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Form **990**

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
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 09-01-2014 , and ending 08-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
13100 WAYZATA BLVD NO 400

City or town, state or province, country, and ZIP or foreign postal code
MINNETONKA, MN 55305

D Employer identification number
41-0693860

E Telephone number
(952) 546-0616

G Gross receipts $ 8,399,468

F Name and address of principal officer
JUDY HALPER
13100 WAYZATA BLVD NO 400
MINNETONKA, MN 55305

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW JFCSMPLS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1910

M State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO SUPPORT PEOPLE OF ALL BACKGROUNDS TO REACH THEIR FULL POTENTIAL

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	35
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	35
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	142
6	Total number of volunteers (estimate if necessary)	6	900
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,250,457	6,133,040
9	Program service revenue (Part VIII, line 2g)	1,775,884	1,917,729
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,045,911	262,118
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-96,427	-31,434
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,975,825	8,281,453
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	958,557	1,416,445
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,054,196	5,376,017
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶747,269		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,195,740	1,281,709
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,208,493	8,074,171
19	Revenue less expenses Subtract line 18 from line 12	767,332	207,282

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	16,370,610	15,702,949
21	Total liabilities (Part X, line 26)	967,505	1,034,885
22	Net assets or fund balances Subtract line 21 from line 20	15,403,105	14,668,064

Part II Signature Block

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

Sign Here

****** | 2016-03-29
Signature of officer | Date

JUDY HALPER CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MATTHEW STOWELL	MATTHEW STOWELL			P01587994

Firm's name ▶ CLIFTONLARSONALLEN LLP | Firm's EIN ▶ 41-0746749

Firm's address ▶ 220 SOUTH SIXTH STREET SUITE 300
MINNEAPOLIS, MN 55402 | Phone no (612) 376-4500

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS PROVIDES ESSENTIAL SERVICES TO PEOPLE OF ALL AGES AND BACKGROUNDS TO SUSTAIN HEALTHY RELATIONSHIPS, EASE SUFFERING AND OFFER SUPPORT IN TIMES OF NEED

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ 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 expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 2,202,485 including grants of $ 890,220) (Revenue $ 786,532)

CAREER SERVICES - SEE SCHEDULE O

4b (Code) (Expenses $ 1,283,269 including grants of $ 242,089) (Revenue $ 460,651)

AGING AND DISABILITY SERVICES - SEE SCHEDULE O

4c (Code) (Expenses $ 943,570 including grants of $ 119,286) (Revenue $ 670,546)

CLINICAL AND CASE MANAGEMENT SERVICES - SEE SCHEDULE OCLINICAL AND CASE MANAGEMENT SERVICESJFCS CLINICAL SERVICES INCLUDES COUNSELING, INTAKE AND RESOURCE CONNECTION, LICENSING SUPERVISION, MENTAL HEALTH SUPPORT SERVICES, EMERGENCY FINANCIAL ASSISTANCE, THE JEWISH FREE LOAN PROGRAM, FAMILY LIFE EDUCATION, THE TWIN CITIES JEWISH HEALING PROGRAM, AND THE MENTAL HEALTH EDUCATION PROGRAM 3,420 PEOPLE PARTICIPATED IN CLINICAL SERVICES COUNSELING PROVIDES THERAPY TO INDIVIDUALS (INCLUDING CHILDREN), COUPLES, AND FAMILIES CLIENTS ARE REFERRED FROM OTHER PROGRAMS WITHIN THE AGENCY, FROM OTHER AGENCIES OR ARE SELF-REFERRED 252 PEOPLE RECEIVED COUNSELING OUR INTAKE AND RESOURCE CONNECTION (IRC) WORKED WITH 1,302 CALLERS, PROVIDING THEM WITH REFERRALS, RESOURCES AND EMERGENCY FINANCIAL ASSISTANCE DEPENDING ON THE CALLERS' NEEDS, CLINICALLY-TRAINED PROFESSIONAL STAFF REFER THEM TO THE BEST MATCHED PROGRAM, WHETHER AT JFCS OR ANOTHER COMMUNITY ORGANIZATION WE DISTRIBUTED 198 EMERGENCY FINANCIAL ASSISTANCE GRANTS TO 157 INDIVIDUALS, FOR A TOTAL OF $86,374 THESE FUNDS ARE USED TO HELP WITH RENT, UTILITIES, CAR REPAIR, MEDICAL BILLS, TRANSPORTATION COSTS AND FOOD THE JEWISH FREE LOAN PROGRAM LENDS UP TO $7,500 TO INDIVIDUALS IN THE JEWISH COMMUNITY WITH A SPECIFIC NEED, WHO ARE ABLE TO PROVIDE A CO-SIGNER WE CURRENTLY HAVE 30 LOANS OUT, FOR A TOTAL OF $100,000 PEOPLE WITH SEVERE AND PERSISTENT MENTAL ILLNESS ARE SERVED BY OUR MENTAL HEALTH SUPPORT SERVICES (MHSS) PROGRAM CASE MANAGERS ASSIST WITH HOUSING, EMPLOYMENT, MEDICATION MANAGEMENT, EMERGENCY FINANCIAL ASSISTANCE, SUPPORT AND ENCOURAGEMENT MANY CLIENTS ALSO PARTICIPATE IN HOLIDAY CELEBRATIONS AND A HOLIDAY GIFT PROGRAM WE SERVED 234 PEOPLE, INCLUDING SOME WITH A COMMUNITY ALTERNATIVES FOR DISABLED INDIVIDUALS WAIVER THE TWIN CITIES JEWISH HEALING PROGRAM OFFERS COMFORT, HOPE AND STRENGTH TO UNAFFILIATED JEWISH PEOPLE EXPERIENCING LOSS, LIFE CHALLENGES, ILLNESS, DYING AND GRIEF AND WANTING A JEWISH CONNECTION OR VISIT IN THEIR TIME OF NEED OUR HEALING PROGRAM HELPS TWIN CITIES HOSPITALS AND HOSPICES TO PROVIDE CULTURALLY SENSITIVE CARE, AND ARRANGES VISITS BY CLERGY OR A TRAINED VOLUNTEER THE HEALING PROGRAM ALSO EQUIPS HEALTHCARE FACILITIES WITH RESOURCES SUCH AS HEALING SERVICE VIDEOS, PRAYER BOOKS, ELECTRIC MENORAHS, ELECTRIC SABBATH CANDLES, AND JEWISH MUSIC THE HEALING PROGRAM SERVED 184 PEOPLE JFCS'S FAMILY LIFE EDUCATION (FLE) STAFF PRESENT PROGRAMS IN THE COMMUNITY WHICH FOCUS ON ISSUES OF CONCERN SUCH AS INTERFAITH RELATIONSHIPS, GRIEF, DIVORCE, PARENTING, AND MORE PROGRAMMING INCLUDES ONE-TIME SMALL AND LARGE GROUP EVENTS, ONE-TIME INDIVIDUAL CONSULTATIONS, AND ONGOING GROUPS 639 PEOPLE PARTICIPATED IN FLE PROGRAMS THE JEWISH DOMESTIC ABUSE COLLABORATIVE (JDAC) SERVES JEWISH WOMEN WHO ARE SURVIVORS OF DOMESTIC VIOLENCE SITUATIONS, THOUGH A SUPPORT GROUP, COMMUNITY EDUCATION AND TRAINING, AND INDIVIDUAL CONSULTATIONS 108 PEOPLE PARTICIPATED IN JDAC PROGRAMMING THE MENTAL HEALTH EDUCATION PROGRAM IS DEDICATED TO RAISING AWARENESS ABOUT MENTAL ILLNESS AND REDUCING STIGMA FOR FAMILIES IN THE JEWISH COMMUNITY THE PRIMARY ACTIVITY IS A YEARLY CONFERENCE ATTENDED BY PROFESSIONALS, PEOPLE WITH MENTAL ILLNESS, AND FAMILY MEMBERS THE CONFERENCE INCLUDES A KEYNOTE SPEAKER AND BREAKOUT WORKSHOPS 485 PEOPLE ATTENDED THIS YEAR'S CONFERENCE WE ALSO PROVIDE LICENSING SUPERVISION FOR MSW GRADUATES WHO ARE WORKING TOWARD TAKING THE SOCIAL WORK LICENSURE EXAM WE SERVED 29 PEOPLE IN THIS PROGRAM

