** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

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

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

Open to Public Inspection

OMB No. 1545-0047

<u>A</u> F	For the	e 2019 calendar year, or tax year beginning and e	ending							
B	Check if applicable	C Name of organization		D Employer identifi	cation number					
Г	Addre	UNLEASHING POTENTIAL								
	Name chang			43-06548	57					
	Initial return	<u> </u>	Room/suite	E Telephone numbe	r					
	Final return	1000 N. VANDEVENTER	,							
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,662,160.					
	Amen return	SAINI LOUIS, MO 03113		H(a) Is this a group re	eturn					
	Application	F Name and address of principal officer: DARLENE SOWELL		for subordinates	? Yes X No					
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No					
		empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. (see instructions)					
		te: > WWW.UPSTL.ORG		H(c) Group exemption						
		organization: X Corporation	L Year	of formation: 1913 •	M State of legal domicile; MO					
Pa	art I	Summary	000 0							
Se	1	Briefly describe the organization's mission or most significant activities: TO CL CHILDREN AND YOUTH BY BUILDING ON THEIR ST	OSE T	<u>HE OPPORTUN.</u> 'HS	ITY GAP FOR					
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose			sets.					
Ver	3	-		3	15					
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)			15					
S S	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			187					
vitie	6	Total number of volunteers (estimate if necessary)		6	350					
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.					
_	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>	7b	0.					
				Prior Year	Current Year					
ē	8	Contributions and grants (Part VIII, line 1h)		3,750,369.	3,162,347.					
èn	9	Program service revenue (Part VIII, line 2g)		394,821.	462,794.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,881.	1,892. -42,516.					
	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-46,983. $4,102,088.$	3,584,517.					
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,499.	12,250.					
	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u> </u>	0.					
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,815,959.	2,704,180.					
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		16,150.	10,763.					
oen	b	Total fundraising expenses (Part IX, column (D), line 25) 202,42	1.	20,200	2077001					
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,189,066.	1,181,167.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,030,674.	3,908,360.					
	19	Revenue less expenses. Subtract line 18 from line 12		71,414.	-323,843.					
Net Assets or	3		Be	ginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)		1,640,240.	1,320,511.					
t As	21	Total liabilities (Part X, line 26)		249,848.	246,126.					
	22	Net assets or fund balances. Subtract line 21 from line 20		1,390,392.	1,074,385.					
	art II	Signature Block								
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a			/ knowledge and belief, it is					
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	cn preparer	nas any knowledge.						
0:	_	Signature of officer		I Date						
Sig		DARLENE SOWELL, PRESIDENT & CEO		Date						
Her	е	Type or print name and title								
		Print/Type preparer's name Preparer's signature	T	Date Check C	PTIN					
Paid	i	MINDY G. KRUEGER		if self-employ						
	parer	Firm's name RUBINBROWN LLP			43-0765316					
-	Only	Firm's address NORTH BRENTWOOD		. Alli o Eliv						
	,	SAINT LOUIS, MO 63105		Phone no. (3	14) 290-3300					
May	the II	RS discuss this return with the preparer shown above? (see instructions)		,	X Yes No					

1 OIIII	m 990 (2019) UNLEASHING POTENTIAL 43-06	0 2 0 0 7	Page 4
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE MISSION OF UNLEASHING POTENTIAL IS TO CLOSE THE OPPORTUNIT		
	FOR CHILDREN AND YOUTH BY BUILDING ON THEIR STRENGTHS. WE CRE	ATE	
	EDUCATIONAL AND EMPOWERING EXPERIENCES THROUGH EARLY CHILDHOOD	01	
	EDUCATION, AFTER SCHOOL PROGRAMS, YOUTH (CONTINUED ON SCHEDULE	0)	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Voc	X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e		t
	revenue, if any, for each program service reported.		
4a		422,0	
	EARLY CHILDHOOD EDUCATION: THE LICENSED AND ACCREDITED EARLY		
	EDUCATION CENTER AT CAROLINE MISSION PROVIDES CHILDREN, AGES 6		
	FIVE YEARS, FROM LOW-INCOME FAMILIES WITH HIGH-QUALITY EARLY C		D
	EDUCATION AND CARE. THE SERVICES ARE OFFERED ON A SLIDING SCA		
	INCLUDE AN INDIVIDUALIZED DEVELOPMENT PLAN FOR EACH CHILD IN A		
	TO A STRONG FOCUS ON PARENT ENGAGEMENT. THE TEACHING STRATEGI)
	ASSESSMENT SYSTEM IS UTILIZED TO DESIGN ACTIVITIES AND TRACK E. CHILD'S INDIVIDUAL PROGRESS. ULTIMATELY, THE GOAL OF CAROLINE		NT.
	CHILD'S INDIVIDUAL PROGRESS. ULTIMATELY, THE GOAL OF CAROLINE IS TO PREPARE CHILDREN FOR SUCCESS IN KINDERGARTEN AND BEYOND.	мтрото	IN
	15 TO TRETARE CHILDREN FOR SOCCESS IN RINDERGARTEN AND BETOND:		
	SEE SCHEDULE O FOR CLIENTS SERVED AND OUTCOMES.		
4b	(Code:) (Expenses \$	43,9	00.
	YOUTH DEVELOPMENT: MAGNIFICENT CREATIONS, A T-SHIRT SCREEN PR	INTING	
	BUSINESS LOCATED IN NORTH CITY, IS A SOCIAL ENTERPRISE AND A		
	COMPREHENSIVE PROGRAM THAT COMBINES POSITIVE YOUTH DEVELOPMENT		
	VALUABLE WORK EXPERIENCE. THIS CAREFULLY DESIGNED PROGRAM, SER	VING TE	EN
	VALUABLE WORK EXPERIENCE. THIS CAREFULLY DESIGNED PROGRAM, SERGIRLS AND BOYS, ENSURES THAT THE YOUTH ARE EQUIPPED WITH THE SERGIRLS.	VING TE KILLS	
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932002 01-20-20

