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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2015

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**A** For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16

<b>B</b>	Check if applicable	<b>C</b> Name of organization	<b>D</b> Employer identification number
<input type="checkbox"/>	Address change	<b>FAMILY CONNECTION</b>	<b>46-0435140</b>
<input type="checkbox"/>	Name change		
<input type="checkbox"/>	Initial return	Number and street (or P O box, if mail is not delivered to street address)	<b>E</b> Telephone number
<input type="checkbox"/>	Final return/terminated	Room/suite	<b>605-357-0777</b>
<input type="checkbox"/>	Amended return	City or town, state or province, country, and ZIP or foreign postal code	<b>F</b> Group Exemption Number ▶
<input type="checkbox"/>	Application pending	<b>SIOUX FALLS SD 57104</b>	

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website ▶ SDFAMILYCONNECTION.ORG

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c)( ) ◀ (insert no )  4947(a)(1) or  527

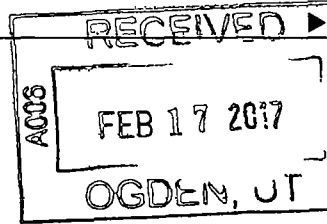
**K** Form of organization  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **127,022**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

	1 Contributions, gifts, grants, and similar amounts received	1	123,718
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	4
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c Less direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	3,300
	<b>9 Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<b>127,022</b>
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	97,455
	13 Professional fees and other payments to independent contractors	13	3,931
	14 Occupancy, rent, utilities, and maintenance	14	7,516
	15 Printing, publications, postage, and shipping	15	1,641
	16 Other expenses (describe in Schedule O)	16	26,023
	<b>17 Total expenses</b> Add lines 10 through 16	17	<b>136,566</b>
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-9,544
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	159,570
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	<b>21 Net assets or fund balances at end of year</b> Combine lines 18 through 20	21	<b>150,026</b>



SCANNED MAR 09 2017 Revenue

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2015)

19 910

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	25,021	22	6,817
23 Land and buildings	162,860	23	158,973
24 Other assets (describe in Schedule O)	13,609	24	21,709
25 Total assets	201,490	25	187,499
26 Total liabilities (describe in Schedule O)	41,920	26	37,473
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	159,570	27	150,026

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 SEE SCHEDULE O

(Grants \$ ) If this amount includes foreign grants, check here

28a **64,227**

29 SEE SCHEDULE O

(Grants \$ ) If this amount includes foreign grants, check here

29a **58,032**

30

(Grants \$ ) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32 **122,259**

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JEFF BARTH SECRETARY	1.00	0	0	0
ARLON GILL BOARD MEMBER	1.00	0	0	0
AMANDA CLARK PRESIDENT	1.00	0	0	0
MELISSA FIKSDAL BOARD MEMBER	1.00	0	0	0
SHEILA PIRRUNG TREASURER	1.00	0	0	0
GEORGE HAHN VICE PRESIDENT	1.00	0	0	0
LOU VOGT EXECUTIVE DIRECTOR	40.00	44,218	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/>		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed <input type="text" value="NONE"/>		
42a The organization's books are in care of <input type="text" value="LOU VOGT"/> Telephone no <input type="text" value="605-357-0777"/> 303 N MINNESOTA AVENUE Located at <input type="text" value="SIOUX FALLS"/> SD ZIP + 4 <input type="text" value="57104"/>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		X
c At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country <input type="text"/>		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

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: *Amanda Clark* Signature of officer, Date: 2-13-17  
 AMANDA CLARK Type or print name and title, PRESIDENT

Paid Preparer Use Only: Print/Type preparer's name: MARY PAT MULLEN, Preparer's signature: *Mary Pat Mullen, CPA*, Date: 01/30/17, Check  if self-employed, PTIN: P00608028  
 Firm's name: KMWF & ASSOCIATES, PC, Firm's EIN: 46-0387944  
 Firm's address: 6009 S SHARON AVE STE 101, SIOUX FALLS, SD 57108, Phone no: 605-336-7213

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**FAMILY CONNECTION**

Employer identification number

**46-0435140**

**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 (Form 990 or 990-EZ) )
- 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	122,243	94,974	130,345	121,320	123,718	592,600
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 <b>Total.</b> Add lines 1 through 3	122,243	94,974	130,345	121,320	123,718	592,600
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						592,600