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ 1,029,535 including grants of $ 164,850) (Revenue $ 0)

4e **Total program service expenses** ▶ 5,458,859

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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		No
c	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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
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	Yes	
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	Yes	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	20		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	142		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	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? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	35		
	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 in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	35		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
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**		Yes	
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**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
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 in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
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**	Yes	
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**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**		No
	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**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

13100 WAYZATA BLVD NO 400
MINNETONKA, MN 55305 (952) 546-0616

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, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								403,321	0	38,435

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a 1,397,733				
	b	Membership dues	1b				
	c	Fundraising events	1c 508,537				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e 1,870,041				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,356,729				
	g	Noncash contributions included in lines 1a-1f $	94,037				
	h	**Total.** Add lines 1a-1f . . . . . ▶		6,133,040			
Program Service Revenue			Business Code				
	2a	PROGRAM SERVICE FEES	900099	1,293,450	1,293,450		
	b	GOVERNMENT CONTRACTS	900099	624,279	624,279		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		1,917,729			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		172,671			172,671
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
		(i) Real / (ii) Personal					
	6a	Gross rents	2,200				
	b	Less rental expenses	0				
	c	Rental income or (loss)	2,200				
	d	Net rental income or (loss) . . . . . ▶		2,200			2,200
		(i) Securities / (ii) Other					
	7a	Gross amount from sales of assets other than inventory	89,447				
	b	Less cost or other basis and sales expenses	0				
	c	Gain or (loss)	89,447				
	d	Net gain or (loss) . . . . . ▶		89,447			89,447
Other Revenue	8a	Gross income from fundraising events (not including $ 508,537 of contributions reported on line 1c) See Part IV, line 18 . .	a 34,830				
	b	Less direct expenses . . .	b 115,382				
	c	Net income or (loss) from fundraising events . . ▶		-80,552			-80,552
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a 17,520				
	b	Less direct expenses . . .	b 2,633				
	c	Net income or (loss) from gaming activities . . ▶		14,887			14,887
	10a	Gross sales of inventory, less returns and allowances .	a				
	b	Less cost of goods sold . .	b				
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS REVENUE	900099	32,031			32,031
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		32,031			
	12	**Total revenue.** See Instructions . . . . . ▶		8,281,453	1,917,729	0	230,684

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	139,898	139,898		
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,276,547	1,276,547		
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	462,856	93,874	269,778	99,204
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,999,305	2,684,871	894,256	420,178
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	66,647	62,938		3,709
9 Other employee benefits	433,703	307,092	76,625	49,986
10 Payroll taxes	413,506	269,224	100,288	43,994
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	35,434	2,175	33,190	69
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	106,337		106,337	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	191,890	82,308	91,477	18,105
12 Advertising and promotion	6,027	3,187	1,624	1,216
13 Office expenses	279,425	123,068	121,821	34,536
14 Information technology	65,440	1,527	48,232	15,681
15 Royalties				
16 Occupancy	222,007	161,203	39,314	21,490
17 Travel	125,961	121,266	1,064	3,631
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	61,838	22,693	21,114	18,031
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	73,264	46,699	18,573	7,992
23 Insurance	17,536		17,536	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MISCELLANEOUS	37,169	34,287	24	2,858
b STAFF DEVELOPMENT	30,230	19,613	4,253	6,364
c MEMBERSHIP DUES	29,151	6,389	22,537	225
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	8,074,171	5,458,859	1,868,043	747,269
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		256,048	1	187,517
	2	Savings and temporary cash investments		29,231	2	10,282
	3	Pledges and grants receivable, net		2,451,403	3	2,834,683
	4	Accounts receivable, net		268,818	4	224,877
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	24,111
	9	Prepaid expenses and deferred charges		121,728	9	111,255
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,371,347			
	b	Less accumulated depreciation	10b 1,205,899	193,342	10c	165,448
	11	Investments—publicly traded securities		10,696,701	11	10,142,202
	12	Investments—other securities See Part IV, line 11		83,426	12	101,478
	13	Investments—program-related See Part IV, line 11		107,695	13	98,554
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,162,218	15	1,802,542
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		16,370,610	16	15,702,949
Liabilities	17	Accounts payable and accrued expenses		394,349	17	364,308
	18	Grants payable			18	
	19	Deferred revenue		284,244	19	298,700
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		119,880	23	206,024
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		169,032	25	165,853
	26	**Total liabilities.** Add lines 17 through 25		967,505	26	1,034,885
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,403,737	27	2,111,281
	28	Temporarily restricted net assets		8,855,093	28	8,296,838
	29	Permanently restricted net assets		4,144,275	29	4,259,945
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		15,403,105	33	14,668,064
	34	Total liabilities and net assets/fund balances		16,370,610	34	15,702,949

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,281,453
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,074,171
3	Revenue less expenses Subtract line 2 from line 1	3	207,282
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,403,105
5	Net unrealized gains (losses) on investments	5	-597,989
6	Donated services and use of facilities	6	-344,334
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,668,064

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 41-0693860
Name: JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 736,668 including grants of $ 154,633) (Revenue $ 0)

CHILDREN'S AND FAMILY SERVICES CHILDREN'S AND FAMILY SERVICES SERVED 3,117 PEOPLE THE PARENT-CHILD HOME PROGRAM (PCHP), AN EVIDENCE-BASED EARLY LITERACY, PARENTING, AND SCHOOL READINESS MODEL, IS COMMITTED TO CLOSING THE ACHIEVEMENT GAP BY PROVIDING LOW-INCOME FAMILIES THE SKILLS AND MATERIALS THEY NEED TO PREPARE THEIR CHILDREN FOR SCHOOL AND LIFE SUCCESS TRAINED HOME VISITORS WORK WITH FAMILIES IN THEIR HOMES TWO TIMES EACH WEEK FOR TWO YEARS FAMILIES BEGIN THE PROGRAM WHEN THEIR CHILD IS 18 MONTHS TO 2 YEARS OLD PARTICIPATING FAMILIES RECEIVE FREE EDUCATIONAL BOOKS AND TOYS, LEARN CREATIVE WAYS TO LEARN AND PLAY TOGETHER, AND RECEIVE SUPPORT TO HELP YOUNG CHILDREN GROW, LEARN, AND BE READY FOR PRESCHOOL AND KINDERGARTEN JFCS HOME VISITORS PROVIDE INSTRUCTION IN ENGLISH, SPANISH AND SOMALI JFCS IS A REPLICATION SITE FOR THE NATIONAL PCHP PROGRAM WE SERVED 144 FAMILIES IN MINNEAPOLIS, WESTERN HENNEPIN COUNTY, AND CASS COUNTY (152 CHILDREN AND 173 CAREGIVERS) OUR JEWISH BIG BROTHER/BIG SISTER PROGRAM PROVIDES JEWISH MENTORS FOR JEWISH CHILDREN AGES THREE THROUGH HIGH SCHOOL "BIGS" CAN BE ADULTS OR CAREFULLY SUPERVISED TEENS, AND THEY MEET WITH THEIR "LITTLES" TWO OR THREE TIMES A MONTH FOR SOCIAL, RECREATIONAL, AND JEWISH COMMUNITY ACTIVITIES HALF THE "LITTLES" ARE INDIVIDUALS WITH DISABILITIES SUPPORT FOR "LITTLES AND FAMILY MEMBERS CAN CONTINUE INTO ADULTHOOD 146 PEOPLE PARTICIPATED IN THE PROGRAM PJ LIBRARY PROVIDES AGE APPROPRIATE BOOKS WITH JEWISH CONTENT FOR CHILDREN AGES ONE THROUGH EIGHT, AND DESIGNS ACTIVITIES AND EVENTS RELATED TO THE BOOKS FAMILIES ARE READING 698 FAMILIES SUBSCRIBED TO PJ LIBRARY, AND 330 FAMILIES ATTENDED EVENTS JFCS CAMP SCHOLARSHIPS ARE AWARDED WITH FUNDING FROM DEDICATED ENDOWMENTS AND THE POHLAD FAMILY FOUNDATION 147 SCHOLARSHIPS WERE AWARDED TO CHILDREN, TOTALING $44,860 THE ACT PROGRAM HELPS CHILDREN BECOME MORE SUCCESSFUL LEARNERS IN THE ST LOUIS PARK SCHOOLS ACT FAMILY SUPPORT SERVICES ASSIST FAMILIES IN SOLVING PROBLEMS RELATED TO HOUSING, TRANSPORTATION, OR ANY ISSUE THAT MIGHT INHIBIT A CHILD IN GROWING AND DEVELOPING WITHIN THE SCHOOL 62 FAMILIES RECEIVED SERVICES VOLUNTEER LUNCH BUDDIES GIVE CHILDREN A SUPPORTIVE RELATIONSHIP WITH A CARING ADULT 9 CHILDREN PARTICIPATED WITH A LUNCH BUDDY