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?	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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ü	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,	-		1
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			 ₩
_	Schedule D, Part III	8_		X
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?			\ ₃₇
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	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	Х	
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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	, ,	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D		12b		\ x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	ا ا		X
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			1 37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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		Х

Form 990 (2019) UNLEASHING POTENTI
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			3,7
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		1
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		X
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		<u> </u>
20	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 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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			177
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
55	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	55		
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u></u>		_ <u>-</u> _
- -		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 in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	22-	
		_	$\Omega\Omega\Omega$	

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

22 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field of the tocal ender year ending with or within the year covered by this return 3 It least one is reported on line 2a, did the organization field all required federal employment tax returns? 3 It least one is reported on line 2a, did the organization field all required federal employment tax returns? 3 It was made and a sum of time 1 and a 2a, greater than 52, you may be required to g-file, fee instructions) 3 It was the organization have unrelated business gross income of \$1,000 or more during the year? 3 If Yes, 'has it filed a Form 990 T for this year? If 'No' to line 3b, provide an explanation on Schedule 0 3 If Yes, 'share the 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 business account, or other financial account; or the financ					Yes	No			
b If a least one is reported on line 2a, did the organization lie all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see Instructions) 3a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to _e/lie_(see instructions) 3a		filed for the calendar year ending with or within the year covered by this return	2a 187						
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b if "Yes," has it field a Form 9907 for this year? "Into 'to jine 3b, provide an explanation on Schedule O 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a If "Yes' is offer the name of the foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization and the foreign country is such as a bank account, accounts of the such as a securities of the such as a security of the such as a securities of the su	b			2b	X				
b If Yes,** Tiss if fleed a Form 990-T for this year? If YNo' to fine 3b, provide an explanation on Schedule O A At any time during the calendar year, did the organization have an interest, in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry) B If Yes,** return the name of the foreign country (such as a bank account, securities account, or other financial accountry) See instructions for filing requirements for FincEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). B Was the organization a party to a prohibition of the value of the party to a prohibition at washed the remainance of the organization and the value or is a party to a prohibition at which the organization file Form 8886-17. B Dod any exponization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions or gitts were not tax deductible and the very solicitation an express statement that such contributions or gitts were not tax deductible contribution under section 170(c). B If Yes,** did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible? To granizations that may receive deductible contributions under section 170(c). B Did the organization receive apment in excess of \$57 miled party is a contribution and party for goods and services provided to the payor? To X B Did the services and the services provided or the value of the goods or services provided? To L X D If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To L X D If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To L X D If the organization received a contribution of cars, boats, airplanes, or other valicles, did the organization file of personal p									
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 I "Yes" to line 5a or 5b, did the organization file Form 8388-T? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 I "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 E X Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 If I we organization received a contribution of cars, boats, surplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised, or related person? 9 Did the sponsoring organization make a first bid to include on Part VIII, line 12 Tobal the organization selection organization make a first bid to the organization file form 1041? 10 Section 501(c)(22) qualification napport the test received or accurated during the year 11a Section 501(c)(22) q	E0		` ′ ′	Eo.		x			
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			21
<u> </u>	aon a ao foiring body and management		Vac	NI-
4.	Enter the number of voting members of the governing body at the end of the tax year 15		Yes	No
ıa	, , , , , , , , , , , , , , , , , , , ,			
	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 0. Enter the number of voting members included on line 1a, above, who are independent 15			
b	, , , ,			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
_	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		37	
	of officers, directors, trustees, or key employees to a management company or other person?	3	X	37
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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))	only)	availal	ole
.0	for public inspection. Indicate how you made these available. Check all that apply.	. Omy)	a v undi	
10	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	financ	nial .	
19	statements available to the public during the tax year.	man	naı	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	PAUL KRUSSEL - 314-383-1733			
	1000 N. VANDEVENTER, ST. LOUIS, MO 63113			
	TOOO N. VANDEVENTER, SI. DOOTS, MO 03113			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per	more rson i	than of s both or/trus	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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) ELISA WANG	1.00	J								_	
BOARD CHAIR	1 00	Х		Х				0.	0.	0	
(2) LYNN TIEDE	1.00	ļ								_	
BOARD VICE CHAIR	1 00	Х		Х				0.	0.	0	
(3) MICHELLE LANGLEY	1.00	٠,,		,,					0	0	
SECRETARY (4) ANDREW WALSHAW	1.00	Х		Х				0.	0.	0	
TREASURER	1.00	х		х				0.	0.	0	
(5) ANDREW BLEYER	1.00	^		^				0.	0.	0	
DIRECTOR	1.00	Х						0.	0.	0	
(6) REV. PATRICK CHANDLER	1.00	25						•	•	<u> </u>	
DIRECTOR	1100	х						0.	0.	0	
(7) JACKIE DIPPEL	1.00	1							•		
DIRECTOR		Х						0.	0.	0	
(8) NICOLE GORE	1.00										
DIRECTOR		Х						0.	0.	0	
(9) JONATHAN LEE	1.00										
DIRECTOR		Х						0.	0.	0	
(10) AMANDA MEYER	1.00										
DIRECTOR		Х						0.	0.	0	
(11) MICHELE OTTINGER	1.00	<u> </u>									
DIRECTOR		Х						0.	0.	0	
(12) DR. KAREN SEIBERT BOYD	1.00	ļ									
DIRECTOR	1.00	Х						0.	0.	0	
(13) MICHELLE SYMANK	1.00	ļ									
DIRECTOR	1 00	Х						0.	0.	0	
(14) JERRY WALKER	1.00	٠,,								0	
DIRECTOR (MD INCHE)	1 00	Х			\vdash			0.	0.	0	
(15) TOM STRINGER	1.00	₩.						0.		0	
DIRECTOR (16) DARLENE SOWELL	40.00	Х	\vdash		\vdash	\vdash		"	0.	0	
PRESIDENT AND CEO	40.00	1		х				126,839.	0.	21,964	
TRESTREAT AND CEO		 		^	-	\vdash		120,033.	0.	41,304	
		1									

