability. Complete Part IV of Schedule D		21	
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		22	
Secured mortgages and notes payable to unrelated third parties		23	
Unsecured notes and loans payable to unrelated third parties		24	
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	159,382.	25	196,310.
Total liabilities. Add lines 17 through 25	159,304.	26	190,310.
Organizations that follow FASB ASC 958, check here			
and complete lines 27, 28, 32, and 33.	1,457,592.	27	1,778,348.
Net assets without donor restrictions			142,604.
		20	142,004.
•		20	
			1,920,952.
	1 761 570		2,117,262.
Or an Ca Pa Re To	ganizations that do not follow FASB ASC 958, check here d complete lines 29 through 33.  upital stock or trust principal, or current funds uid-in or capital surplus, or land, building, or equipment fund etained earnings, endowment, accumulated income, or other funds tal net assets or fund balances	d complete lines 29 through 33.  spital stock or trust principal, or current funds sid-in or capital surplus, or land, building, or equipment fund stained earnings, endowment, accumulated income, or other funds tal net assets or fund balances  1,602,196.	ganizations that do not follow FASB ASC 958, check here d complete lines 29 through 33.  upital stock or trust principal, or current funds did-in or capital surplus, or land, building, or equipment fund stained earnings, endowment, accumulated income, or other funds tal net assets or fund balances  1,602,196. 32

Form **990** (2022)

POIII	1990 (2022) ENTERTRIBE FOR TOOTH	22	1137	04	Pag	ge • •
Pa	rt 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		804		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	445		
3	Revenue less expenses. Subtract line 2 from line 1	3			3,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	602		
5	Net unrealized gains (losses) on investments	5		-39	7.7	<u>18.</u>
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	920	),9!	<u>52.</u>
Pa	rt 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: Lash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2022)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

23-7139082

ENTERPRISE FOR YOUTH

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

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s).

(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other
	above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
	(ii) EIN	(described on lines 1-10	(described on lines 1-10	(described on lines 1-10	(described on lines 1-10   In your governing document?   support (see instructions)

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1137164.	1814798.	987,042.	1438587.	1252683.	6630274.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1137164.	1814798.	987,042.	1438587.	1252683.	6630274.
	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)						1181124.
6	Public support. Subtract line 5 from line 4.						5449150.
	ction B. Total Support						31131301
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1137164.	1814798.	987,042.	1438587.	1252683.	6630274.
	Gross income from interest,	1137104.	1014750.	307,042.	1430307.	1232003.	00302740
0	•						
	dividends, payments received on						
	securities loans, rents, royalties,	6,252.	7,911.	27,047.	7,652.	6,314.	55,176.
_	and income from similar sources	0,252.	1,911.	21,041.	7,052.	0,514.	33,170.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	6 042	0.60		2 040	20 176	40 026
	assets (Explain in Part VI.)	6,043.	968.		3,849.	29,176.	40,036. 6725486.
	<b>Total support.</b> Add lines 7 through 10					1	
	Gross receipts from related activities,	•	,				<u>,266,615.</u>
13	First 5 years. If the Form 990 is for the	· ·	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
0-	organization, check this box and stop						
	ction C. Computation of Publi					Г	01 00
	Public support percentage for 2022 (I					14	81.02 %
	Public support percentage from 2021					15	85 <b>.</b> 19 %
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual		• •				
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	r <b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, chec	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
							(Farm 000) 0000

Schedule A (Form 990) 2022

### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ļ					
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi					<del></del>	
	Public support percentage for 2022 (I			olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					I I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			Para et 4		0.1/00/	%
19a	33 1/3% support tests - 2022. If the						/ is not
-	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	

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### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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3b		
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ule A (Forn	n 990)	2022

Sched

Par	art IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provi	ide		
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membershi	p of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization	n's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated a supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	mong the		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
	71 11 5 5		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sect	the supported organization(s). ction D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	tav		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ian		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in <b>Part VI</b> how			
	, ,	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).  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			
	· · · · · · · · · · · · · · · · · · ·	3		
Sect	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations			I
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e instructions)		
· a				
b				
c		tal entity (see instruction	16)	
	Activities Test. Answer lines 2a and 2b below.	ar critity (See Instruction	Yes	No
				110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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### 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.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	nization (see

