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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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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 $ 8,115,831

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 2016 (Part V, line 2a)	**5**	151
6	Total number of volunteers (estimate if necessary)	**6**	90
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)	2,181,933	4,020,346
9	Program service revenue (Part VIII, line 2g)	692,340	3,733,235
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	233,058	279,612
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-141,791	-40,235
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,965,540	7,992,958
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	615,945	1,220,993
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)	1,860,162	5,759,496
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶701,112		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	447,827	1,292,467
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,923,934	8,272,956
19	Revenue less expenses Subtract line 18 from line 12	41,606	-279,998

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	14,961,083	14,596,857
21	Total liabilities (Part X, line 26)	661,441	594,642
22	Net assets or fund balances Subtract line 21 from line 20	14,299,642	14,002,215

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

****** 2017-08-04
Signature of officer Date

JOHN MALOY CHIEF FINANCIAL 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
AMY HENDLEY	AMY HENDLEY			P01300654

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 $ 2,013,093 including grants of $ 555,560) (Revenue $ 1,906,796)

See Additional Data

4b (Code) (Expenses $ 1,464,764 including grants of $ 154,265) (Revenue $ 527,376)

See Additional Data

4c (Code) (Expenses $ 1,190,952 including grants of $ 317,134) (Revenue $ 815,659)

See Additional Data

(Code) (Expenses $ 921,378 including grants of $ 54,453) (Revenue $ 483,404)

AGING AND DISABILITY SERVICESAGING SERVICES SUPPORT THE DIGNITY AND INDEPENDENCE OF OLDER ADULTS WE PROVIDE NUMEROUS SERVICES FOR SENIORS INCLUDING TRANSPORTATION, GROCERY SHOPPING, AND KOSHER MEALS ON WHEELS, ALL OF WHICH CENTER ON PROVIDING HIGHLY PERSONALIZED CARE WITH BOUNDLESS COMPASSION OUR PROFESSIONAL STAFF WORKS CLOSELY WITH ADULTS 60 YEARS OF AGE AND OLDER AND THEIR FAMILIES TO ENSURE SAFE, SUPPORTED AND INDEPENDENT LIVING AT HOME, RESOURCES, EDUCATION AND RESPITE FOR CAREGIVERS, AND ADVOCACY FOR ISSUES THAT IMPACT SENIORS IN THE COMMUNITY 2,742 PEOPLE PARTICIPATED IN AGING SERVICES PROGRAMS 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 26 INDIVIDUALS PARTICIPATED IN ALTERCARE CARE COORDINATION IS AT THE HEART OF HELPING SENIORS AGE IN PLACE CARE COORDINATORS ARE MATCHED WITH CLIENTS AND BECOME THE PRIMARY COORDINATOR FOR THE DELIVERY OF SERVICES, INDIVIDUALIZING AND ADJUSTING SERVICES WHEN NEEDED AND CONNECTING TO FAMILY MEMBERS, FRIENDS, CLERGY, OUTSIDE AGENCIES, COMMUNITY PROFESSIONALS AND OTHER PROGRAMS AT JFCS CARE COORDINATORS ARE CULTURALLY SENSITIVE, AND RUSSIAN-SPEAKING COORDINATORS ARE AVAILABLE 404 PEOPLE RECEIVED CARE COORDINATION, INCLUDING 206 SENIORS WHO RECEIVE SPECIALIZED HOLOCAUST SURVIVOR SUPPORT SERVICES JFCS PROVIDES CONGREGATIONAL NURSING IN TWO ST LOUIS PARK SYNAGOGUES, AND HELPS COORDINATE EFFORTS OF CONGREGATIONAL NURSE PROGRAMS AT OTHER NEARBY SYNAGOGUES, CHURCHES, 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 1,320 PEOPLE DEIKEL TRANSPORTATION PROVIDES RIDES FOR 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 90 PARTICIPANTS RECEIVED 3,884 RIDES KOSHER MEALS ON WHEELS ARE DELIVERED TO HOMES FIVE DAYS A WEEK FOR A NUTRITIOUS MID-DAY MEAL JFCS STAFF AND VOLUNTEER DRIVERS DELIVERED 12,777 MEALS TO 88 PARTICIPANTS 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 567 PEOPLE PARTICIPATED IN NORC EVENTS OUR SENIOR COMPANIONS DEVELOP FRIENDSHIPS WITH AND SUPPORT OLDER ADULTS TO HELP THEM MAINTAIN THEIR INDEPENDENCE SENIOR COMPANIONS ESTABLISH AN ONGOING RELATIONSHIP WITH CLIENTS THROUGH REGULAR ACTIVITIES SUCH AS READING BOOKS AND WRITING LETTERS, AND SOCIAL ACTIVITIES SUCH AS SHOPPING, RUNNING ERRANDS, SIGHTSEEING, GOING FOR A WALK AND MORE SENIOR COMPANIONS SUPPORTED 92 CLIENTS SHOPPING SERVICES PROVIDE CLIENTS WITH A PERSONAL ESCORT FOR SHOPPING AND OTHER ERRANDS THE SHOPPER PROVIDES TRANSPORTATION, AND CLIENTS HAVE THE OPPORTUNITY TO MAKE THREE STOPS IN EACH TWO-HOUR SESSION, SUCH AS THE GROCERY STORE, BANK AND POST OFFICE 21 PEOPLE PARTICIPATED IN THE SHOPPING SERVICES PROGRAM