(Code) (Expenses $ 292,867 including grants of $ 10,217) (Revenue $ 0)

COMMUNITY SERVICESCOMMUNITY SERVICES PROGRAMS SERVED 2,765 PEOPLE CARING CONNECTIONS PROVIDES OPPORTUNITIES FOR JEWISH ADULTS WITH DEVELOPMENTAL DISABILITIES TO TAKE PART IN SOCIAL AND EDUCATIONAL EVENTS WE PROVIDE OPPORTUNITIES FOR PARTICIPANTS TO LEARN ABOUT JEWISH HOLIDAYS AND TRADITIONS OUR GOAL IS TO PROVIDE PROGRAMMING TO OUR PARTICIPANTS THAT ADDS VALUE TO THEIR LIVES AND WELCOMES THEM INTO OUR JEWISH COMMUNITY 461 PEOPLE, WITH AND WITHOUT DISABILITIES, PARTICIPATED IN EIGHT EVENTS THE MINNEAPOLIS JEWISH COMMUNITY INCLUSION PROGRAM FOR PEOPLE WITH DISABILITIES COORDINATES COMMUNITY-WIDE EFFORTS TO RAISE AWARENESS, PROVIDE CONSULTATION AND HELP JEWISH ORGANIZATIONS UNDERSTAND HOW TO OVERCOME BARRIERS TO FACILITATE THEIR MEANINGFUL PARTICIPATION AND INVOLVEMENT FOR ALL PEOPLE WITH JFCS'S PARTNERS IN THE INCLUSION PROGRAM, WE PROVIDED TWO EVENTS FOR 107 PEOPLE FOR JEWISH DISABILITY AWARENESS AND INCLUSION MONTH JFCS ADMINISTERS SEVERAL POST-SECONDARY ACADEMIC SCHOLARSHIP FUNDS SELECTION CRITERIA INCLUDE FINANCIAL NEED AND MERIT REQUIREMENTS UNIQUE TO EACH FUND WE AWARDED 37 SCHOLARSHIPS TOTALING $78,525 HEALTHY YOUTH-HEALTHY COMMUNITIES (HY-HC) WORKS WITH YOUTH IN THE COMMUNITY TO PROMOTE PRO-SOCIAL BEHAVIORS AND CREATE AWARENESS OF ISSUES THAT YOUNG PEOPLE FACE IT ALSO ACTS AS A FORUM TO DISCUSS MENTAL HEALTH ISSUES YOUTH OR A FAMILY MEMBER MAY BE EXPERIENCING STAFF WORK WITH YOUTH AT SYNAGOGUES, SCHOOLS, CAMPS, AND THROUGH OTHER COMMUNITY ORGANIZATIONS TOPICS INCLUDE DRUGS AND ALCOHOL, TEEN DATING, HEALTHY RELATIONSHIPS, DEPRESSION AND SUICIDE PREVENTION, BODY IMAGE, HEALTHY SEXUALITY, STRESS AND ANXIETY 1,400 PEOPLE PARTICIPATED IN HY-HC PROGRAMS J-PRIDE ENGAGES MINNESOTA-BASED LGBTQ JEWS AND ALLIES TO COME TOGETHER FOR SOCIAL EVENTS, COMMUNITY GATHERINGS, CELEBRATIONS, AND EDUCATIONAL OPPORTUNITIES THIS INCLUDES A BOOTH AND PARADE FLOAT FOR THE TWIN CITIES PRIDE FESTIVAL 418 PEOPLE PARTICIPATED IN J-PRIDE EVENTS THE VOLUNTEER RESOURCES PROGRAM RECRUITS, ASSESSES, MATCHES, TRAINS, AND SUPPORTS VOLUNTEERS WHO WORK IN MANY AGENCY PROGRAMS AND ACTIVITIES SOME OF THE LARGEST VOLUNTEER ROLES INCLUDE OBTAINING, WRAPPING, AND DELIVERING GIFTS FOR OUR HAG SAMEACH PROGRAM, HELPING PUT ON PASSOVER SEDERS AND HANUKKAH PARTIES FOR CLIENTS, DRIVING CLIENTS TO ACTIVITIES AND APPOINTMENTS, ANSWERING THE DEIKEL TRANSPORTATION RESERVATION LINE, SERVING AS BIG BROTHERS AND SISTERS, VISITING PEOPLE WHO ARE ILL OR IN HOSPICE, HELPING TO PLAN AND EXECUTE SPECIAL EVENTS, AND SERVING ON THE AGENCY'S BOARD OF DIRECTORS 883 VOLUNTEERS HELPED US DELIVER SERVICES AND ACHIEVE OUR MISSION OUR HAG SAMEACH (HAPPY HOLIDAY) PROGRAM PROVIDES HOLIDAY GIFTS FOR HANUKKAH AND CHRISTMAS, AND KOSHER-FOR-PASSOVER FOOD BAGS FOR PASSOVER VOLUNTEERS COLLECT DONATIONS AND PURCHASE, ORGANIZE, SORT, WRAP AND DELIVER THE GIFTS TO FAMILIES IN NEED 719 PEOPLE WERE SERVED FOR HANUKKAH/CHRISTMAS, AND 177 PEOPLE RECEIVED BAGS FOR PASSOVER FOOD SECURITY IS OUR NEWEST PROGRAM, LAUNCHED IN 2014 THROUGH A PARTNERSHIP WITH A NEIGHBORING SOCIAL SERVICE AGENCY THAT HOUSES A FOOD SHELF AND THRIFT STORE (PRISM), WE HAVE A COLLABORATIVE VENUE TO SUPPORT FAMILIES AND INDIVIDUALS IN TIMES OF FINANCIAL CRISIS AND HARDSHIP WITH FOOD SUPPORT AND THE CRITICAL ACCOMPANYING RESOURCES THAT GO BEYOND A FREE BAG OF GROCERIES WE ALSO ENGAGE IN ADVOCACY THROUGH EDUCATION AND WORKING TO INFLUENCE PUBLIC POLICY