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Par	τV	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)	
Secti	ion D -	Distributions		,		Current Year
1	Amou	ints paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organ	izations, in excess of income from activity			2	
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	S	3	
4	Amou	ints paid to acquire exempt-use assets			4	
5	Qualif	ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		distributions (describe in Part VI). See instructions.			6	
7	Total	annual distributions. Add lines 1 through 6.			7	
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive	1		
	(provi	de details in Part VI). See instructions.			8	
9	Distrib	outable amount for 2022 from Section C, line 6			9	
10	Line 8	B amount divided by line 9 amount			10	
Secti	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distrib	outable amount for 2022 from Section C, line 6				
2	Unde	rdistributions, if any, for years prior to 2022 (reason-				
	able c	cause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2022				
а	From	2017				
b	From	2018				
С	c From 2019					
d	From	2020				
е	From	2021				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2022 distributable amount				
i	Carry	over from 2017 not applied (see instructions)				
j	Rema	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrib	outions for 2022 from Section D,				
	line 7:	\$				
а	Applie	ed to underdistributions of prior years				
b	Applie	ed to 2022 distributable amount				
С	Rema	inder. Subtract lines 4a and 4b from line 4.				
5	Rema	ining underdistributions for years prior to 2022, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
	than z	zero, explain in <b>Part VI.</b> See instructions.				
6	Rema	ining underdistributions for 2022. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
	Part \	/I. See instructions.				
7	Exces	ss distributions carryover to 2023. Add lines 3j				
	and 4	-				
8	Break	down of line 7:				
а		ss from 2018				
b	Exces	ss from 2019				
С	Exces	ss from 2020				
d	Exces	ss from 2021				
е	Exces	ss from 2022				

Schedule A (Form 990) 2022

232028 12-09-22 Schedule A (Form 990) 2022

### Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Name of the organization

ENTERPRISE FOR YOUTH

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

**Employer identification number** 

23-7139082

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022) Page **2** 

Name of organization

Employer identification number

# ENTERPRISE FOR YOUTH

23-7139082

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SALESFORCE FOUNDATION  415 MISSION STREET  SAN FRANCISCO, CA 94105	\$ 258,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SILICON VALLEY COMMUNITY FOUNDATION  444 CASTRO STREET, SUITE 140  MOUNTAIN VIEW, CA 94041	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	GAP INC.  2 FOLSOM STREET  SAN FRANCISCO, CA 94105	\$69,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PARNASSUS INVESTMENTS  1 MARKET STREET, SUITE 1600  SAN FRANCISCO, CA 94105	\$65,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	OLYMPIC CLUB FOUNDATION  524 POST STREET  SAN FRANCISCO, CA 94102	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	KATHRYN MONEY  25 20TH AVENUE  SAN FRANCISCO, CA 94121	\$38,353.	Person X Payroll

Schedule B (Form 990) (2022)

Name of organization Employer identification number

# ENTERPRISE FOR YOUTH

23-7139082

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	THE KIMBALL FOUNDATION  1660 BUSH STREET, SUITE 300  SAN FRANCISCO, CA 94109	\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	FIRST REPUBLIC BANK  111 PINE STREET  SAN FRANCISCO, CA 94111	\$ 28,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ALISON PINCUS  4104 24TH STREET, #1004  SAN FRANCISCO, CA 94114	\$ 25,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

# ENTERPRISE FOR YOUTH

23-7139082

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b></b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		Ψ	Schedule B (Form 990) (20

Schedule B (Form 990) (2022) Page 4

Name of organization **Employer identification number** ENTERPRISE FOR YOUTH 23-7139082 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22 Schedule B (Form 990) (2022)