(Code) (Expenses $ 675,907 including grants of $ 139,581) (Revenue $ 0)

COMMUNITY SERVICESTHROUGH OUR COMMUNITY INVOLVEMENT PROGRAMS, JFCS OFFERS NUMEROUS OPPORTUNITIES TO GET INVOLVED AND CONNECT WITH OUR COMMUNITY CHILDREN, YOUNG PROFESSIONALS, PARENTS, AND SENIORS PARTICIPATE 4,968 PEOPLE PARTICIPATED IN COMMUNITY INVOLVEMENT ACTIVITIES AND EVENTS JFCS ADMINISTERS SEVERAL POST-SECONDARY ACADEMIC SCHOLARSHIP FUNDS SELECTION CRITERIA INCLUDE FINANCIAL NEED AND MERIT REQUIREMENTS UNIQUE TO EACH FUND WE AWARDED 36 SCHOLARSHIPS TOTALING $70,540 CARING CONNECTIONS PROVIDES OPPORTUNITIES FOR JEWISH ADULTS WITH DEVELOPMENTAL DISABILITIES TO TAKE PART IN SOCIAL AND EDUCATIONAL EVENTS WE ALSO PROVIDE OPPORTUNITIES FOR PARTICIPANTS TO LEARN ABOUT AND PARTICIPATE IN 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 243 PEOPLE, WITH AND WITHOUT DISABILITIES, PARTICIPATED IN FIVE EVENTS OUR FOOD SECURITY PROGRAM IS BUILT AROUND OUR PARTNERSHIP WITH A NEIGHBORING SOCIAL SERVICE AGENCY THAT HOUSES A FOOD SHELF AND THRIFT STORE WITH OUR PARTNER, 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 IN 2016, OUR SOLUTIONS TO SENIOR HUNGER INITIATIVE CONDUCTED SNAP OUTREACH AND EDUCATION WITH SENIOR POPULATIONS, PROVIDED SNAP APPLICATION ASSISTANCE FOR ELIGIBLE CLIENTS, AND IDENTIFIED BARRIERS TO ACCESSING SNAP BENEFITS WE CONDUCTED PRE-SCREENS WITH 1,940 SENIORS TO HELP THEM DETERMINE THEIR ELIGIBILITY FOR SNAP BENEFITS 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 HAG SAMEACH SERVED 892 INDIVIDUALS AND FAMILIES 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 A JEWISH DISABILITY AWARENESS AND INCLUSION MONTH PROGRAM FOR 140 PEOPLE 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 282 PEOPLE PARTICIPATED IN J-PRIDE EVENTS NEXTGEN PROVIDES OPPORTUNITIES FOR YOUNG ADULTS AGES 21-36 TO DEVELOP LEADERSHIP SKILLS AND DEEPEN CONNECTIONS TO JFCS AND ITS MISSION THROUGH SOCIAL AND VOLUNTEER EXPERIENCES AND PHILANTHROPY 635 PEOPLE PARTICIPATED IN NEXTGEN 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 800 VOLUNTEERS HELPED US DELIVER SERVICES AND ACHIEVE OUR MISSION

4d Other program services (Describe in Schedule O)

(Expenses $ 1,597,285 including grants of $ 194,034) (Revenue $ 483,404)

4e **Total program service expenses ▶** 6,266,094

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		No

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

			Yes	No
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**		
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**	21		
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**	151		
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			
See Additional Data Table										

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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								414,041	0	38,421

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 1,207,403				
b Membership dues . .	1b				
c Fundraising events . .	1c 491,516				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f 2,321,427				
g Noncash contributions included in lines 1a-1f $ 194,046					
h **Total.** Add lines 1a-1f . . . . . ▶		4,020,346			
Program Service Revenue	Business Code				
2a GOVERNMENT CONTRACTS	900099	1,827,681	1,827,681		
b PROGRAM SERVICE FEES	900099	1,180,496	1,180,496		
c GOVERNMENT CONTRACTS	900099	725,058	725,058		
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a-2f . . . . ▶		3,733,235			
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		161,730			161,730
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					
	(i) Real	(ii) Personal			
6a Gross rents	2,400				
b Less rental expenses	0				
c Rental income or (loss)	2,400				
d Net rental income or (loss) . . . . . ▶		2,400			2,400
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	117,882				
b Less cost or other basis and sales expenses	0				
c Gain or (loss)	117,882				
d Net gain or (loss) . . . . . ▶		117,882			117,882
Other Revenue 8a Gross income from fundraising events (not including $ 491,516 of contributions reported on line 1c) See Part IV, line 18 . . . . a	33,750				
b Less direct expenses . . . b	122,223				
c Net income or (loss) from fundraising events . . ▶		-88,473			-88,473
9a Gross income from gaming activities See Part IV, line 19 . . . a	4,400				
b Less direct expenses . . . b	650				
c Net income or (loss) from gaming activities . . ▶		3,750			3,750
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	42,088			42,088
b					
c					
d All other revenue					
e **Total.** Add lines 11a-11d . . . . . ▶		42,088			
12 **Total revenue.** See Instructions . . . . . ▶		7,992,958	3,733,235	0	239,377