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ZOUBER DANNY PRESIDENT	3 00 0 00	X		X				0	0	0
(1) ZACK HOWARD PAST PRESIDENT	2 00 0 00	X						0	0	0
(2) RUBENSTEIN MARC DIRECTOR, VP INVESTMENT	2 00 0 00	X		X				0	0	0
(3) SILVERSTEIN ANDREW DIRECTOR, VP FINANCE & HR	2 00 0 00	X		X				0	0	0
(4) FEUER SHERRI DIRECTOR, VP (TERM ENDED 6/15)	2 00 0 00	X		X				0	0	0
(5) RHEIN NANCY DIRECTOR, VP (TERM ENDED 6/15)	2 00 0 00	X		X				0	0	0
(6) BARIN JEFF DIRECTOR	2 00 0 00	X						0	0	0
(7) BENOWITZ JON DIRECTOR	2 00 0 00	X						0	0	0
(8) BERKWITZ PAM DIRECTOR	2 00 0 00	X						0	0	0
(9) EZRILOV JENNIFER DIRECTOR	2 00 0 00	X						0	0	0
(10) FEINSTIEN RUTHIE DIRECTOR	2 00 0 00	X						0	0	0
(11) FINK NANCY DIRECTOR	2 00 0 00	X						0	0	0
(12) FINN ANDY DIRECTOR	2 00 0 00	X						0	0	0
(13) GERTMAN JENNIFER DIRECTOR	2 00 0 00	X						0	0	0
(14) GILBERT ALAN DIRECTOR	2 00 0 00	X						0	0	0
(15) GOLDFINE ADAM DIRECTOR	2 00 0 00	X						0	0	0
(16) GRABOW KAREN DIRECTOR	2 00 0 00	X						0	0	0
(17) HASKO JOSH DIRECTOR	2 00 0 00	X						0	0	0
(18) HOLLOWAY JEAN DIRECTOR	2 00 0 00	X						0	0	0
(19) KALIN JEREMY DIRECTOR	2 00 0 00	X						0	0	0
(20) KAUFMAN LENNIE DIRECTOR	2 00 0 00	X						0	0	0
(21) KESSEL JUDY DIRECTOR	2 00 0 00	X						0	0	0
(22) KOHLER GARY DIRECTOR	2 00 0 00	X						0	0	0
(23) LEVIN NATALIE DIRECTOR	2 00 0 00	X						0	0	0
(24) LOCKETZ DAVID DIRECTOR	2 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MACDONALD KRIS DIRECTOR	2 00 0 00	X						0	0	0
(1) MARKMAN ALLIE DIRECTOR	2 00 0 00	X						0	0	0
(2) ROSE LINDSEY DIRECTOR	2 00 0 00	X						0	0	0
(3) RUBIN ROCHELLE DIRECTOR	2 00 0 00	X						0	0	0
(4) SCHAFFER HALEY DIRECTOR	2 00 0 00	X						0	0	0
(5) SIMMS JACOB DIRECTOR	2 00 0 00	X						0	0	0
(6) STEIN RHONDA DIRECTOR	2 00 0 00	X						0	0	0
(7) STERN MICHAEL DIRECTOR	2 00 0 00	X						0	0	0
(8) STILLMAN ANDY DIRECTOR	2 00 0 00	X						0	0	0
(9) STILLMAN CRAIG DIRECTOR	2 00 0 00	X						0	0	0
(10) WEISSMAN LORI DIRECTOR	2 00 0 00	X						0	0	0
(11) WEITZ STEVE DIRECTOR	2 00 0 00	X						0	0	0
(12) ZAMANSKY NATALIE DIRECTOR	2 00 0 00	X						0	0	0
(13) AIZMAN AARAH DIRECTOR (TERM ENDED 6/15)	2 00 0 00	X						0	0	0
(14) BESIKOF KEVIN DIRECTOR (TERM ENDED 6/15)	2 00 0 00	X						0	0	0
(15) GINSBERG ROY DIRECTOR (TERM ENDED 6/15)	2 00 0 00	X						0	0	0
(16) KRIKAVA STEVEN DIRECTOR (TERM ENDED 6/15)	2 00 0 00	X						0	0	0
(17) LIPSHUTZ MARTIN DIRECTOR (TERM ENDED 6/15)	2 00 0 00	X						0	0	0
(18) PARISH GABRIELLE DIRECTOR (TERM ENDED 6/15)	2 00 0 00	X						0	0	0
(19) ROBBINS MARK DIRECTOR (TERM ENDED 6/15)	2 00 0 00	X						0	0	0
(20) WOLFENSON ELLYN DIRECTOR (TERM ENDED 12/15)	2 00 0 00	X						0	0	0
(21) HALPER JUDY CHIEF EXECUTIVE OFFICER	39 70 0 30			X				176,941	0	19,018
(22) FORBUSH MARI CHIEF OPERATING OFFICER	40 00 0 00			X				114,387	0	11,482
(23) TOSO BETH CHIEF FINANCIAL OFFICER	40 00 0 00			X				111,993	0	7,935

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS

Employer identification number
41-0693860

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	7,196,093	5,038,802	4,566,554	5,250,457	6,133,040	28,184,946
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	7,196,093	5,038,802	4,566,554	5,250,457	6,133,040	28,184,946
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)						230,261
6 **Public support.** Subtract line 5 from line 4						27,954,685

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	7,196,093	5,038,802	4,566,554	5,250,457	6,133,040	28,184,946
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	951,087	199,341	228,263	254,712	174,871	1,808,274
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	64,499	15,271	32,987	28,943	32,031	173,731
11 **Total support** Add lines 7 through 10						30,166,951

12 Gross receipts from related activities, etc (see instructions)	12	9,466,047

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	92 670 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	93 860 %

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
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. . . .*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
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 II of Schedule L (Form 990).*	8		
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.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) 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.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
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).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section 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
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
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 activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
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		

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

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

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 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		

Section 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-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS INCOME - 2010 AMOUNT $ 64,499 2011 AMOUNT $ 15,271 2012 AMOUNT $ 32,987 2013 AMOUNT $ 28,943 2014 AMOUNT $ 32,031

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS

Employer identification number
41-0693860

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

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

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	10,904,997	9,554,018	8,082,397	7,551,671	6,732,005
b	Contributions	235,627	296,037	680,293	259,505	361,289
c	Net investment earnings, gains, and losses	-435,939	1,489,206	1,184,884	622,009	795,853
d	Grants or scholarships	24,058	40,676	48,232	43,152	50,819
e	Other expenditures for facilities and programs	207,361	292,071	253,388	227,124	207,735
f	Administrative expenses	106,344	101,517	91,932	80,512	78,922
g	End of year balance	10,366,922	10,904,997	9,554,018	8,082,397	7,551,671

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

- a Board designated or quasi-endowment ▶ 19 360 %
- b Permanent endowment ▶ 43 340 %
- c Temporarily restricted endowment ▶ 37 300 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		763,594	698,295	65,299
d Equipment		607,753	507,604	100,149
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				165,448

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DONATED RENT	1,377,338
(2) LEASE DEPOSIT	275,000
(3) EMPLOYEE LOANS	19,440
(4) ART COLLECTIONS	12,572
(5) SPLIT INTEREST RECEIVABLES	118,192
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,802,542

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DEFERRED RENT	64,375
DEFERRED COMPENSATION	101,478
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	165,853

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	7,589,445
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-597,989		
b	Donated services and use of facilities	2b	1,538		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	10,780		
e	Add lines **2a** through **2d**			2e	-585,671
3	Subtract line **2e** from line **1**			3	8,175,116
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	106,337		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	106,337
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	8,281,453

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	8,314,645
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	345,872		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	939		
e	Add lines **2a** through **2d**			2e	346,811
3	Subtract line **2e** from line **1**			3	7,967,834
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	106,337		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	106,337
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	8,074,171