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

ENTERPRISE FOR YOUTH

**Employer identification number** 23-7139082

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		milar Funds or A	ccounts. Complete if the		
		(a) Donor advise	d 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 w	riting that the assets he	d in donor advised fun	ds		
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be used o	only		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose confer	ring		
	impermissible private benefit?			Yes No		
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes	" on Form 990, Part IV	, line 7.		
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).				
	Preservation of land for public use (for example, recreating	ion or education)	Preservation of a hist	orically important land area		
	Protection of natural habitat		Preservation of a cert	ified historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	ition in the form of a co			
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b				2b		
	Number of conservation easements on a certified historic structure			2c		
d	Number of conservation easements included in (c) acquired af					
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the organ	ization during the tax		
	year					
4	Number of states where property subject to conservation ease					
5	Does the organization have a written policy regarding the period					
•	violations, and enforcement of the conservation easements it l					
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, an	a enforcing conservation	on easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and ent	orcina conservation ea	sements during the vear		
	3, 1 3,	3	3	3		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	s 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					
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements th	at describes the		
	organization's accounting for conservation easements.					
Pai	rt III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other S	Similar Assets.		
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reve	nue statement and bal	ance sheet works		
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education,	or research in furthera	nce 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	3, to report in its revenue	statement and balance	e sheet works of		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherance	e of public service,		
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
2	If the organization received or held works of art, historical trea-	sures, or other similar as	sets for financial gain,	provide		
	the following amounts required to be reported under FASB AS					
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2022		

09191115 701224 19130

	t III Organizations Maintaining Co	ollections of Art		asures, or Oth	er Si	milai		Continu		age Z
3	•									
	collection items (check all that apply):									
а	Public exhibition	d	I oan or excl	hange program						
b	Scholarly research	e	Other	nango program						
c	Preservation for future generations	· ·								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	emnt	nurnos	se in Part	XIII		
5	During the year, did the organization solicit or						oo iii i ai c			
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang									, 110
	reported an amount on Form 990, Par		<b>g-</b>				, , .	,		
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	or other assets no	t inclu	ıded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a							_		
	, ,	•	J		ſ			Amount		
С	Beginning balance				İ	1c				
	Additions during the year				- 1	1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.				-			_		
Par										
		(a) Current year	(b) Prior year	(c) Two years back		Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	144,604.	111,971.	102,361			74,542.		78,	542.
b			25,350.				15,000.			
С	Net investment earnings, gains, and losses		11,283.	13,610			16,819.			
d	Grants or scholarships	2,000.	4,000.	4,000			4,000.		4,	000.
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	142,604.	144,604.	111,971		1	02,361.		74,	542.
2	Provide the estimated percentage of the curre	ent vear end balance	(line 1a. column (a)	) held as:			-			
	Board designated or guasi-endowment	,	%	,						
b	Permanent endowment 70.000	%	_							
С	Term endowment 30.0000 9	<del></del> %								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organizat	ion that are held an	d administered for	the					
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endow	vment funds.							
Pai	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part 2	X, line	10.				
	Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value									
		basis (investm	ent) basis	(other) c	depred	ciation				
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment	I	7	1,439.	7	0,74	47.			92.
	Other		7	3,176.	6	6 <b>,</b> 73	36.	6	5,44	<u> 10.</u>
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990 Part X	( column (R) line 1	Oc.)				7	1,1	32.

Schedule D (Form 990) 2022

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	186,698.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	186,698.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

#### Total. (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)	

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

#### Other Liabilities.

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

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

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

Schedule D (Form 990) 2022

PART XI, LINE 2D - OTHER ADJUSTMENTS:

HEROES AT WORK EVENT EXPENSES NETTED AGAINST INCOME

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2022

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization  ENTERPR	ISE FOR YOUTH					Employer ide 23 – 7139	ntification number 082
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 17		
Indicate whether the organization rais	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	<del></del>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.	n is registered or licensed to solicit c	ontribu	utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990) 2022