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	125,034	125,034		
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,095,959	1,095,959		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	452,462	46,625	315,053	90,784
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	4,392,646	3,543,890	485,016	363,740
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	86,590	63,059		23,531
9 Other employee benefits	403,338	317,860	71,727	13,751
10 Payroll taxes	424,460	316,266	66,370	41,824
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	39,863	3,828	36,035	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	99,344		99,344	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	156,056	40,592	71,913	43,551
12 Advertising and promotion	7,059	4,267	1,895	897
13 Office expenses	284,817	203,792	48,287	32,738
14 Information technology	102,787	33,038	32,405	37,344
15 Royalties				
16 Occupancy	233,976	188,413	29,686	15,877
17 Travel	99,079	97,113	363	1,603
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	61,340	39,685	15,637	6,018
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	72,772	55,088	11,301	6,383
23 Insurance				
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	92,706	59,670	11,094	21,942
b MEMBERSHIP DUES	25,326	19,658	5,668	
c STAFF DEVELOPMENT	17,342	12,257	3,956	1,129
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	8,272,956	6,266,094	1,305,750	701,112
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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	797,610	1	398,807
	2	Savings and temporary cash investments	10,245	2	9,991
	3	Pledges and grants receivable, net	1,833,943	3	2,048,264
	4	Accounts receivable, net	276,308	4	187,672
	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	20,071	8	32,088
	9	Prepaid expenses and deferred charges	94,648	9	71,270
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,413,612			
	b	Less accumulated depreciation — 10b: 1,302,789	160,789	10c	110,823
	11	Investments—publicly traded securities	9,877,840	11	10,207,367
	12	Investments—other securities See Part IV, line 11	109,910	12	131,076
	13	Investments—program-related See Part IV, line 11	94,249	13	75,510
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,685,470	15	1,323,989
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	14,961,083	16	14,596,857
Liabilities	17	Accounts payable and accrued expenses	467,034	17	427,802
	18	Grants payable		18	
	19	Deferred revenue	23,000	19	0
	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	4,274	23	0
	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	167,133	25	166,840
	26	**Total liabilities.** Add lines 17 through 25	661,441	26	594,642
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	2,114,685	27	2,365,973
	28	Temporarily restricted net assets	7,892,609	28	7,237,739
	29	Permanently restricted net assets	4,292,348	29	4,398,503
		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	14,299,642	33	14,002,215
	34	Total liabilities and net assets/fund balances	14,961,083	34	14,596,857

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	7,992,958
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,272,956
3	Revenue less expenses Subtract line 2 from line 1	3	-279,998
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,299,642
5	Net unrealized gains (losses) on investments	5	322,561
6	Donated services and use of facilities	6	-344,334
7	Investment expenses	7	
8	Prior period adjustments	8	4,344
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	14,002,215

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 (2016)

Form 990, Part III, Line 4a:

CAREER SERVICES - SEE SCHEDULE O

Form 990, Part III, Line 4b:

CHILDREN'S SERVICES - SEE SCHEDULE O

Form 990, Part III, Line 4c:

COUNSELING AND MENTAL HEALTH SERVICES - SEE SCHEDULE O

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			
ZOUBER DANNY PRESIDENT	3 00 0 00	X		X				0	0	0
ZACK HOWARD PAST PRESIDENT	2 00 0 00	X						0	0	0
RUBENSTEIN MARC DIRECTOR, VP INVESTMENT	2 00 0 00	X		X				0	0	0
SILVERSTEIN ANDREW DIRECTOR, VP FINANCE & HR	2 00 0 00	X		X				0	0	0
BARIN JEFF DIRECTOR	2 00 0 00	X						0	0	0
BENOWITZ JON DIRECTOR	2 00 0 00	X						0	0	0
BERKWITZ PAM DIRECTOR	2 00 0 00	X						0	0	0
BRESSLER ERIC DIRECTOR	2 00 0 00	X						0	0	0
EZRILOV JENNIFER DIRECTOR	2 00 0 00	X						0	0	0
FEINSTIEN RUTHIE 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			
FINK NANCY DIRECTOR	2 00 0 00	X						0	0	0
FINN ANDY DIRECTOR	2 00 0 00	X						0	0	0
FREDMAN DAVID DIRECTOR	2 00 0 00	X						0	0	0
GILBERT ALAN DIRECTOR	2 00 0 00	X						0	0	0
GOLDFINE ADAM DIRECTOR	2 00 0 00	X						0	0	0
GOODMAN LISA DIRECTOR	2 00 0 00	X						0	0	0
GRABOW KAREN DIRECTOR	2 00 0 00	X						0	0	0
HARTMAN JENNIFER DIRECTOR	2 00 0 00	X						0	0	0
HASKO JOSH DIRECTOR	2 00 0 00	X						0	0	0
HOLLOWAY JEAN 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			
KALIN JEREMY DIRECTOR	2 00 0 00	X						0	0	0
KAPLAN DANNY DIRECTOR	2 00 0 00	X						0	0	0
KAUFMAN LENNIE DIRECTOR	2 00 0 00	X						0	0	0
LIEBERMAN AMY DIRECTOR	2 00 0 00	X						0	0	0
LOCKETZ DAVID DIRECTOR	2 00 0 00	X						0	0	0
MACDONALD KRIS DIRECTOR	2 00 0 00	X						0	0	0
MARKMAN ALLIE DIRECTOR	2 00 0 00	X						0	0	0
ROSE LINDSEY DIRECTOR	2 00 0 00	X						0	0	0
RUBIN ROCHELLE DIRECTOR	2 00 0 00	X						0	0	0
RUBIN SCOTT 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			
SIMMS JACOB DIRECTOR	2 00 0 00	X						0	0	0
STEIN RHONDA DIRECTOR	2 00 0 00	X						0	0	0
STERN MICHAEL DIRECTOR	2 00 0 00	X						0	0	0
STILLMAN ANDY DIRECTOR	2 00 0 00	X						0	0	0
STILLMAN CRAIG DIRECTOR	2 00 0 00	X						0	0	0
WEISSMAN LORI DIRECTOR	2 00 0 00	X						0	0	0
WEITZ STEVE DIRECTOR	2 00 0 00	X						0	0	0
ZAMANSKY NATALIE DIRECTOR	2 00 0 00	X						0	0	0
ZAMANSKY RORY DIRECTOR	2 00 0 00	X						0	0	0
HALPER JUDY CHIEF EXECUTIVE OFFICER	39 70 0 30			X				192,482	0	23,671

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			
MALOY JOHN CHIEF FINANCIAL OFFICER	40 00 0 00			X				106,289	0	10,469
FRIEDMAN LEE HR & OPERATIONS	40 00 0 00					X		115,270	0	4,281

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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

2016

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 12, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 above (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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	4,566,554	5,250,457	6,133,040	2,181,933	4,020,346	22,152,330
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	4,566,554	5,250,457	6,133,040	2,181,933	4,020,346	22,152,330
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)						400,341
6 **Public support.** Subtract line 5 from line 4						21,751,989

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	4,566,554	5,250,457	6,133,040	2,181,933	4,020,346	22,152,330
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	228,263	254,712	174,871	110,832	164,130	932,808
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)	32,987	28,943	32,031	11,742	42,088	147,791
11 **Total support.** Add lines 7 through 10						23,232,929

12 Gross receipts from related activities, etc (see instructions)	12	10,235,443

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 2016 (line 6, column (f) divided by line 11, column (f))	14	93 630 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	94 070 %

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	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		

Part IV Supporting Organizations (continued)

			Yes	No
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		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS INCOME - 2012 AMOUNT $ 32,987 2013 AMOUNT $ 28,943 2014 AMOUNT $ 32,031 2015 AMOUNT $ 11,742 2016 AMOUNT $ 42,088

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, SECTION A	COLUMN (D) INFORMATION IS FOR A SHORT YEAR FROM 9/1/2015 TO 12/31/15

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2016

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" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

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

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

1a If the organization elected, as permitted under 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 on Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenue included on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	10,099,558	10,366,922	10,904,997	9,554,018	8,082,397
b Contributions	235,897	72,303	235,627	296,037	680,293
c Net investment earnings, gains, and losses	602,121	-95,609	-435,939	1,489,206	1,184,884
d Grants or scholarships	402,606	225,400	24,058	40,676	48,232
e Other expenditures for facilities and programs			207,361	292,071	253,388
f Administrative expenses	99,344	18,658	106,344	101,517	91,932
g End of year balance	10,435,626	10,099,558	10,366,922	10,904,997	9,554,018

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

- a Board designated or quasi-endowment ▶ 20 180 %
- b Permanent endowment ▶ 51 100 %
- c Temporarily restricted endowment ▶ 28 720 %

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

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

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii) Yes	
b If "Yes" on 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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements		767,924	718,832	49,092
d Equipment		645,688	583,957	61,731
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				110,823