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	USE OF THE ENDOWMENT FUNDS IS ALIGNED WITH DONOR RESTRICTIONS, AND THE ENDOWMENT DRAWS ARE USED TO FUND THE AGENCY'S SERVICES IN AGING AND DISABILITY, CHILDREN'S PROGRAMS, CLINICAL AND CASE MANAGEMENT SERVICES, COMMUNITY SERVICES AND CAREER SERVICES IN ADDITION, FUNDS ARE USED TO PROVIDE EMERGENCY ASSISTANCE AND SCHOLARSHIPS AND LOANS TO THOSE IN NEED IN THE COMMUNITY THE AGENCY DRAWS FUNDS FROM THE ENDOWMENT AT A RATE OF 4% OF THE AVERAGE OF THE ENDOWMENT BALANCE OVER THE PRIOR THREE YEARS
PART X, LINE 2	JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE COMPARABLE SECTION OF THE MINNESOTA INCOME TAX STATUTES IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE THE SUPPORTING FOUNDATION IS A SUPPORTING ORGANIZATION UNDER 509(A)(3) OF THE INTERNAL REVENUE CODE THE ORGANIZATION FOLLOWS THE INCOME TAX STANDARD FOR RECOGNITION OF UNCERTAIN TAX POSITIONS MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS
PART XI, LINE 2D - OTHER ADJUSTMENTS	REVENUES OF CONSOLIDATED SUPPORTING ORGANIZATION 10,780
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES OF CONSOLIDATED SUPPORTING ORGANIZATION 939

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JEWISH FAMILY AND CHILDREN'S SERVICE
OF MINNEAPOLIS

Employer identification number
41-0693860

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

		(a) Event #1 ANNUAL BENEFIT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	543,367			543,367
	2 Less Contributions	508,537			508,537
	3 Gross income (line 1 minus line 2)	34,830			34,830
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	69,062			69,062
	8 Entertainment	43,819			43,819
	9 Other direct expenses	2,501			2,501
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(115,382)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-80,552

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			17,520	17,520
Direct Expenses	2 Cash prizes			0	
	3 Non-cash prizes			1,711	1,711
	4 Rent/facility costs			0	
	5 Other direct expenses			922	922
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes 95.000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				2,633
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				14,887

9 Enter the state(s) in which the organization conducts gaming activities MN

a Is the organization licensed to conduct gaming activities in each of these states? ☑ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No

b If "Yes," explain

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 activities conducted in

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	100 000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ PATTI MEYER

Address ▶ 13100 WAYZATA BLVD 400
MINNETONKA,MN 55305

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ NA

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☑ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JEWISH FAMILY AND CHILDREN'S SERVICE
OF MINNEAPOLIS

Employer identification number
41-0693860

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
(1) NORTHLAND AREA FAMILY SERVICE CENTER 320 EAGLE AVENUE NORTHEAST REMER, MN 55672	41-1851016	501(C)(3)	62,829	0	N/A	N/A	FOR PROVIDING EARLY LITERACY SERVICES (PCHP) IN NORTHERN MINNESOTA
(2) WAY TO GROW 125 WEST BROADWAY AVENUE SUITE 110 MINNEAPOLIS, MN 55411	71-0956749	501(C)(3)	46,590	0	N/A	N/A	FOR PROVIDING EARLY LITERACY SERVICES (PCHP) IN NORTHER MINNEAPOLIS
(3) JEWISH FAMILY SERVICES 1633 WEST 7TH STREET ST PAUL, MN 55102	41-0694697	501(C)(3)	30,479	0	N/A	N/A	FOR PROVIDING SERVICES TO HOLOCAUST SURVIVORS IN ST PAUL AND EASTERN METROPOLITAN AREA

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 3

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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 non-cash assistance
See Additional Data Table					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	PRIOR TO APPROVAL OF THE GRANT, THE PROGRAM MANAGER CONFIRMS THAT THE GRANT REQUEST IS APPROPRIATE AND THAT FUNDS ARE AVAILABLE A REPORT IDENTIFYING HOW MUCH HAS BEEN USED IS RUN PRIOR TO EACH GRANT APPROVAL AS WELL AS WEEKLY AND MONTHLY TO ENSURE THAT PAYMENTS DO NOT EXCEED AVAILABILITY

Additional Data

Software ID:
Software Version:
EIN: 41-0693860
Name: JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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 non-cash assistance
EMERGENCY FINANCIAL ASSISTANCE	157	76,856	0		
WAGES & TAXES	3	17,697	0		
HOMEMAKING/CLEANING	22	0	80,394	FMV	SUBSIDIZED SVC
SCHOLARSHIPS / TRAINING	218	712,569	0		
MENTAL HEALTH SUPPORT SERVICES	22	8,223	0		
CAMP SCHOLARSHIPS	147	39,380	0		
FOOD ASSISTANCE	99	0	106,016	FMV	SUBSIDIZED SVC
TRANSPORTATION ASSISTANCE	255	55,061	0		
CHILDCARE ASSISTANCE	73	162,680	0		
PERSONAL CARE ASSISTANCE	8	0	9,954	FMV	SUBSIDIZED SVC
HAG SAMEACH / HOLIDAY GIFTS	896	0	7,717	FMV	HOLIDAY GIFTS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS

Employer identification number
41-0693860

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HALPER JUDY, CHIEF EXECUTIVE OFFICER	(i)	176,167	0	774	11,819	7,199	195,959	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	JUDY HALPER DISCRETIONARY SPENDING ACCOUNT - CAR ALLOWANCE IS FOR BUSINESS PURPOSES AND IS INCLUDED IN TAXABLE INCOME EXPENSE ALLOWANCE IS FOR BUSINESS PURPOSES AND IS NOT INCLUDED IN TAXABLE INCOME

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JEWISH FAMILY AND CHILDREN'S SERVICE
OF MINNEAPOLIS

Employer identification number
41-0693860

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	18	41,084	STOCK MARKET QUOTES
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				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (BENEFIT PRIZES)	X	323	52,953	ESTIMATED VALUE
26 Other ▶(_____)				
27 Other ▶(_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION REPORTS THE NUMBER OF CONTRIBUTORS ON PART I, COLUMN (B)