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	122,243	94,974	130,345	121,320	123,718	592,600
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34		11	15	4	64
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.)						
11 <b>Total support.</b> Add lines 7 through 10						592,664
12 Gross receipts from related activities, etc. (see instructions)					12	38,601
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99.99%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	99.99%
16a <b>33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test—2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/form990)

OMB No 1545-0047

**2015****Open to Public  
Inspection****FAMILY CONNECTION**

Employer identification number

**46-0435140****FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE**

DESCRIPTION	AMOUNT
RENT INCOME	\$ 3,300
<b>TOTAL</b>	<b>\$ 3,300</b>

**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES**

DESCRIPTION	AMOUNT
<b>EXPENSES</b>	
OFFICE	\$ 710
TRAVEL	\$ 505
INTEREST	\$ 1,121
INSURANCE	\$ 8,026
FOOD EXPENSE	\$ 813
REPAIRS & MAINTENANCE	\$ 1,722
FAMILY EVENTS	\$ 548
FUNDRAISING EXPENSE	\$ 3,732
DUES & SUBSCRIPTIONS	\$ 140
BANK CHARGES	\$ 527
REAL ESTATE TAXES	\$ 959
MISCELLANEOUS	\$ 42
NON-INVESTMENT DEPRECIATION	\$ 7,178
<b>TOTAL</b>	<b>\$ 26,023</b>

**FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
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Name of the organization

Employer identification number

FAMILY CONNECTION

46-0435140

PREPAID EXPENSES AND DEFERRED CHARGES	\$	32	\$	10
	\$	222,140	\$	233,432
LESS ACCUMULATED DEPRECIATION	\$	91,990	\$	99,168
GIFT CERTIFICATES	\$	1,964	\$	2,086
TOTAL	\$	132,146	\$	136,360

## FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 41,920	\$ 37,473

## FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

FAMILY CONNECTION OPERATES A SERVICE CALLED THE HOSPITALITY HOUSES AND A PROGRAM CALLED CHILDREN'S CONNECTION. THIS COMBINATION OF PROGRAMMING ASSISTS US IN MEETING OUR MISSION PROVIDING "HOPE FOR FAMILIES THAT MUST BE APART."

THE HOSPITALITY HOUSES PROVIDE SHELTER FOR FAMILIES TRAVELING TO SIOUX FALLS TO VISIT AN INCARCERATED LOVED ONE. THIS SERVICE ALLOWS FAMILIES, WITH LIMITED INCOMES, TO CONTINUE THE HEALING PROCESS WITH THE INCARCERATED FAMILY MEMBER.

CHILDREN'S CONNECTION, A UNITED WAY AGENCY, WORKS WITH THE SIOUX FALLS SCHOOL DISTRICT TO PROVIDE GROUP COUNSELING SERVICES TO CHILDREN WITH AN INCARCERATED FAMILY MEMBER. CHILDREN WITH A PARENT IN PRISON ARE MORE LIKELY TO BE INCARCERATED THEMSELVES. FAMILY CONNECTION, THROUGH THE CHILDREN'S CONNECTION PROGRAM, IS WORKING TO BREAK THIS CYCLE.

## FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT

FAMILY CONNECTION'S MAIN PURPOSES ARE TO PROVIDE SHELTER FOR FAMILIES

Name of the organization

Employer identification number

FAMILY CONNECTION

46-0435140

TRAVELING TO SIOUX FALLS TO VISIT AN INCARCERATED LOVED ONE AND ALSO TO WORK WITH THE SIOUX FALLS SCHOOL DISTRICT TO PROVIDE GROUP COUNSELING SERVICES TO CHILDREN WITH AN INCARCERATED FAMILY MEMBER.

HOSPITALITY HOUSES PROVIDED 739 GUEST NIGHT STAYS IN THE FISCAL YEAR.

FORM 990-EZ, PART III, LINE 29 - SECOND ACCOMPLISHMENT

THE CHILDREN'S CONNECTION PROGRAM FACILITATED 671 GROUP SESSIONS, WITH 2,773 CHILD CONTACTS, IN FOUR MIDDLE SCHOOLS AND EIGHT ELEMENTARY SCHOOLS IN THE SIOUX FALLS SCHOOL DISTRICT DURING THE 2015-2016 SCHOOL YEAR.

ADDITIONALLY, CHILDREN'S CONNECTION HELPS CHILDREN WHO HAVE A PARENT OR CLOSE FAMILY MEMBER IN PRISON THROUGH PERIODIC FAMILY EVENTS.