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

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

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

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

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

(a) Description	(b) Book value
(1) DONATED RENT	918,225
(2) LEASE DEPOSIT	275,000
(3) ART COLLECTIONS	12,572
(4) SPLIT INTEREST RECEIVABLES	118,192
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	1,323,989

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED RENT	35,764
DEFERRED COMPENSATION	131,076
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	166,840

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	8,223,748
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	322,561		
b	Donated services and use of facilities	2b	1,245		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	6,328		
e	Add lines **2a** through **2d**			2e	330,134
3	Subtract line **2e** from line **1**			3	7,893,614
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	99,344		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	99,344
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	7,992,958

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	8,519,191
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	345,579		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	345,579
3	Subtract line **2e** from line **1**			3	8,173,612
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	99,344		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	99,344
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	8,272,956

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 41-0693860

Name: JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS

Supplemental 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

Supplemental Information

Return Reference	Explanation
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 MI NNESOTA INCOME TAX STATUTES IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVA TE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIB LE 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 UNCERTA IN TAX POSITIONS MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAS NO UNCERTAIN TAX POS ITIONS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	REVENUES OF CONSOLIDATED SUPPORTING ORGANIZATION 6,328

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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" on 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

2016

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" on 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" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 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	525,266			525,266
	2 Less Contributions	491,516			491,516
	3 Gross income (line 1 minus line 2)	33,750			33,750
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	69,256			69,256
	8 Entertainment	49,689			49,689
	9 Other direct expenses	3,278			3,278
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				122,223
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-88,473

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶ ----------

Address ▶ ----------

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

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 ▶ ----------

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 complete this part to 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," on 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

2016

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" on 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)	47,571				FOR PROVIDING EARLY LITERACY SERVICES (PCHP) IN NORTHERN MINNESOTA
(2) JEWISH FAMILY SERVICES 1633 WEST 7TH STREET ST PAUL, MN 55102	41-0694697	501(C)(3)	77,463				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 . . . . . ▶ 2

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" on 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					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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	65	71,273	0	N/A	N/A
WAGES & TAXES	2	18,941	0	N/A	N/A
HOMEMAKING/CLEANING	24	120,318	36,500	FMV	SUBSIDIZED SERVICE
SCHOLARSHIPS/TRAINING	218	377,591	0	N/A	N/A
MENTAL HEALTH SUPPORT SERVICES	22	21,804	0	N/A	N/A

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
COLLEGE SCHOLARSHIPS	38	148,793	0	N/A	N/A
FOOD ASSISTANCE	33	88,771	35,400	FMV	SUBSIDIZED SERVICE
TRANSPORTATION ASSISTANCE	198	110,851	0	N/A	N/A
CHILDCARE ASSISTANCE	65	92,647	0	N/A	N/A
PERSONAL CARE ASSISTANCE	8	30,803	0	N/A	N/A

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
OTHER ASSISTANCE	1	7,306	0	N/A	N/A

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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" on 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

2016

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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax 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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported on 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" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HALPER JUDY CHIEF EXECUTIVE OFFICER	(i)	191,708	0	774	17,033	6,638	216,153	0
	(ii)	0	0	0	0	0	0	0

See Additional Data Table

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

2016

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	23	123,089	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	371	69,712	ESTIMATED VALUE
26 Other ▶ (DONATED PROFESSIONAL SERVICES)	X	2	1,245	ESTIMATED VALUE
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?		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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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

2016

Open to Public Inspection

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

Employer identification number

41-0693860

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	CAREER SERVICES CAREER SERVICES HELPED 1,200 INDIVIDUALS OVERCOME BARRIERS TO EMPLOYMENT A ND FIND MEANINGFUL WORK IN THE PROGRAMS DESCRIBED BELOW, SERVICES GENERALLY INCLUDE CAREE R COUNSELING, GOAL SETTING AND EMPLOYMENT PLAN DEVELOPMENT, INTERVIEW PREPARATION, RESUME ENHANCEMENT, CAREER NETWORKING GROUPS, AND COACHING CAREER INITIATIVES HELPS PEOPLE WHO A RE HAVE LOST THEIR JOBS, WHO ARE ENTERING THE WORKFORCE OR WHO WANT TO SEEK A BETTER JOB THIS SERVICE INCLUDES CAREER ASSESSMENTS WITH PROFESSIONAL INTERPRETATION, INDIVIDUAL JOB- SEARCH COACHING SESSIONS, RESUME AND COVER LETTER CRITIQUE AND GOAL-SETTING SESSIONS TO CR EATE AN INDIVIDUAL ACTION PLAN WE SERVED 39 PEOPLE IN CAREER INITIATIVES THROUGH OUR CAR EER TRAINING ASSISTANCE (CTA) PROGRAM, INDIVIDUALS WHO LIVE IN THE CITY OF MINNEAPOLIS AND MEET INCOME REQUIREMENTS AND OTHER ELIGIBILITY CRITERIA MAY QUALIFY FOR TUITION ASSISTANC E FOR SHORT-TERM TRAINING IN HEALTHCARE WE ASSESS WORK AND TRAINING READINESS AND HELP PR OGRAM PARTICIPANTS TO DEVELOP CAREER PLANS WE ALSO PROVIDE JOB SEARCH ASSISTANCE AND POST -GRADUATION SUPPORT MINNEAPOLIS EMPLOYMENT AND TRAINING SELECTED JFCS AS ITS ADULT PROVID ER OF THE YEAR IN 2016 WE SERVED 41 PEOPLE IN CTA 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 THOSE WHO QUALIFY RECEIVE TRAINING FUNDS TO DEVELOP NEW SKIL LS, UPDATE EXISTING SKILLS, OR OBTAIN REQUIRED CERTIFICATIONS OR CREDENTIALS WE SERVED 64 PEOPLE TO ENSURE THAT TWIN CITIES WORKERS HAVE THE SKILLS THEY NEED TO SECURE HIGH-WAGE, IN-DEMAND JOBS IN THE INFORMATION TECHNOLOGY (IT) INDUSTRY, JFCS DEVELOPED THE IT PATHWAY S PROGRAM THE PROGRAM FOCUSES ON SKILL & CAREER ASSESSMENTS, JOB SKILLS TRAINING, & JOB P LACEMENT IT PATHWAYS SUPPORTS PEOPLE TRADITIONALLY UNDERREPRESENTED IN THE IT FIELD, INCL UDING WOMEN, VETERANS, PEOPLE OF COLOR, AND PEOPLE WHO HAVE LOW INCOMES IT PATHWAYS ALSO SUPPORTS LOCAL EMPLOYERS TO FILL IT JOBS JFCS'S PARTNERS INCLUDE CREATING IT FUTURES FOU NDATION, PRIME DIGITAL ACADEMY, ADULTS OPTIONS IN EDUCATION, NORMANDALE COMMUNITY COLLEGE, AND OUR STRONG NETWORK OF EMPLOYERS THE IT PATHWAYS PROGRAM SERVED 236 PEOPLE 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 EMPLOYME NT ALL PARTICIPANTS RECEIVE AN ASSESSMENT AND AN EMPLOYMENT PLAN, WHICH OUTLINES MUTUALLY AGREEABLE STEPS NECESSARY TO REACH THEIR EMPLOYMENT GOAL MFIP STAFF WORKED WITH 513 PEOP LE PLATINUM ASSISTS ADULTS 50 AND OLDER LIVING IN HENNEPIN COUNTY, OR ADULTS OF ANY AGE L IVING IN WESTERN HENNEPIN COUNTY, WHO WANT TO RETOOL AND RE-ENTER THE WORKFORCE TO ACHIEVE CAREER SUCCESS ASSISTANCE INCLUDES EMPLOYMENT PLAN DEVELOPMENT, RESUME ASSISTANCE, COACH ING IN NETWORKING, JOB SEARCH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	AND INTERVIEW SKILLS, AND MORE 196 PEOPLE RECEIVED CAREER SERVICES IN THE PLATINUM PROGRA M THE VETERANS HIRING INITIATIVE IS JFCS'S NEWEST CAREER SERVICES PROGRAM, AND IT IS A CO LLABORATION WITH HENNEPIN COUNTY THE GOAL IS TO ASSIST MILITARY VETERANS INTO A TRAINEE P OSITION THAT WILL LEAD TO PERMANENT EMPLOYMENT WITH HENNEPIN COUNTY OR TRAINING AND EMPLOY MENT IN IT POSITIONS WITH OTHER EMPLOYERS SOME POSITIONS ARE ALSO OPEN TO VETERANS' SPOUS ES, PARTNERS, OR ADULT CHILDREN LIVING AT HOME THIS PROGRAM SERVED 24 PEOPLE THE VOCATIO NAL REHABILITATION PROGRAM PROVIDES PERSONALIZED EMPLOYMENT SERVICES FOR INDIVIDUALS WITH