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS	41-0693860

Return Reference	Explanation
FORM 990, PART III, LINE 4A	CAREER SERVICES CAREER SERVICES HELPED 1,573 INDIVIDUALS OVERCOME BARRIERS TO EMPLOYMENT AND FIND MEANINGFUL WORK IN THE PROGRAMS DESCRIBED BELOW, SERVICES GENERALLY INCLUDE CAREER COUNSELING, GOAL SETTING AND EMPLOYMENT PLAN DEVELOPMENT, INTERVIEW PREPARATION, RESUME ENHANCEMENT, CAREER NETWORKING GROUPS, AND COACHING CAREER INITIATIVES HELPS PEOPLE WHO ARE HAVE LOST THEIR JOBS, WHO ARE ENTERING THE WORKFORCE OR WHO WANT TO SEEK A BETTER JOB WE SERVED 38 PEOPLE IN CAREER INITIATIVES THE JFCS MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP) CAREER SERVICES PROGRAM SERVES PEOPLE WITH LOW INCOMES WHO ARE PARENTS OF MINOR CHILDREN TO MOVE TOWARD SELF-SUFFICIENCY THROUGH EMPLOYMENT ALL PARTICIPANTS RECEIVE AN ASSESSMENT AND AN EMPLOYMENT PLAN, WHICH OUTLINES MUTUALLY AGREEABLE STEPS NECESSARY TO REACH THEIR EMPLOYMENT GOAL MFIP STAFF WORKED WITH 394 PEOPLE THE VOCATIONAL REHABILITATION PROGRAM PROVIDES PERSONALIZED EMPLOYMENT SERVICES FOR INDIVIDUALS WITH DISABILITIES, INCLUDING MENTAL ILLNESS AND OTHER PHYSICAL AND COGNITIVE DISABILITIES, PLACING THEM IN SUPPORTED EMPLOYMENT SITUATIONS WITH ON-GOING SUPPORT WE SERVED 121 PEOPLE IN VOCATIONAL REHABILITATION WEST HENNEPIN SERVES RESIDENTS OF A QUALIFYING AREA OF WEST HENNEPIN COUNTY WHO HAVE LIMITED ACCESS TO EMPLOYMENT SERVICES 124 PEOPLE PARTICIPATED IN WEST HENNEPIN WITH A CONTRACT FROM HENNEPIN COUNTY, OUR PLATINUM PROGRAM SERVES PEOPLE WHO ARE OVER 50 YEARS OF AGE AND WHO ARE UNEMPLOYED OR UNDEREMPLOYED 244 PEOPLE RECEIVED CAREER SERVICES IN THE PLATINUM PROGRAM IN ITS SECOND YEAR, THE IT PATHWAYS PROGRAM SERVED 231 PEOPLE IT PATHWAYS IS A PARTNERSHIP OF TRAINING PROVIDERS, SERVICE PROVIDERS, EMPLOYERS, EDUCATIONAL INSTITUTIONS, AND CITY GOVERNMENT COLLABORATING TO PROVIDE COORDINATED, MULTI-TIERED IT TRAINING AND WRAPAROUND SERVICES TO LOW-INCOME TWIN CITIES RESIDENTS THE PROGRAM FOCUSES ON TRAINING AND JOB PLACEMENT FOR MEMBERS OF COMMUNITIES TRADITIONALLY UNDERREPRESENTED IN THE IT FIELD, INCLUDING WOMEN, MILITARY VETERANS AND MINORITIES JFCS'S PARTNERS INCLUDE CREATING IT FUTURES FOUNDATION, PRIME DIGITAL ACADEMY, AND ADULTS OPTIONS IN EDUCATION, NORMANDALE COMMUNITY COLLEGE, AND OUR STRONG NETWORK OF EMPLOYERS RAPID RECRUITING IS A COLLABORATION WITH THE CITY OF MINNEAPOLIS TO PROVIDE JOB SCREENING AND PLACEMENT, BY COOPERATING WITH BUSINESSES AND HOSTING JOB FAIRS 276 MINNEAPOLIS RESIDENTS PARTICIPATED THE DISLOCATED WORKER PROGRAM PROVIDES CAREER COUNSELING TO WORKERS WHO ARE LAID OFF OR HAVE RECEIVED NOTICE OF PERMANENT LAYOFF OR TERMINATION PARTICIPANTS MAY LOOK FOR WORK IN THE SAME FIELD, OR MAKE A TRANSITION TO A DIFFERENT JOB OR INDUSTRY WE SERVED 81 PEOPLE JOBS FOR VETERANS IS JFCS'S NEWEST CAREER SERVICES PROGRAM, AND IT IS A COLLABORATION WITH HENNEPIN COUNTY THE GOAL IS TO ASSIST MILITARY VETERANS INTO A TRAINEE POSITION THAT WILL LEAD TO PERMANENT EMPLOYMENT WITH HENNEPIN COUNTY SOME POSITIONS ARE ALSO OPEN TO VETERANS' SPOUSES, PARTNERS, OR ADULT CHILDREN LIVING AT HOME OVER THE FIRST SEVERAL MONTHS, THIS PROGRAM SERVED 31 PEOPLE

Return Reference	Explanation
FORM 990, PART III, LINE 4B	AGING AND DISABILITY SERVICES JFCS PROVIDES SERVICES TO SENIORS WITH THE GOAL OF HELPING THEM TO REMAIN IN THEIR HOMES WITH THE SERVICES NECESSARY TO HELP THEM AGE IN PLACE WITH DIGNITY CASE MANAGEMENT IS PROVIDED AT NO COST CLIENTS MAY ALSO ACCESS FEE-BASED SERVICES INCLUDING HOMEMAKING, SHOPPING ASSISTANCE, SHOWERING, KOSHER MEALS ON WHEELS, FOOT CARE AND TRANSPORTATION 3,036 PARTICIPATED IN AGING SERVICES PROGRAMS L'CHAIM SENIOR SERVICES (LCSS) CASE MANAGEMENT IS AT THE HEART OF HELPING SENIORS AGE IN PLACE A CASE MANAGER IS MATCHED WITH A CLIENT, AND BECOMES THE PRIMARY COORDINATOR FOR THE DELIVERY OF SERVICES, SUCH AS CLEANING, SHOPPING, ERRANDS, FOOT CARE, AND BATHING AS NEEDED CASE MANAGERS ASSESS CLIENT NEEDS AND DEVELOP A PERSONALIZED PLAN OF CARE MANY CLIENTS RECEIVE SERVICES FROM BILINGUAL RUSSIAN-SPEAKING CASE MANAGERS 500 PEOPLE RECEIVED CASE MANAGEMENT WE ALSO PROVIDE SPECIALIZED CASE MANAGEMENT SERVICES TO SENIORS WHO ARE SURVIVORS OF THE HOLOCAUST 225 PEOPLE WHO ARE SURVIVORS RECEIVED SERVICES OTHER LCSS SERVICES INCLUDE KOSHER MEALS ON WHEELS, DEIKEL TRANSPORTATION, AND SHOPPING SERVICES KOSHER MEALS ON WHEELS ARE DELIVERED TO HOMES FIVE DAYS A WEEK FOR A MID-DAY MEAL 15,623 MEALS WERE DELIVERED TO 99 PARTICIPANTS DEIKEL TRANSPORTATION PROVIDES RIDES FOR LCSS CLIENTS WHO RESIDE WITHIN A DEFINED SERVICE AREA IN HENNEPIN COUNTY THIS IS A CONVENIENT, RELIABLE WAY FOR ADULTS 60 YEARS AND OLDER TO GET TO A DOCTOR'S APPOINTMENT, FRIEND'S HOUSE, GROCERY STORE OR OTHER LOCATIONS 98 PARTICIPANTS RECEIVED 3,851 RIDES 26 PEOPLE PARTICIPATED IN THE SHOPPING PROGRAM A PERSONAL SHOPPER DRIVES AND ACCOMPANIES THE CLIENT WHILE GROCERY SHOPPING, AS WELL AS CARRYING THE BAGS INTO THE CLIENT'S HOME OUR SENIOR COMPANIONS DEVELOP FRIENDSHIPS WITH AND SUPPORT OLDER ADULTS TO HELP THEM MAINTAIN THEIR INDEPENDENCE SENIOR COMPANIONS VISIT HOMEBOUND ISOLATED ADULTS AND HELP WITH ROUTINE ERRANDS AND TRANSPORTATION SENIOR COMPANIONS SUPPORTED 95 CLIENTS AND PROVIDED 6,536 RIDES ALTERCARE IS AN ADULT DAY SERVICES PROGRAM FOR PEOPLE WITH DEMENTIA STAFF PROVIDES STIMULATION AND RECREATION ON SITE, AS WELL AS LOVING CARE, KOSHER MEALS AND CAREGIVER RESPITE 31 INDIVIDUALS PARTICIPATED IN ALTERCARE REVERSE MORTGAGE COUNSELING HELPS INDIVIDUALS AGE 62 OR OLDER TO REMAIN IN THEIR HOME SENIOR-FRIENDLY COUNSELING INCLUDES INFORMATION ABOUT GOVERNMENT-INSURED REVERSE MORTGAGES AND OTHER OPTIONS TO CONSIDER, AND AN OPTIONAL PUBLIC ASSISTANCE ELIGIBILITY ASSESSMENT 92 INDIVIDUALS RECEIVED COUNSELING OUR NATURALLY OCCURRING RETIREMENT COMMUNITY (NORC) MOBILIZES THE COMMUNITY TO ALLOW SENIORS TO REMAIN INDEPENDENT AND IN THEIR HOMES FOR AS LONG AS THEY CAN WITH THE HELP THEY NEED TO REMAIN HEALTHY, SAFE AND ENGAGED CITIZENS WE HELP TO CREATE AN ENVIRONMENT THAT NURTURES HEALTHY AGING AND INSPIRES RESIDENTS OF ALL AGES TO WORK TOWARD THAT GOAL OUR ST LOUIS PARK NORC PROGRAM IS A PILOT SITE FOR THE STATE OF MINNESOTA'S ACT ON ALZHEIMER'S INITIATIVE TO IDENTIFY AND INVEST IN PROMISING APPROACHES, INCREASE DETECTION AND IMPROVE CARE, RAISE AWARENESS AND REDUCE STIGMA, SUSTAIN CAREGIVERS AND EQUIP COMMUNITIES WITH FUNDING FROM ACT ON ALZHEIMER'S, JFCS PROVIDES TRAINING AND EDUCATION TO DEVELOP "DEMENTIA FRIENDLY COMMUNITIES," WHICH ARE INFORMED, SAFE AND RESPECTFUL OF INDIVIDUALS WITH DEMENTIA EVENTS INCLUDE SUCCESSFUL AGING MEETINGS, DEMENTIA FILM SERIES EVENTS, DEMENTIA FRIENDS TRAINING, AND A CAREGIVER CONFERENCE PARTICIPANTS INCLUDE PEOPLE LIVING WITH DEMENTIA, CAREGIVERS, RABBIS, AND OTHERS IN THE COMMUNITY SUCH AS LAW ENFORCEMENT, FINANCIAL ADVISORS, AND MEDICAL PROVIDERS 1,110 PEOPLE PARTICIPATED IN NORC EVENTS NORC ALSO PROVIDES CONGREGATIONAL NURSE PROGRAMS IN TWO ST LOUIS PARK SYNAGOGUES, AND HELPS COORDINATE EFFORTS OF CONGREGATIONAL NURSE PROGRAMS AT NEARBY CHURCHES, SYNAGOGUES, AND MOSQUES AS PART OF THE CLERGY OUTREACH TEAM, CONGREGATIONAL NURSES VISIT CONGREGANTS WITH HEALTH ISSUES, PROVIDE HEALTH-RELATED EDUCATION TO INDIVIDUALS AND GROUPS, AND HELP THE CLERGY STAY INFORMED ABOUT CONGREGANTS' NEEDS THE NURSES DO NOT PERFORM HANDS-ON NURSING TASKS THE NURSES SERVED 855 PEOPLE