Par	T VII Section A. Officers, Directors, Trus		oloy	ees,			ghe	st C	ompensated Employee	s (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		1	stimate	
		hours per week					is bot or/trus		· ·	compensation		1	nount	of
		(list any						T	from the	from related organization		1	other pensa	tion
		hours for	direct				_		organization	(W-2/1099-MI		1	om the	
		related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 1	50,	1	anizati	
		organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee					_	d relate	
		below	/idual	tutior	Je Je	Key employee	lest co	ner				orga	anizatio	ons
		line)	ibu	Insti	Officer	Key	High	Former						
			1											
			-											
							-							
			-											
					-		-	-						
			1											
							 					-		
			1											
							1					 		
			1											
			1											
			1											
1b	Subtotal							▶	126,839.		0.	2	1,9	64.
	Total from continuation sheets to Part VI							•	0.		0.			0.
	Total (add lines 1b and 1c)							▶	126,839.		0.	2	1,90	64.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	е			
	compensation from the organization													1
													Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	кеу є	empl	loye	e, o	r hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a	•				•			•	dual for services				77
Coo	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch <u>ı</u>	oers	on				<u></u>	5		X
	tion B. Independent Contractors							41	t : t t	100.000 - (
1	Complete this table for your five highest co the organization. Report compensation for	•	•							,	pensa	tion irc	om	
	(A)	irie caleridar ye	ear e	HUII	ig w	ILIT	OI WI	ıtıııı	(B)	ear.		(C	<u>,,</u>	
	Name and business	address	NO	INC	₹.				Description of s	ervices	C	Compe		n
					_									
2	Total number of independent contractors (in		ot lir	nited	d to		se lis	sted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	ZaliOII					,						000	

Form 990 (2019) UNLEASH
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any lin	e in this Part VIII			
		•	,	(A)	(B)	(C)	_ (D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
S	1	a Federated campaigns 1a 6	23,026.				
anta			23,020.				
ij g			.05,824.				
ts, Ar			.05,024.				
Contributions, Gifts, Grants and Other Similar Amounts			05,472.				
ns, Sim			005,472.				
utio er (f All other contributions, gifts, grants, and	120 A2E				
현된			28,025.				
ont od (193,059.	2 162 247			
<u>0 g</u>				3,162,347.			
			Business Code	460 504	460 504		
9	2	a PROGRAM SERVICE FEES	900099	462,794.	462,794.		
e Ķ	-	b					
S		с					
am		d					
Program Service Revenue		e					
P	•	f All other program service revenue					
		g Total. Add lines 2a-2f		462,794.			
	3	Investment income (including dividends, interest					
		other similar amounts)		1,892.			1,892.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
	_	(i) Real	(ii) Personal				
	6	a Gross rents 6a	()				
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Not rental income or (loca)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	′	10.000	(ii) Oti ioi				
		-					
•		b Less: cost or other basis					
her Revenue		and sales expenses 76 12,000.					
eve				0			
Æ		d Net gain or (loss)		0.			
	8	a Gross income from fundraising events (not including \$ of					
δ							
		contributions reported on line 1c). See	20 000				
			20,000.				
			65,643.	-45,643.			-45,643.
		c Net income or (loss) from fundraising events		-45,645.			-45,045.
	9	a Gross income from gaming activities. See					
		Part IV, line 199a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory	>				
ွှ		<u> </u>	Business Code				
e go	11 :	а					
Miscellaneous Revenue	- 1	b					
e e		с					
Alisc B		d All other revenue	624200	3,127.	3,127.		
_		e Total. Add lines 11a-11d		3,127.			
	12	Total revenue. See instructions		3,584,517.	465,921.	0.	-43,751.

932009 01-20-20

	990 (2019) UNLEASHING F TIX Statement of Functional Expense			43-06	5485/ Page II
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete 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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		•		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	12,250.	12,250.		
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,				
	trustees, and key employees	148,803.	119,042.	19,345.	10,416
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 100 010	1 006 000	155 660	120 054
7	Other salaries and wages	2,182,940.	1,896,298.	155,668.	130,974
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	172 006	120 002	20 045	2 240
9	Other employee benefits	172,996. 199,441.	130,903.	38,845.	3,248 10,978
10	Payroll taxes	199,441.	173,903.	14,560.	10,978
11	Fees for services (nonemployees):				
	Management				
b	Legal	87,300.		87,300.	
	Accounting	01,300.		67,300.	
	Lobbying Professional fundraising services. See Part IV, line 17	10,763.			10,763
f	Investment management fees	186.		186.	10,703
	Other. (If line 11g amount exceeds 10% of line 25,	100.		100.	
y	column (A) amount, list line 11g expenses on Sch O.)	160,552.	109,417.	48,435.	2 700
12	Advertising and promotion	6,548.	677.	10,1000	2,700 5,871
13	Office expenses	139,609.	116,422.	16,310.	6,877
14	Information technology				
15	Royalties				
16	Occupancy	127,835.	110,011.	16,811.	1,013
17	Travel	62,264.	61,370.	25.	869
18	Payments of travel or entertainment expenses	,			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	39,437.	34,133.	2,223.	3,081
20	Interest	27,278.	22,539.	1,902.	2,837
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	59,476.	53,569.	5,907.	
23	Insurance	19,017.	15,214.	3,803.	
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	FOOD & MEDICAL SUPPLIES	359,562.	354,699.	3,279.	1,584
b	FIELD TRIPS & EVENTS	35,718.	35,718.		
С	DUES AND SUBSCRIPTIONS	34,318.	14,820.	9,237.	10,261
d					
е	All other expenses	22,067.	16,955.	4,163.	949
25	Total functional expenses. Add lines 1 through 24e	3,908,360.	3,277,940.	427,999.	202,421
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Charle have	J	I	I I	

Form **990** (2019)

Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2019)
Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			359,371.	1	117,223.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		571,316.	3	554,000.	
	4	Accounts receivable, net			356,813.	4	339,067.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in secti	on 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			44,996.	9	40,868.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	. 10a	1,714,356.			
	b	Less: accumulated depreciation	10b	1,508,270.	241,810.	10c	206,086.
	11	Investments - publicly traded securities		65,934.	11	63,267.	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			1 640 040	15	1 200 511
	16	Total assets. Add lines 1 through 15 (must ed			1,640,240.	16	1,320,511. 103,311.
	17	Accounts payable and accrued expenses		l l	149,652.	17	103,311.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub				00	
Lial	00	controlled entity or family member of any of th	-		100,196.	22	142,815.
	23 24	Secured mortgages and notes payable to unre- Unsecured notes and loans payable to unrelat			100,100.	24	142,013.
	25	Other liabilities (including federal income tax, p				24	
	23	parties, and other liabilities not included on line					
		of Schedule D	•	·		25	
	26	Total liabilities. Add lines 17 through 25			249,848.	26	246,126.
		Organizations that follow FASB ASC 958, ch	neck here	X	- ,		
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			720,135.	27	270,172.
Bal	28				670,257.	28	804,213.
pu		Organizations that do not follow FASB ASC					
Fu		and complete lines 29 through 33.					
, or	29	Capital stock or trust principal, or current fund	s			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,390,392.	32	1,074,385.
	33	Total liabilities and net assets/fund balances			1,640,240.	33	1,320,511.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	2	3,58	8,3	<u>60.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	-32				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		1,39				
5	Net unrealized gains (losses) on investments	5		7,8	<u> 36.</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	1,07	4,3	85.		
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: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a					
	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	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-					
	Act and OMB Circular A-133?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2019)		

932012 01-20-20

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNLEASHING POTENTIAL

Employer identification number 43-0654857

Pa	rt I	Reason for Public (Charity Status (All organizations must co	mplete th	is part.) Se	e instructions.	
Γhe	organ	zation is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck only	one box.)		
1		A church, convention of chi)(A)(i).	
2	\Box	A school described in sect i	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990 or 99	90-EZ).)	, , , , , , , , , , , , , , , , , , ,	
3	一	A hospital or a cooperative		•			i).	
4	一	A medical research organization						the hospital's name.
		city, and state:	,	,				,
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ed in
Ŭ		section 170(b)(1)(A)(iv). (C		logo or armonomy omnoc	or operat	-		
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
	X	An organization that norma	ū				• •	oublic described in
′	21	•	•	itiai part of its support if	on a gove	on in icinai	unit or norm the general p	public described in
		section 170(b)(1)(A)(vi). (C		1VAVvi) (Complete Bord	F II \			
8	H	A community trust describe				ad in coniu	unation with a land arout	aallaaa
9		An agricultural research org				-	-	•
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of the college	e or
40		university:	Illy reasings (1) mars	than 22 1/20/ of its over	a aut frama	ontributio	no momborobio foco an	d areas ressints from
10		An organization that norma						
		activities related to its exem	•	· ·				-
		income and unrelated busin		(less section 5 i i tax) fro	m busines	sses acquii	red by the organization a	arter June 30, 1975.
		See section 509(a)(2). (Cor	•	and the treat form of the cont			20(-)(4)	
11	H	An organization organized a	•	•	•			
12		An organization organized a	•	•	•		· · · · · · · · · · · · · · · · · · ·	
		more publicly supported org	-					Sheck the box in
_		lines 12a through 12d that	* *					air in a
а		Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·		•	-		
		the supported organization	· · · · · ·		majority c	or trie direc	tors or trustees of the st	apporting
L		organization. You must o			ion with its		d arganization(s) by bay	do a
b		Type II. A supporting org						-
		control or management o			ame perso	ns that coi	ntroi or manage the supp	оопеа
_		organization(s). You mus			in aannaat	المناسمة	and functionally integrate	ad with
С		Type III functionally inte					• •	ea with,
4		its supported organization						zation(a)
d		Type III non-functionally					· · · · · · · · · · · · · · · · · · ·	* *
		that is not functionally int requirement (see instructi	-	• •	•		='	veness
_		Check this box if the orga	•	•	•			
е		functionally integrated, or					Type i, Type ii, Type iii	
f	Ente	r the number of supported o	* *	iany integrated supportin	ig organiz	ation.		
		ride the following information		d organization(s)				
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (occ metractione))				
Total								I

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3019100.	3139003.	3775195.	3750369.	3162347.	16846014.
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	3019100.	3139003.	3775195.	3750369.	3162347.	16846014.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						16846014.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	3019100.	3139003.	3775195.	3750369.	3162347.	16846014.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	8,690.	3,122.	2,966.	1,636.	1,892.	18,306.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	11,207.	1,003.				12,210.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						16876530.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,762,561.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	
~	organization, check this box and stor	here					>
	ction C. Computation of Publi					г	
	Public support percentage for 2019 (I					14	99.82 %
	Public support percentage from 2018					15	99.10 %
16a	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o	•		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the		•		•		e
	organization meets the "facts-and-circ			•			>
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2019

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or 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					1	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	_	T -	T -	Τ.	T -	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						<u> </u>
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in 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.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	zation,
check this box and stop here			······			>
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, chec						▶∐
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hay and sea inc	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in 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 in 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 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
- CE		
3с		
4a		
4b		
12		
4c		
70		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		1a		
h		1b		
	• • • • • • • • • • • • • • • • • • • •	1c		
Sect	tion B. Type I Supporting Organizations			
	71 11 0 0		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
2				
	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,	2		
Sect	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
000	aon o. Type ii cupporting organizatione		Yes	No
4	Ways a majority of the avgoritation's divertors by twisters during the toy year along a majority of the divertors		162	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Sact	the supported organization(s). tion D. All Type III Supporting Organizations	1		
<u> </u>	non b. All Type III Supporting Organizations		V	
	Did the constitution and ideals and of the constitution in the last describe (0) and the fills		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	, , , , , , , , , , , , , , , , , , , ,	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a cross and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
C1	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ions),		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	That is look determined contained and the determined.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	asimbos sucher the organization of months.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	11 0 170743 4514115 17	Ba		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections 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 1-1/2% 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 .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 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 integra	ted Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Sect	ion D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish exc			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	8	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
_				

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization

Employer identification number

OMB No. 1545-0047

U	43-0654857					
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	n is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.				
General Rule						
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor	• ,				
Special Rules						
sections 509(a)(1	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, stor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount of the section of the section of the greater of (1) \$5,000; or (2) 2% of the amount of the section of t	or 16b, and that received from				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
-	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F					

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

UNLEASHING POTENTIAL

43-0654857

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$623,026.	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		\$ 643,920.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>66,500.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 199,146.	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_		\$ 65,589.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$96,907.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

UNLEASHING POTENTIAL 43-0654857 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person **Payroll** 320,882. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 X Person **Payroll** 330,500. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

		\$	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

(b)

Name, address, and ZIP + 4

923452 11-06-19

(a)

No.

(Complete Part II for noncash contributions.)

(d)

Type of contribution

Person Payroll

(c)

Total contributions

Name of organization Employer identification number

UNLEASHING POTENTIAL

43-0654857

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	MEALS AND SNACKS				
8					
		\$ 277,231.	12/31/19		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
-					
000450 44 0		\$	000 000 F7 av 000 DF) (0040)		

Name of organization **Employer identification number** UNLEASHING POTENTIAL 43-0654857 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 (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

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 Open to Public Inspection

Name of the organization

UNLEASHING POTENTIAL

Employer identification number 43-0654857

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only			
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring					
	impermissible private benefit? Yes No					
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).				
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	historically important land area			
	Protection of natural habitat	Preservation of a	certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
	Number of conservation easements on a certified historic str					
d	Number of conservation easements included in (c) acquired a		I I			
	listed in the National Register					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax			
	year ▶					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per					
	violations, and enforcement of the conservation easements in					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing consei	rvation easements during the year			
_	<u> </u>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year			
•			(4)(D)(:)			
8	Does each conservation easement reported on line 2(d) above					
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati					
9	balance sheet, and include, if applicable, the text of the footr	·				
	organization's accounting for conservation easements.	note to the organization's imancial statement	its that describes the			
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.			
	Complete if the organization answered "Yes" on Form					
	If the organization elected, as permitted under FASB ASC 95		d balance sheet works			
	of art, historical treasures, or other similar assets held for pul	•				
	service, provide in Part XIII the text of the footnote to its final	·	•			
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public					
	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 tre					
	the following amounts required to be reported under FASB A					
а	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	s for Form 990.	Schedule D (Form 990) 2019			

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

Pai	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Othe	r Sin	nilar Asse	ets (continu	ued)
3	Using the organization's acquisition, accession								•	,
	collection items (check all that apply):									
а	a Public exhibition d Loan or exchange program									
b	Scholarly research	е	, 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how the	ey further th	ne organizatio	n's exer	mpt pı	urpose in Pa	art XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arrang								V, line 9, or	
	reported an amount on Form 990, Par							,	,	
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for c	contribution	s or other ass	sets not	includ	ed		
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
	, ,	·	Ü						Amount	
С	Beginning balance							1c		
d	Additions during the year						·· ⊢	1d		
е	Distributions during the year							1e		
f	Ending balance							1f		
	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.						-			—
	t V Endowment Funds. Complete it									
		(a) Current year		rior year	(c) Two year			ree vears ha	ck (e) Four	/ears hack
1a	Beginning of year balance	(a) carrone your	(2):	nor your	(C) The year	o buon	(4) 11	noo youro bu	OIL (O) I OUI	y our o' buon
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
е										
	and programs									
†	Administrative expenses									
g	End of year balance	ant voor and balance	l lina 1 a	, aalumn (a'	\\					
2	Provide the estimated percentage of the curr	ent year end balance		j, column (a)) neid as:					
a	Board designated or quasi-endowment	0/	_%							
b	Permanent endowment	%								
С		%								
0-	The percentages on lines 2a, 2b, and 2c should be the standard for the sta	•			and an about a task and					
за	Are there endowment funds not in the posses	ssion of the organiza	ation that	t are neid ar	na administer	ea for tr	ne orga	anization	Γ,	<u> </u>
	by:									Yes No
	(i) Unrelated organizations									
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizar								3b	
4 Dai	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment fu	unas.						
Fai								_		
	Complete if the organization answered									
	Description of property	(a) Cost or o			or other			ulated	(d) Book	value
		basis (investr	nent)	basis	(other)	de	precia	tion		
1a	Land	I		1 1 1	4 650		0.77.0	0.4.2	1	015
b	Buildings			1,14	4,658.		979	<u>,843.</u>	164	<u>,815.</u>
С	Leasehold improvements				0.600			407		074
d	Equipment			56	9,698.		528	<u>,427.</u>	41	,271.
	Other									005
Tota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. colum	n (B) line 1	0c.)			🕨 📗	206	,086.

Schedule D (Form 990) 2019

Schedule D	(Form 990) 2019	UNLEASHING	POTENTIAL		43-0654857 Page 3
Part VII		Other Securities.			
	Complete if the org	ganization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	tion of security or cate	gory (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Financia	al derivatives				
(2) Closely	held equity interests	3			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 99	0, Part X, col. (B) line 12.) ▶			
		Program Related.			
	Complete if the org	ganization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of		(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 99	0, Part X, col. (B) line 13.)			
Part IX	Other Assets.	, , , , , , , , , , , , , , , , , , , ,	•		
	Complete if the org	ganization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
			Description		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ımn (h) must equal F	orm 990 Part X col (R) lin	<u> </u>		•
Part X	Other Liabilitie	es.	<u> </u>		
	Complete if the ord	ganization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir	ne 25.
1.		escription of liability	, ,	· · · · · · · · · · · · · · · · · · ·	(b) Book value
	leral income taxes	•			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ımn (h) must sausi E	orm 990 Part V and /P\lin	e 25.)		•
•	. ,	, , ,	,	the organization's financial stateme	ents that reports the
	po	, p. ovid		gaia o iniariolar otatorric	

932053 10-02-19

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) 2019

Schedule D (Form 990) 2019

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

2019

Open to Public Inspection

Name of the organization					Emplo
	UNLEASHING	POTENTIAL			43-0
Dort L Fundraisia	an Antivitian		 	 	

Employer identification number

	ING POIENTIAL				43-0034	
Fundraising Activities. required to complete this part	Complete if the organization answers:	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais		activ	ities (Check all that apply		
		-				
_				overnment grants		
b Internet and email solicitations				nment grants		
c Phone solicitations	g Special	fundra	ising (events		
d In-person solicitations						
2 a Did the organization have a written o	r oral agreement with anv individual	(includ	ing of	ficers, directors, trus	tees, or	
key employees listed in Form 990, Pa					Yes	No
b If "Yes," list the 10 highest paid indiv					· · · · · · · · · · · · · · · · · · ·	'
		ai it tU i	agi eel	nonto unuel Willell II	ic idildiaisti is tu bt	
compensated at least \$5,000 by the	organization.		_			
		/iii\	Did		(v) Amount paid	
(i) Name and address of individual	(ii) Activity	(iii) fundr	aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Activity	have con	trol of	from activity	fundraiser	organization
		contribu	itions?		listed in col. (i)	- : 3 ::===:::
		Yes	No			
				1		
Cotal			_			
Total			.d: a :-		ik in account for	
3 List all states in which the organization	n is registered or licensed to solicit c	ontribi	utions	or has been notified	ıτ is exempt from re	gistration
or licensing.						