DISABILITIES, INCLUDING MENTAL ILLNESS AND OTHER PHYSICAL AND COGNITIVE DISABILITIES, PLAC ING THEM IN SUPPORTED EMPLOYMENT SITUATIONS WITH ONGOING SUPPORT WE SERVED 87 PEOPLE IN V OCATIONAL REHABILITATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	CHILDREN AND FAMILY SERVICES OUR MANY SERVICES FOR CHILDREN AND FAMILIES STRIVE TO PROVIDE THE TOOLS AND SUPPORT NEEDED TO LIVE STABLE AND ENGAGED LIVES THIS INCLUDES COUNSELING, CASE MANAGEMENT, EARLY CHILDHOOD EDUCATION, MENTORSHIP, FINANCIAL ASSISTANCE AND OTHER PROGRAMS THAT AID STABILITY, SELF-SUFFICIENCY AND FOOD SECURITY 1,899 PEOPLE PARTICIPATED IN CHILDREN AND FAMILY SERVICES PROGRAMS THE ACT PROGRAM RECOGNIZES THAT WHEN FAMILIES HAVE BASIC NEEDS SATISFIED, ADEQUATE HEALTHCARE AND STABLE HOUSING, THEIR CHILDREN ARE MORE LIKELY TO GET TO SCHOOL AND SUCCEED ACT, WHICH SERVES FAMILIES IN ELEMENTARY SCHOOL AND EARLY CHILDHOOD PROGRAMS IN THE ST LOUIS PARK SCHOOL DISTRICT, PROVIDES RESOURCES TO ASSIST WITH PARENTING SUPPORT, SCHOOL AND EDUCATIONAL CONCERNS, AND ACCESS TO COMMUNITY RESOURCES 45 FAMILIES RECEIVED SERVICES VOLUNTEER LUNCH BUDDIES GIVE CHILDREN A SUPPORTIVE RELATIONSHIP WITH A CARING ADULT 11 CHILDREN PARTICIPATED WITH A LUNCH BUDDY JFCS CAMP SCHOLARSHIPS ARE AWARDED WITH FUNDING FROM DEDICATED ENDOWMENTS AND THE POHLAD FAMILY FOUNDATION 124 SCHOLARSHIPS WERE AWARDED TO CHILDREN, TOTALING $53,090 OUR JEWISH BIG BROTHER/BIG SISTER IS A MATCH PROGRAM FOR JEWISH CHILDREN "LITTLES" WHO WOULD BENEFIT FROM HAVING A CAREFULLY SCREENED AND SELECTED MENTOR "BIG " MATCH ACTIVITIES ARE TAILORED TO THE LITTLE'S INDIVIDUAL OR SPECIAL NEEDS AND THE BIG'S INTERESTS AND ABILITIES MATCHES ARE MONITORED AND SUPPORTED BY PROFESSIONAL STAFF AND PROVIDE POSITIVE ROLE MODELING, ACCESS TO JEWISH HOLIDAYS AND EVENTS, AND THE CHANCE TO HAVE SOME FUN WITH A FRIEND THESE POSITIVE RELATIONSHIPS BETWEEN THE BIGS AND LITTLES FLOURISH IN A JEWISH CONTEXT, SOMETIMES LASTING WELL BEYOND THE EXPECTED ONE-YEAR COMMITMENT 147 PEOPLE PARTICIPATED IN THE PROGRAM 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 195 FAMILIES FROM MINNEAPOLIS, WESTERN HENNEPIN COUNTY, AND CASS COUNTY PARTICIPATED IN PCHP, COMPRISING 199 CHILDREN AND 337 CAREGIVERS 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 1,036 FAMILIES SUBSCRIBED TO PJ LIBRARY, AND 150 FAMILIES ATTENDED EVENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	COUNSELING AND MENTAL HEALTH SERVICES JFCS COUNSELING AND MENTAL HEALTH SERVICES' HIGHLY S KILLED AND EXPERIENCED THERAPISTS AND CASE MANAGERS PROVIDE PROGRAMS AND SERVICES THAT ADD RESS MENTAL HEALTH AND OTHER LIFE CHALLENGES AND STRUGGLES PEOPLE FACE THROUGHOUT THEIR LI VES 2,817 PEOPLE PARTICIPATED IN COUNSELING AND MENTAL HEALTH SERVICES COUNSELING IS A C OLLABORATIVE EFFORT BETWEEN THE COUNSELOR AND CLIENT OUR LICENSED THERAPISTS HELP CLIENTS IDENTIFY GOALS AND POTENTIAL SOLUTIONS TO PROBLEMS THAT CAUSE EMOTIONAL TURMOIL, IMPROVE COMMUNICATION AND COPING SKILLS AND SYMPTOM MANAGEMENT, STRENGTHEN SELF-ESTEEM, PROMOTE BE HAVIOR CHANGE, FEEL BETTER AND FUNCTION AT THEIR BEST OUR COUNSELING SERVICES INCLUDE IND IVIDUAL PSYCHOTHERAPY FOR ADULTS, ADOLESCENTS & CHILDREN, COUPLES THERAPY, FAMILY THERAPY, PLAY THERAPY, PARENTING COACHING, GRIEF SUPPORT AND MORE CLIENTS ARE REFERRED FROM OTHER PROGRAMS WITHIN THE AGENCY, FROM OTHER AGENCIES OR ARE SELF-REFERRED 176 PEOPLE RECEIVED COUNSELING WE DISTRIBUTED 187 EMERGENCY FINANCIAL ASSISTANCE GRANTS TO 153 INDIVIDUALS, FOR A TOTAL OF $90,117 RECIPIENTS USED THESE FUNDS TO HELP WITH RENT, UTILITIES, CAR REPA IR, MEDICAL BILLS, TRANSPORTATION COSTS AND FOOD FAMILY LIFE EDUCATION (FLE) TAKES JFCS O UT INTO THE COMMUNITY AND BRINGS THE COMMUNITY INTO JFCS THROUGH PRESENTATIONS, TRAININGS, WORKSHOPS, CLASSES, SUPPORT GROUPS, INDIVIDUAL MEETINGS AND CONSULTATIONS CUSTOMIZED PRO GRAMMING INCLUDES TOPICS SUCH AS PARENTING, TEACHER TRAININGS, INTERFAITH CHALLENGES, BULL YING, GRIEF AND LOSS, SUPPORTING CAREGIVERS, AND BUILDING HEALTHY RELATIONSHIPS PROGRAMMI NG INCLUDES ONE-TIME SMALL AND LARGE GROUP EVENTS, ONE-TIME INDIVIDUAL CONSULTATIONS, AND ONGOING GROUPS 450 PEOPLE PARTICIPATED IN FLE PROGRAMS OUR INTAKE AND RESOURCE CONNECTIO N (IRC) WORKED WITH 1,048 CALLERS, PROVIDING THEM WITH REFERRALS, RESOURCES AND EMERGENCY FINANCIAL ASSISTANCE DEPENDING ON THE CALLERS' NEEDS, CLINICALLY TRAINED PROFESSIONAL STA FF REFER THEM TO THE BEST-MATCHED PROGRAM, WHETHER AT JFCS OR ANOTHER COMMUNITY ORGANIZATI ON 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 30 PEOPLE HAD LOANS WITH AN AV ERAGE TOTAL OUTSTANDING BALANCE OF $85,000 JFCS PROVIDES LICENSING SUPERVISION FOR MSW GR ADUATES WHO ARE WORKING TOWARD TAKING THE SOCIAL WORK LICENSURE EXAM WE SERVED 36 PEOPLE IN THIS PROGRAM THE MENTAL HEALTH EDUCATION PROJECT IS DEDICATED TO RAISING AWARENESS ABO UT MENTAL ILLNESS AND REDUCING STIGMA FOR FAMILIES IN THE JEWISH COMMUNITY THE PRIMARY AC TIVITY IS A YEARLY CONFERENCE ATTENDED BY PROFESSIONALS, PEOPLE WITH MENTAL ILLNESS, AND F AMILY MEMBERS THE CONFERENCE INCLUDES A KEYNOTE SPEAKER AND BREAKOUT WORKSHOPS 500 PEOPL E ATTENDED THIS YEAR'S EVENTS OUR MENTAL HEALTH SUPPORT SERVICES (MHSS) PROGRAM SERVES PE OPLE WITH SEVERE AND PERSISTENT MENTAL ILLNESS PROFESSIONAL CASE MANAGERS ASSIST ADULTS L IVING WITH MENTAL HEALTH CHALL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	ENGES BY COORDINATING AND OBTAINING A WIDE RANGE OF SERVICES FOR THEM, INDIVIDUALLY TAILOR ED TO HELP PROMOTE AND MAINTAIN INDEPENDENCE, STABILITY AND HEALTH CASE MANAGERS ASSIST W ITH HOUSING, EMPLOYMENT, MEDICATION MANAGEMENT, EMERGENCY FINANCIAL ASSISTANCE, SUPPORT AN D ENCOURAGEMENT MANY CLIENTS ALSO PARTICIPATE IN HOLIDAY CELEBRATIONS AND A HOLIDAY GIFT PROGRAM MHSS SERVED 198 PEOPLE THE TWIN CITIES JEWISH HEALING PROGRAM SERVES JEWS AND TH EIR FAMILIES ENCOUNTERING LIFE-ALTERING MEDICAL SITUATIONS WHO ARE LOOKING FOR A SPIRITUAL CONNECTION, BUT ARE UNAFFILIATED WITH A SYNAGOGUE THE HEALING PROGRAM HAS CREATED A VITA L PARTNERSHIP WITH TWIN CITIES HOSPITALS, NURSING HOMES AND HOSPICES IN AN ONGOING EFFORT TO PROVIDE CULTURALLY-SENSITIVE CARE AND SPIRITUAL SUPPORT TO THEIR JEWISH PATIENTS TRAIN ED VOLUNTEERS AND CLERGY VISIT THOSE IN HEALTH CARE SITUATIONS WHO ARE IN NEED OF HEALING THE HEALING PROGRAM SERVED 226 PEOPLE

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED WITH THE INVOLVEMENT OF SEVERAL MEMBERS OF THE AGENCY'S MANAGEMENT TEAM THE FORM 990 IS DISTRIBUTED TO THE CEO, COO AND CFO AND THE FULL BOARD OF DIRECTORS BEFORE BEING SUBMITTED TO THE IRS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 2016 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

990 Schedule O, Supplemental Information

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

2016

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 12A, 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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) 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.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
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