Return Reference	Explanation
FORM 990, PART III, LINE 4C	CLINICAL AND CASE MANAGEMENT SERVICES JFCS CLINICAL SERVICES INCLUDES COUNSELING, INTAKE AND RESOURCE CONNECTION, LICENSING SUPERVISION, MENTAL HEALTH SUPPORT SERVICES, EMERGENCY FINANCIAL ASSISTANCE, THE JEWISH FREE LOAN PROGRAM, FAMILY LIFE EDUCATION, THE TWIN CITIES JEWISH HEALING PROGRAM, AND THE MENTAL HEALTH EDUCATION PROGRAM 3,420 PEOPLE PARTICIPATED IN CLINICAL SERVICES COUNSELING PROVIDES THERAPY TO INDIVIDUALS (INCLUDING CHILDREN), COUPLES, AND FAMILIES CLIENTS ARE REFERRED FROM OTHER PROGRAMS WITHIN THE AGENCY, FROM OTHER AGENCIES OR ARE SELF-REFERRED 252 PEOPLE RECEIVED COUNSELING OUR INTAKE AND RESOURCE CONNECTION (IRC) WORKED WITH 1,302 CALLERS, PROVIDING THEM WITH REFERRALS, RESOURCES AND EMERGENCY FINANCIAL ASSISTANCE DEPENDING ON THE CALLERS' NEEDS, CLINICALLY-TRAINED PROFESSIONAL STAFF REFER THEM TO THE BEST MATCHED PROGRAM, WHETHER AT JFCS OR ANOTHER COMMUNITY ORGANIZATION WE DISTRIBUTED 198 EMERGENCY FINANCIAL ASSISTANCE GRANTS TO 157 INDIVIDUALS, FOR A TOTAL OF $86,374 THESE FUNDS ARE USED TO HELP WITH RENT, UTILITIES, CAR REPAIR, MEDICAL BILLS, TRANSPORTATION COSTS AND FOOD THE JEWISH FREE LOAN PROGRAM LENDS UP TO $7,500 TO INDIVIDUALS IN THE JEWISH COMMUNITY WITH A SPECIFIC NEED, WHO ARE ABLE TO PROVIDE A CO-SIGNER WE CURRENTLY HAVE 30 LOANS OUT, FOR A TOTAL OF $100,000 PEOPLE WITH SEVERE AND PERSISTENT MENTAL ILLNESS ARE SERVED BY OUR MENTAL HEALTH SUPPORT SERVICES (MHSS) PROGRAM CASE MANAGERS ASSIST WITH HOUSING, EMPLOYMENT, MEDICATION MANAGEMENT, EMERGENCY FINANCIAL ASSISTANCE, SUPPORT AND ENCOURAGEMENT MANY CLIENTS ALSO PARTICIPATE IN HOLIDAY CELEBRATIONS AND A HOLIDAY GIFT PROGRAM WE SERVED 234 PEOPLE, INCLUDING SOME WITH A COMMUNITY ALTERNATIVES FOR DISABLED INDIVIDUALS WAIVER THE TWIN CITIES JEWISH HEALING PROGRAM OFFERS COMFORT, HOPE AND STRENGTH TO UNAFFILIATED JEWISH PEOPLE EXPERIENCING LOSS, LIFE CHALLENGES, ILLNESS, DYING AND GRIEF AND WANTING A JEWISH CONNECTION OR VISIT IN THEIR TIME OF NEED OUR HEALING PROGRAM HELPS TWIN CITIES HOSPITALS AND HOSPICES TO PROVIDE CULTURALLY SENSITIVE CARE, AND ARRANGES VISITS BY CLERGY OR A TRAINED VOLUNTEER THE HEALING PROGRAM ALSO EQUIPS HEALTHCARE FACILITIES WITH RESOURCES SUCH AS HEALING SERVICE VIDEOS, PRAYER BOOKS, ELECTRIC MENORAHS, ELECTRIC SABBATH CANDLES, AND JEWISH MUSIC THE HEALING PROGRAM SERVED 184 PEOPLE. JFCS'S FAMILY LIFE EDUCATION (FLE) STAFF PRESENT PROGRAMS IN THE COMMUNITY WHICH FOCUS ON ISSUES OF CONCERN SUCH AS INTERFAITH RELATIONSHIPS, GRIEF, DIVORCE, PARENTING, AND MORE. PROGRAMMING INCLUDES ONE-TIME SMALL AND LARGE GROUP EVENTS, ONE-TIME INDIVIDUAL CONSULTATIONS, AND ONGOING GROUPS 639 PEOPLE PARTICIPATED IN FLE PROGRAMS THE JEWISH DOMESTIC ABUSE COLLABORATIVE (JDAC) SERVES JEWISH WOMEN WHO ARE SURVIVORS OF DOMESTIC VIOLENCE SITUATIONS, THOUGH A SUPPORT GROUP, COMMUNITY EDUCATION AND TRAINING, AND INDIVIDUAL CONSULTATIONS 108 PEOPLE PARTICIPATED IN JDAC PROGRAMMING THE MENTAL HEALTH EDUCATION PROGRAM IS DEDICATED TO RAISING AWARENESS ABOUT MENTAL ILLNESS AND REDUCING STIGMA FOR FAMILIES IN THE JEWISH COMMUNITY THE PRIMARY ACTIVITY IS A YEARLY CONFERENCE ATTENDED BY PROFESSIONALS, PEOPLE WITH MENTAL ILLNESS, AND FAMILY MEMBERS THE CONFERENCE INCLUDES A KEYNOTE SPEAKER AND BREAKOUT WORKSHOPS 485 PEOPLE ATTENDED THIS YEAR'S CONFERENCE. WE ALSO PROVIDE LICENSING SUPERVISION FOR MSW GRADUATES WHO ARE WORKING TOWARD TAKING THE SOCIAL WORK LICENSURE EXAM WE SERVED 29 PEOPLE IN THIS PROGRAM