932081 09-11-19

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

Schedule G (Form 990 or 990-EZ) 2019

		le G (Form 990 or 990-EZ) 2019 UNLEASE				0654857 Page 2
Pa	ırt I					
		of fundraising event contributions and gr				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			TRIVIA NIGHT		(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	13,875.	111,949.		125,824.
	2	Less: Contributions	13,875.	91,949.		105,824.
	3	Gross income (line 1 minus line 2)		20,000.		20,000.
	4	Cash prizes				
"	5	Noncash prizes	2,490.	2,083.		4,573.
Direct Expenses	6	Rent/facility costs	863.			863.
	7	Food and beverages	204.	41,424.		41,628.
ā	8		1	2,400.		2,400.
	9	Other direct expenses		15,334.		16,179.
		Direct expense summary. Add lines 4 through				65,643.
Ds	11 irt			.000 Dort IV line 10 or r		-45,643.
		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Fait IV, line 19, 01 IV	sported more triair	
		\$10,000 0111 01111 000 LZ, mile da.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	1	Gross revenue				
s	2	Cash prizes				
Expenses	3	Noncash prizes				
ect	4	Rent/facility costs				
ä						
	5	Other direct expenses				
		Voluntaar lahar	Yes %	Yes%	Yes %	
	ь	Volunteer labor	L No	L No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)		>	
•		towthe state(s) in which the evention condu	uata gamina aativitiaa			
9		ter the state(s) in which the organization condu	· · -			Yes No
		the organization licensed to conduct assiss a		סומולט!		. ∟ res ∟ No
	ls t	the organization licensed to conduct gaming a				
	ls t	the organization licensed to conduct gaming a No," explain:				
	ls t					
t	Is to If "	No," explain:			ear?	Yes No
10a	Is to If "		evoked, suspended, or te	rminated during the tax y	ear?	Yes No

Schedule G (Form 990 or 990-EZ) 2019

Sch	nedule G (Form 990 or 990-EZ) 2019 UNLEASHING POTENTIAL 43-0	654857	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:	1 1	
	The organization's facility	13a	%
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Description of services provided P		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
П	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, lines 9, 9	9b, 10b,

Schedule G (Form 990 or 990-EZ) UNLEASHING POTENTIAL Part IV Supplemental Information (continued)	43-0654857 Page 4
Part IV Supplemental Information (continued)	
<u> </u>	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

Attach to Form 990.

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2019)

	UNLEASHING	G POTENTIA	$_{ m AL}$					43-0654857			
Part I General In	formation on Grants ar	nd Assistance									
1 Does the organiz	ation maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	า			
criteria used to a	criteria used to award the grants or assistance?										
2 Describe in Part	IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.						
Part II Grants and	d Other Assistance to I	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part I'	V, line 21, for any			
recipient th	nat received more than \$	5,000. Part II can	be duplicated if additi	onal space is need	ed.						
	dress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
	er of section 501(c)(3) ar	-						>			
3 Enter total numb	er of other organizations	s listed in the line 1	table								

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	8	12,250.	0.		
		,			
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	ı (b); and any other ac	Iditional information.	
PART I, LINE 2:					
SCHOLARSHIPS - AN APPLICATION IS	REQUIRED,	INCLUDING	THE REASON	FOR	
REQUEST, THE PURPOSE FOR PURSUING	G FURTHER E	DUCATION,	AND A PERS	ONAL	
REFERENCE. THE FINAL DECISION O	N SCHOLARSH	IP RECIPIE	ENTS IS THE	N MADE BY AN	
INDEPENDENT TRUSTEE COMMITTEE (N					
·		•			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

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

Inspection Employer identification number

	UNLEASHING P	OTENTI.	AL			43	3-0654	857	
Pai	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	g	Method noncash cor	(d) of determir ntribution a		s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other \dots								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	81,838	277,231	• PR	OGRAM V	ALUE		
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other \blacktriangleright (\underline{TOYS} $\underline{SUPPLIES}$)	X	35	-		ST/SELL			
26	Other \blacktriangleright (<u>AUCTION ITEMS</u>)	X	22	4,523	<u>. co</u>	ST/SELL	ING P	RIC	E
27	Other • ()								
28	Other (
29	Number of Forms 8283 received by the organi								
	for which the organization completed Form 82	283, Part IV, I	Donee Acknowledg	gement 29					
								Yes	No
30a	During the year, did the organization receive b	-	• • • • •		-				
	must hold for at least three years from the dat								
	exempt purposes for the entire holding period	?					30a		X
	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance		•	•		?	31	Х	
32a	· ·	or related or	ganizations to soli	cit, process, or sell noncas	h				
							32a		X
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	column (c) for	a type of property	for which column (a) is ch	necked	,			
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

Schedule M (Form 990) 2019 932142 09-27-19

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

UNLEASHING POTENTIAL

Employer identification number 43-0654857

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DEVELOPMENT, AND ENRICHMENT CAMPS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
EARLY CHILDHOOD EDUCATION:
2019 CLIENTS SERVED: 96
2019 OUTCOMES:
-100% OF CHILDREN WERE READY TO ENTER KINDERGARTEN.
-78% OF CHILDREN MET OR EXCEEDED AGE-APPROPRIATE DEVELOPMENTAL
MILESTONES.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
THE ORGANIZATION TEMPORARILY SUSPENDED OPERATIONS OF THE MAGNIFICENT
CREATIONS PROGRAM AT THE END OF 2019, AND WILL EVALUATE RESUMING THIS
PROGRAM SERVICE IN THE FUTURE.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
AFTER SCHOOL:
2019 CLIENTS SERVED: 1,199
2019 OUTCOMES:
-84% OF CHILDREN EXPERIENCED A SENSE OF BELONGING.
-89% OF CHILDREN IDENTIFIED, MANAGED, AND APPROPRIATELY EXPRESSED
EMOTIONS AND BEHAVIORS.
-100% OF STUDENTS GAINED/MAINTAINED INDEPENDENT LIVING/ESSENTIAL LIFE
SKILLS.

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

Schedule O (Form 990 or 990-EZ) (2019)

Employer identification number Name of the organization 43-0654857 UNLEASHING POTENTIAL ENRICHMENT CAMPS: UP ENRICHMENT CAMPS OFFER FUN AND ENRICHING ACTIVITIES DESIGNED TO PROVIDE AN EXPERIENTIAL APPROACH TO JOYFUL SUMMER LEARNING. STRATEGICALLY LOCATED AT PARTNER SITES IN ST. LOUIS CITY AND COUNTY, THE 8-WEEK CAMPS GIVE CHILDREN AGES 5 TO 12 YEARS OLD OPPORTUNITIES FOR TRADITIONAL CAMP, AND AN OVERNIGHT CAMP EXPERIENCE. CAMP ACTIVITIES INCLUDE SWIMMING LESSONS, NUTRITION, FITNESS, STUDIO AND PERFORMING ARTS, STEM, FIELD TRIPS, SPORTS, ALL WITHIN THE CONTEXT OF PROMOTING HEALTHY SOCIAL/EMOTIONAL GROWTH. 2019 CLIENTS SERVED: 216 2019 OUTCOMES: -94% OF CHILDREN EXPERIENCED A SENSE OF BELONGING. -93% OF CHILDREN IDENTIFIED, MANAGED, AND APPROPRIATELY EXPRESSED EMOTIONS AND BEHAVIORS. -100% OF STUDENTS GAINED/MAINTAINED INDEPENDENT LIVING/ESSENTIAL LIFE SKILLS.

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION HAS OUTSOURCED THE CHIEF FINANCIAL OFFICER FUNCTION TO A PROFESSIONAL SERVICES FIRM. THE ACCOUNTING ACTIVITIES AND RESPONSIBILITIES OF THE CHIEF FINANCIAL OFFICER ARE SUPERVISED BY THE PRESIDENT AND BOARD OF DIRECTORS ON A PERIODIC BASIS.

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

THE FORM 990 IS PREPARED BY A PUBLIC ACCOUNTING FIRM, IS REVIEWED BY MANAGEMENT AND PROVIDED TO THE BOARD OF DIRECTORS ELECTRONICALLY BY MANAGEMENT PRIOR TO FILING.

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

Name of the organization UNLEASHING POTENTIAL	Employer identification number 43-0654857							
CONFLICT OF INTEREST DOCUMENTATION IS DISTRIBUTED TO OUR B	OARD OF DIRECTORS							
AND SIGNED OFF ON ANNUALLY. A CONFLICT OF INTEREST STATEMENT IS ALSO								
INCLUDED IN OUR EMPLOYEE HANDBOOK, WHICH EMPLOYEES SIGN OF	F ON UPON							
EMPLOYMENT. IF NECESSARY, MEMBERS OF THE GOVERNING BOARD	OR AN APPOINTED							
COMMITTEE WILL REVIEW AND MAKE A DETERMINATION ON POTENTIA	L CONFLICTS THAT							
MAY EXIST FOR THE ORGANIZATION.								
FORM 990, PART VI, SECTION B, LINE 15A:								
QUESTION 15A: THE COMPENSATION OF THE PRESIDENT & CEO IS B	ASED ON							
COMPARABLE RATES AT SIMILAR NOT-FOR-PROFIT AGENCIES. ON AN	ANNUAL BASIS,							
THE PERFORMANCE AND PAY OF THE PRESIDENT & CEO IS EVALUATE	D FORMALLY BY THE							
EXECUTIVE COMMITTEE.								
QUESTION 15B: THE ORGANIZATION DOES NOT HAVE ANY OTHER OFF	ICERS OR HIGHLY							
COMPENSATED EMPLOYEES.								
FORM 990, PART VI, SECTION C, LINE 19:								
OUR MOST RECENT AUDITED FINANCIAL STATEMENTS AND 990S ARE	AVAILABLE FOR							
REVIEW ON OUR WEBSITE. OUR ARTICLES OF INCORPORATION, BYL	AWS, AND CONFLICT							
OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.								

Form **8868**

(Rev. January 2020)

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.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

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. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print UNLEASHING POTENTIAL 43-0654857 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 1000 N. VANDEVENTER return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAINT LOUIS, MO 63113 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Code Is For Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 PAUL KRUSSEL The books are in the care of ► 1000 N. VANDEVENTER - ST. LOUIS, MO 63113 Telephone No. ► 314-383-1733 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2019 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 3a If this application is for Forms 990-BL, 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

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2020)

instructions

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