Pa	rt I	Fundraising Events. Complete if the	e organization answered	"Yes" on Form 990, Par	t 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 HEROES AT WORK	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through	
_			(event type)	(event type)	(total number)	col. <b>(c)</b> )	
Revenue							
Reve	1	Gross receipts	278,733.			278,733.	
_	2	Less: Contributions	49,825.			49,825.	
	3	Gross income (line 1 minus line 2)	228,908.			228,908.	
	4	Cook primes					
	4	Cash prizes					
S	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs					
Expe							
ect	7	Food and beverages					
٦	_						
	8 9	Entertainment Other direct expenses				66,380.	
	10			L		66,380.	
		Net income summary. Subtract line 10 from li				162,528.	
Pa							
_		\$15,000 on Form 990-EZ, line 6a.	T	Γ	T		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Rev		Cross revenue					
	1	Gross revenue					
ses	2	Cash prizes					
Expen	3	Noncash prizes					
Direct Expenses	4	Rent/facility costs					
	5	Other direct expenses					
		Volunteer labor	Yes % No	Yes % No	Yes % No		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)				
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>b</b> If "No," explain:							
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No  b   f "Yes," explain:							
~	_						
	_						
23208	32 10	D-27-22			Sche	dule G (Form 990) 2022	

Scł	nedule G (Form 990) 2022	ENTERPRISE FOR YOUTH	23-7139082 Page 3						
11	Does the organization conduct ga	aming activities with nonmembers?	Yes No						
12		eficiary or trustee of a trust, or a member of a partnership or other entity formed	Yes No						
13	Indicate the percentage of gaming	a activity conducted in:							
		······································							
		e person who prepares the organization's gaming/special events books and record							
	Name								
	Address								
15	a Does the organization have a con	tract with a third party from whom the organization receives gaming revenue?	Yes No						
	o If "Yes," enter the amount of gam of gaming revenue retained by the c If "Yes," enter name and address		nount						
	Name								
	Address								
16	Gaming manager information:	Gaming manager information:							
	Name								
	Gaming manager compensation \$								
	Description of services provided								
	Director/officer	Employee Independent contractor							
	retain the state gaming license?	r state law to make charitable distributions from the gaming proceeds to  required under state law to be distributed to other exempt organizations or spent i							
_	organization's own exempt activit								
_	<del></del> ,	s applicable. Also provide any additional information. See instructions.							
_									

Schedule G	(Form 990)	ENTERPRISE	FOR	YOUTH	23-7139082	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)				

## SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

## ENTERPRISE FOR YOUTH

Employer identification number 23-7139082

Pa	art I Questions Regarding Compensation					
			Yes	No		
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees					
	Discretionary spending account 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	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee Written employment contract					
	Independent compensation consultant  X Compensation survey or study					
	X Form 990 of other organizations X 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					
7	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		х		
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х		
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:					
а	The organization?	5a		<u> </u>		
b	Any related organization?	5b		Х		
	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:					
а	The organization?	6a		X		
b	Any related organization?	6b		Х		
	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			77		
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v		
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9		<u> </u>		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) NINIVE CALEGARI	(i)	192,882.	0.	0.	0.	2,583.	195,465.	0.
CEO	(ii)		0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i) (ii)							
	(II)							

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

## SCHEDULE 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 for the latest information.

2022 Open to Public Inspection

OMB No. 1545-0047

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.

232211 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

**Employer identification number** Name of the organization ENTERPRISE FOR YOUTH 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 RECRUITMENT EFFORTS ARE TARGETED TOWARDS VULNERABLE MEMBERS OF OUR

COMMUNITY, ENCOMPASSING BLACK, LATINA/O/X, AND SOUTHEAST ASIAN/PACIFIC Schedule O (Form 990) 2022

09191115 701224 19130

<u>Schedule O (Form 990) 2022</u> Page **2** 

ISLANDER YOUTH, AS WELL AS ECONOMICALLY DISADVANTAGED ASIAN YOUTH. WE

ALSO FOCUS ON THOSE IMPACTED BY COVID, ENGLISH LEARNERS, UNDOCUMENTED

YOUTH, AND THOSE AT RISK OF BECOMING DISCONNECTED. OVER THE PAST FIVE

YEARS, WE HAVE INTENSIFIED OUR OUTREACH WITHIN SCHOOLS AND ENHANCED OUR

RECRUITMENT AND RETENTION STRATEGIES. THESE ENDEAVORS HAVE RESULTED IN

A SUCCESSFUL INCREASE IN THE YOUTH BELONGING TO OUR TARGET POPULATIONS,

ACCOMPANIED BY CONSISTENTLY HIGH COMPLETION RATES.

A SIGNIFICANT PROPORTION OF THE YOUTH WE SERVE RESIDES IN SAN

FRANCISCO'S SOUTHEASTERN NEIGHBORHOODS, INCLUDING BAYVIEW/HUNTERS

POINT, EXCELSIOR/OUTER MISSION, PORTOLA/VISITACION VALLEY, AND

PARKSIDE. THESE AREAS ARE CHARACTERIZED BY SOME OF THE LOWEST HOUSEHOLD

INCOMES, THE HIGHEST UNEMPLOYMENT RATES, SIGNIFICANT PERCENTAGES OF

LIMITED ENGLISH SPEAKERS, AND THE LOWEST PERCENTAGES OF COLLEGE

GRADUATES.

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,

ON-CAMPUS COHORTS THROUGH OUR DESIGNATED SCHOOL PARTNERSHIPS.

DOB-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,

19130\_\_1

**Employer identification number** 

Name of the organization

Page 2

Schedule O (Form 990) 2022 **Employer identification number** Name of the organization ENTERPRISE FOR YOUTH 23-7139082 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 OUR ORGANIZATION COLLABORATES WITH OVER 65 EMPLOYMENT PARTNERS ACROSS VARIOUS SECTORS, SUCH AS HEALTHCARE, TECHNOLOGY, ART/ARCHITECTURE/DESIGN, FINANCIAL AND LEGAL SERVICES, GOVERNMENT AND NONPROFIT, ENTREPRENEURSHIP, GREEN CAREERS, COMMUNICATIONS, AND RETAIL. WE PROVIDE A MIX OF VIRTUAL, IN-PERSON, AND HYBRID INTERNSHIPS, WITH ALL WORKSHOPS AND SUPPLEMENTARY PROGRAMMING HELD BOTH VIRTUALLY AND IN PERSON. THIS APPROACH AIMS TO OFFER YOUNG PEOPLE OPPORTUNITIES TO GAIN EXPERIENCE IN DIVERSE WORKPLACE SETTINGS, FOSTERING CONFIDENCE IN DIFFERENT ENVIRONMENTS AND PREPARING THEM FOR FUTURE ENDEAVORS. THE ENTERPRISE MULTI-YEAR MODEL

OUR UNIQUE MULTI-YEAR MODEL ENABLES YOUTH TO BUILD STRONG RESUMES DURING HIGH SCHOOL, ENGAGE IN A RANGE OF PAID WORK EXPERIENCES, TRAINING OPPORTUNITIES, AND INITIATE THE DEVELOPMENT OF A PROFESSIONAL NETWORK. YOUTH PARTICIPANTS EARN \$19.00/HOUR FOR 75 HOURS OF WORK, SUPPLEMENTED BY PAYMENT FOR ACCRUED VACATION TIME. ADDITIONALLY, MOST PROGRAMS MAKE YOUTH ELIGIBLE FOR COLLEGE CREDIT.

CAREER EXPERIENCE INTERNSHIPS WITH PARTNERS LIKE FIRST REPUBLIC BANK,

19130\_\_1

 Schedule O (Form 990) 2022
 Page 2

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

Schedule O (Form 990) 2022

09191115 701224 19130

Schedule O (Form 990) 2022 Page 2

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

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.

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.

Schedule O (Form 990) 2022 Page 2

Name of the organization ENTERPRISE FOR YOUTH 23-7139082 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 JOBREADINESS 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 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 ITH HIGHER LONG-TERM EARNINGS AND IMPROVED EMPLOYMENT

**Employer identification number** 

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization

ENTERPRISE FOR YOUTH

Employer identification number 23-7139082

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 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

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** ENTERPRISE FOR YOUTH 23-7139082 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

232212 10-28-22 Schedule O (Form 990) 2022