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	IN THE EVENT OF A TIE VOTE, THE PRESIDENT OF THE BOARD SHALL CAST THE TIE-BREAKING VOTE.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE JFCS OFFICERS (INCLUDING THE CHAIRPERSON OF EACH STANDING COMMITTEE), THE IMMEDIATE PAST-PRESIDENT, THE PRESIDENT-ELECT (IF APPLICABLE) AND OTHERS AS APPOINTED BY THE PRESIDENT DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD, THE EXECUTIVE COMMITTEE SHALL MEET UPON THE CALL OF THE PRESIDENT, AND SHALL TAKE FINAL ACTION ON MATTERS UPON WHICH IT HAS BEEN PREVIOUSLY EMPOWERED BY THE BOARD TO ACT, AND SHALL INVESTIGATE, CONSIDER, AND MAKE RECOMMENDATIONS TO THE BOARD ON MATTERS AS TO WHICH NO PREVIOUS SPECIFIC POWER TO TAKE FINAL ACTION HAD BEEN CONFERRED UPON IT, INCLUDING BUT NOT LIMITED TO MATTERS INVOLVING THE PROPOSED PUBLIC SUPPORT OF NON-CORE POLICIES ALL ACTION AND RECOMMENDATIONS BY THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO THE BOARD AT ITS MEETING NEXT FOLLOWING SUCH ACTION AND RECOMMENDATIONS, AND SUCH RECOMMENDATIONS SHALL BE SUBJECT TO APPROVAL, REVISIONS, OR REJECTION BY THE BOARD AT ITS PLEASURE.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ANY PERSON OR ENTITY, REGARDLESS OF RESIDENCE OR JURISDICTION OF GOVERNING LAW, THAT HAS CONTRIBUTED PRESCRIBED MEMBERSHIP DUES TO JFCS FOR A FISCAL YEAR SHALL BE A MEMBER OF JFCS FOR SUCH FISCAL YEAR

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS VOTE FOR SUCCESSORS TO BOARD MEMBERS WHOSE TERMS ARE EXPIRING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED WITH THE INVOLVEMENT OF SEVERAL MEMBERS OF THE AGENCY'S MANAGEMENT TEAM THE FORM 990 IS REVIEWED BY THE CEO, COO AND CFO AND THEN DISTRIBUTED TO THE HUMAN RESOURCES/FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW AND DISCUSSION PRIOR TO THE COMMITTEE'S RECOMMENDATION THAT THE BOARD APPROVE THE SUBMISSION OF THE FORM 990 TO THE IRS AFTER THIS MEETING, THE FORM 990 IS DISTRIBUTED TO THE FULL BOARD OF DIRECTORS AND DISCUSSED AT A BOARD OF DIRECTORS MEETING BEFORE BEING APPROVED FOR SUBMISSION TO THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE AGENCY MAINTAINS A CONFLICT OF INTEREST POLICY WHICH IS REVIEWED WITH BOARD MEMBERS AND EMPLOYEES AS PART OF THE ON BOARDING PROCESS EMPLOYEES ARE REQUIRED TO NOTIFY THE CEO OF ANY POTENTIAL CONFLICTS ON AN ONGOING BASIS, THESE ARE REVIEWED WITH THE AGENCY COMPLIANCE OFFICER AND APPROPRIATE ACTIONS ARE TAKEN IN ADDITION, STAFF WITH A CONFLICT OF INTEREST OR POTENTIAL CONFLICT OF INTEREST ARE PROHIBITED FROM PARTICIPATING IN DECISION-MAKING THAT WOULD INVOLVE THE AREA IN WHICH THE STAFF MEMBER HAS AN ACTUAL OR PERCEIVED CONFLICT BOARD MEMBERS AND ADMINISTRATIVE STAFF MEMBERS COMPLETE A CONFLICT OF INTEREST SURVEY ON AN ANNUAL BASIS TO IDENTIFY ANY POTENTIAL CONFLICTS OF INTEREST ADMINISTRATIVE STAFF MEMBERS INCLUDE THE CEO, COO, CFO, DIRECTORS OF HUMAN RELATIONS, PUBLIC RELATIONS, AND THE THREE PROGRAM DIRECTORS TRANSACTIONS WHERE A CONFLICT OF INTEREST EXISTS ARE UNDERTAKEN ONLY WHEN THE FOLLOWING CRITERIA ARE ALL MET 1 THE CONFLICTING INTEREST IS FULLY DISCLOSED, 2 THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION, 3 A COMPETITIVE BID OR COMPARABLE VALUATION EXISTS, AND 4 THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION OF THE CEO IS DETERMINED BY THE COMPENSATION COMMITTEE, A COMMITTEE OF THE BOARD OF DIRECTORS, LED BY THE PRESIDENT OF THE BOARD THE PERFORMANCE OF THE CEO IS REVIEWED ANNUALLY BY THIS COMMITTEE, WHICH ALSO COMPILES SURVEY INFORMATION WITH REGARD TO COMPENSATION OF SIMILAR POSITIONS AT SIMILAR AGENCIES THEN THE COMPENSATION COMMITTEE DETERMINES AN APPROPRIATE SALARY AND BENEFITS PACKAGE AND COMMUNICATES THIS WITH THE CEO'S PERFORMANCE REVIEW TO THE CEO BOTH IN PERSON AND IN A SIGNED LETTER, WHICH IS PROVIDED TO HUMAN RESOURCES AND PAYROLL DEPARTMENTS TO EXECUTE ANY CHANGES TO THE CEO'S COMPENSATION THIS REVIEW IS DONE ANNUALLY WITH THE MOST RECENT REVIEW BEING SEPTEMBER 2015 COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES IS DETERMINED BY REFERENCE TO COMPENSATION SURVEYS FOR SIMILAR POSITIONS IN SOCIAL SERVICE AGENCIES THE COMPENSATION IS DETERMINED BY THE CEO WITH CONSULTATION WITH THE HR DIRECTOR THIS HAS BEEN AN INTERNAL PROCESS

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE AND ARE AVAILABLE, ALONG WITH GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY, UPON REQUEST

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS

Employer identification number
41-0693860

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) QUEEN ESTHER'S KITCHEN 13100 WAYZATA BLVD STE 300 MINNETONKA, MN 55305 46-0732561	FOOD WHOLESALER	MN	0	0	JFCS OF MINNEAPOLIS

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) HELENA BIGOS SUPPORTING FOUNDATION 13100 WAYZATA BLVD STE 400 MINNETONKA, MN 55305 46-1574321	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 11A, I	JFCS OF MINNEAPOLIS	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER UNITRUST (1)	INVESTMENTS	MN	JFCS OF MINNEAPOLIS	T				Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation