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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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

5905 GOLDEN VALLEY ROAD

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

GOLDEN VALLEY, MN 55422

F Name and address of principal officer

JUDY HALPER
5905 GOLDEN VALLEY ROAD
GOLDEN VALLEY, MN 55422

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 ▶

D Employer identification number

41-0693860

E Telephone number

(952) 546-0616

G Gross receipts \$ 19,652,538

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

Activities & Governance

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶593,651

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

Prior Year

Current Year

Beginning of Current Year

End of Year

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

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

Signature of officer

2018-11-13

Date

JOHN MALOY CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

ASHLEY C REHN CPA

Preparer's signature

ASHLEY C REHN CPA

Date

2018-11-13

Check ☐ if self-employed

PTIN

P00965922

Firm's name ▶ REDPATH AND COMPANY LTD

Firm's EIN ▶ 41-0975573

Firm's address ▶ 4810 WHITE BEAR PARKWAY

Phone no (651) 426-7000

WHITE BEAR LAKE, MN 55110

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

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 \$	1,791,414	including grants of \$	302,979)	(Revenue \$	1,718,456)
See Additional Data							

4b	(Code)	(Expenses \$	1,200,965	including grants of \$	258,916)	(Revenue \$	436,303)
See Additional Data							

4c	(Code)	(Expenses \$	1,160,324	including grants of \$	95,934)	(Revenue \$	747,545)
See Additional Data							

	(Code)	(Expenses \$	1,747,459	including grants of \$	249,568)	(Revenue \$	878,277)
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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 2,192 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 FOR HOUSING, TRANSPORTATION, MENTAL HEALTH ISSUES, SCHOOL AND EDUCATIONAL CONCERNS, AND FOOD INSECURITY 46 FAMILIES RECEIVED SERVICES VOLUNTEER LUNCH BUDDIES GIVE CHILDREN A SUPPORTIVE RELATIONSHIP WITH A CARING ADULT NINE CHILDREN PARTICIPATED WITH A LUNCH BUDDY JFCS CAMP SCHOLARSHIPS ARE AWARDED WITH FUNDING FROM DEDICATED ENDOWMENTS AND THE POHLAD FAMILY FOUNDATION, PROVIDING THE OPPORTUNITY TO ATTEND CAMP TO BUILD NEW LIFE SKILLS, BECOME MORE INDEPENDENT AND CONNECT WITH PEERS ON A DEEPER LEVEL 187 SCHOLARSHIPS WERE AWARDED TO CHILDREN, TOTALING \$57,000 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 216 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 EARLY LEARNING SPECIALISTS WORK WITH FAMILIES IN THEIR HOMES TWO TIMES EACH WEEK FOR TWO YEARS STARTING 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 PCHP PROVIDES INSTRUCTION IN ENGLISH, SPANISH AND SOMALI JFCS IS A REPLICATION SITE FOR THE NATIONAL PCHP PROGRAM 243 FAMILIES FROM MINNEAPOLIS, WESTERN HENNEPIN COUNTY, AND CASS COUNTY PARTICIPATED IN PCHP, COMPRISING 247 CHILDREN AND 401 CAREGIVERS PJ LIBRARY IS AN INTERNATIONAL AWARD-WINNING PROGRAM DESIGNED TO STRENGTHEN JEWISH IDENTITY BY SENDING JEWISH-CONTENT BOOKS AND MUSIC ON A MONTHLY BASIS TO CHILDREN FROM AGE 6 MONTHS THROUGH 8 YEARS PJ OUR WAY, A KID-DRIVEN PROGRAM FOR KIDS 9-11 ALLOWS THE KIDS TO CHOOSE THEIR OWN BOOK BASED ON THEIR OWN READING LEVEL AND INTERESTS PJ LIBRARY ALSO HOSTS REGULAR COMMUNITY EVENTS FOR FAMILIES ANY FAMILY WITH A JEWISH CONNECTION IS INVITED TO ENROLL AND RECEIVE THESE BEAUTIFUL, AGE-APPROPRIATE BOOKS PJ CARES IS A NEW PJ LIBRARY-MINNEAPOLIS INITIATIVE DESIGNED TO ENGAGE FAMILIES IN JEWISH-VALUE-BASED VOLUNTEERING AND SOCIAL GATHERINGS THE GOAL OF THIS PROGRAM IS TO BUILD MEANINGFUL RELATIONSHIPS THROUGH COMMUNITY-SERVICE PROJECTS THAT ENHANCE FAMILIES' CONNECTIONS TO ONE ANOTHER AND THE JEWISH COMMUNITY SHALOM BABY WELCOMES FAMILIES OF NEWBORNS AND BABIES, UP TO AGE TWO, TO THE JEWISH COMMUNITY FAMILIES WITH NEWBORNS ARE INVITED TO OUR COMMUNITY BABY SHOWERS TO MEET OTHER FAMILIES AND RECEIVE FREE GOODIE BAGS AND A SUBSCRIPTION TO PJ LIBRARY 1,086 FAMILIES SUBSCRIBED TO PJ LIBRARY, AND DOZENS OF FAMILIES PARTICIPATED IN EVENTS COMMUNITY INVOLVEMENTTHROUGH OUR COMMUNITY INVOLVEMENT PROGRAMS, JFCS OFFERS NUMEROUS OPPORTUNITIES TO GET INVOLVED AND CONNECT WITH OUR COMMUNITY CHILDREN, YOUNG PROFESSIONALS, PARENTS, AND SENIORS PARTICIPATE 4,835 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 46 SCHOLARSHIPS TOTALING \$64,815 CARING CONNECTIONS PROVIDES OPPORTUNITIES FOR JEWISH ADULTS WITH DEVELOPMENTAL DISABILITIES TO TAKE PART IN SOCIAL AND EDUCATIONAL EVENTS AND LEARN ABOUT AND PARTICIPATE IN JEWISH HOLIDAYS AND TRADITIONS WE COLLABORATE WITH SYNAGOGUES TO PROVIDE OPPORTUNITIES FOR CARING CONNECTIONS PARTICIPANTS TO PARTICIPATE FULLY IN JEWISH LIFE 285 PEOPLE, WITH AND WITHOUT DISABILITIES, PARTICIPATED IN SEVEN EVENTS OUR FOOD SECURITY PROGRAM IS BUILT AROUND OUR PARTNERSHIP WITH PRISM, A NEIGHBORING SOCIAL SERVICE AGENCY THAT HOUSES A FOOD SHELF AND THRIFT STORE IN ADDITION TO OUR KOSHER MEALS ON WHEELS PROGRAM AND EMERGENCY FINANCIAL ASSISTANCE FOR FOOD PURCHASES, JFCS PARTNERS WITH PRISM TO EXTEND THE CAPACITIES OF BOTH OUR AGENCIES TO MEET THE NEEDS OF INDIVIDUALS AND FAMILIES EXPERIENCING FOOD INSECURITY TOGETHER WE ARE EXPANDING AND RE-ENVISIONING A FOOD SHELF AS A PLACE THAT NOT ONLY PROVIDES FREE GROCERIES IN TIMES OF CRISIS, BUT ALSO OFFERS COMPREHENSIVE SERVICES AND SUPPORTS THAT ARE ESSENTIAL TO ENSURING LONG-TERM STABILITY, SELF-SUFFICIENCY AND FOOD SECURITY OUR FOOD SECURITY COORDINATOR PROVIDES OUTREACH IN THE COMMUNITY, HELPING CONNECTING INDIVIDUALS, ESPECIALLY SENIORS WITH NEEDED BENEFITS WE ALSO ENGAGE IN ADVOCACY THROUGH EDUCATION AND WORKING TO INFLUENCE PUBLIC POLICY IN 2017, WE SCREENED 1,570 HOUSEHOLDS TO HELP THEM DETERMINE THEIR ELIGIBILITY FOR SNAP BENEFITS OUR HAG SAMEACH (HAPPY HOLIDAY) PROGRAM PROVIDES HOLIDAY GIFTS FOR CHANUKAH AND CHRISTMAS, AND KOSHER-FOR-PASSOVER FOOD BAGS FOR PASSOVER VOLUNTEERS PURCHASE, ORGANIZE, SORT, AND ASSEMBLE GIFT BAGS FOR FAMILIES, WRAP GIFTS AND DELIVER THEM HAG SAMEACH SERVED 881 INDIVIDUALS AND FAMILIES J-PRIDE'S MISSION IS TO ENGAGE MINNESOTA BASED LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER (LGBTQ) JEWS AND THEIR ALLIES TO COME TOGETHER FOR SOCIAL EVENTS, COMMUNITY GATHERINGS, CELEBRATIONS, AND EDUCATIONAL OPPORTUNITIES 350 PEOPLE PARTICIPATED IN J-PRIDE EVENTS THE JEWISH COMMUNITY INCLUSION PROGRAM FOR PEOPLE WITH DISABILITIES COORDINATES COMMUNITY-WIDE EFFORTS TO RAISE AWARENESS, PROVIDE CONSULTATION AND HELP JEWISH ORGANIZATIONS UNDERSTAND HOW TO ELIMINATE BARRIERS TO FACILITATE 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 130 PEOPLE 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 THE NEXTGEN BOARD, AN ADVISORY GROUP OF AROUND 15 YOUNG ADULT LEADERS, PROVIDES ESSENTIAL FEEDBACK, PLANNING, AND OUTREACH FOR THE PROGRAM 703 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, DRIVING CLIENTS TO ACTIVITIES AND APPOINTMENTS, ANSWERING THE GARBER TRANSPORTATION RESERVATION LINE, SERVING AS BIG BROTHERS AND SISTERS, VISITING PEOPLE WHO ARE ILL OR ISOLATED, HELPING TO PLAN AND EXECUTE SPECIAL EVENTS, AND SERVING ON THE AGENCY'S BOARD OF DIRECTORS 870 VOLUNTEERS HELPED US DELIVER SERVICES AND ACHIEVE OUR MISSION

4d	Other program services (Describe in Schedule O)	(Expenses \$	1,747,459	including grants of \$	249,568)	(Revenue \$	878,277)
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4e	Total program service expenses ►	5,900,162					
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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	No
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	No
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? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	31
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	Yes
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	154
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		
	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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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.		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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization		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?		No
16b	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?		

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 5905 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 55422 (952) 546-0616

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

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

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[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	441,600	0	45,723

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)	(B)	(C)
Name and business address	Description of services	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
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Part VIII **Statement of Revenue**

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

Contributions, Gifts, Grants
and Other Similar Amounts

1a Federated campaigns . . .	1a	41,290
b Membership dues . . .	1b	
c Fundraising events . . .	1c	317,560
d Related organizations	1d	
e Government grants (contributions)	1e	
f All other contributions, gifts, grants, and similar amounts not included above	1f	15,075,076
g Noncash contributions included in lines 1a-1f \$ 10,002,638		
h Total. Add lines 1a-1f		15,433,926

(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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Program Service Revenue

2a GOVERNMENT CONTRACTS	Business Code				
b PROGRAM SERVICE FEES	900099	2,797,597	2,797,597		
c	900099	982,984	982,984		
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		3,780,581			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		192,943			192,943
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real	(ii) Personal			
	2,200				
b Less rental expenses	0				
c Rental income or (loss)	2,200				
d Net rental income or (loss)			2,200		2,200
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses		72,061			
c Gain or (loss)		-72,061			
d Net gain or (loss)			-72,061		-72,061
8a Gross income from fundraising events (not including \$ 317,560 of contributions reported on line 1c) See Part IV, line 18	a	176,971			
b Less direct expenses	b	116,001			
c Net income or (loss) from fundraising events			60,970		60,970
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
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					
b					
c					
d All other revenue		65,917			65,917
e Total. Add lines 11a-11d		65,917			
12 Total revenue. See Instructions		19,464,476	3,780,581	0	249,969

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	192,248	192,248		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	715,149	715,149		
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.	487,323		341,126	146,197
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.	4,195,105	3,499,262	454,028	241,815
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	515,233	376,775	96,449	42,009
10 Payroll taxes.	416,352	319,500	65,238	31,614
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	109,822		109,822	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	220,786	88,017	86,593	46,176
12 Advertising and promotion.	10,913	7,266	3,078	569
13 Office expenses.	272,316	205,985	44,284	22,047
14 Information technology.	97,025	40,331	23,409	33,285
15 Royalties.				
16 Occupancy.	209,866	183,562	10,133	16,171
17 Travel.	89,854	88,448	352	1,054
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	43,933	33,759	7,289	2,885
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	49,292	38,568	7,189	3,535
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 MEMBERSHIP DUES	25,330	19,610	4,033	1,687
b STAFF DEVELOPMENT	19,403	14,184	2,261	2,958
c				
d				
e All other expenses	83,951	77,498	4,804	1,649
25 Total functional expenses. Add lines 1 through 24e.	7,753,901	5,900,162	1,260,088	593,651
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 SheetCheck 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		398,807	1	1,667,651
	2	Savings and temporary cash investments		9,991	2	10,446
	3	Pledges and grants receivable, net		2,048,264	3	12,815,510
	4	Accounts receivable, net		187,672	4	211,920
	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	45,499
	8	Inventories for sale or use		32,088	8	48,172
	9	Prepaid expenses and deferred charges		71,270	9	411,699
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 0			
	b	Less: accumulated depreciation	10b 0	110,823	10c	0
	11	Investments—publicly traded securities		10,207,367	11	11,575,800
	12	Investments—other securities. See Part IV, line 11		131,076	12	160,353
	13	Investments—program-related. See Part IV, line 11		75,510	13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,323,989	15	436,633
16	Total assets. Add lines 1 through 15 (must equal line 34)		14,596,857	16	27,383,683	
Liabilities	17	Accounts payable and accrued expenses		427,802	17	477,054
	18	Grants payable			18	
	19	Deferred revenue			19	
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	500,000
	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		166,840	25	160,353
	26	Total liabilities. Add lines 17 through 25		594,642	26	1,137,407
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		2,365,973	27	3,384,411
	28	Temporarily restricted net assets		7,237,739	28	18,415,687
	29	Permanently restricted net assets		4,398,503	29	4,446,178
	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		14,002,215	33	26,246,276
34	Total liabilities and net assets/fund balances		14,596,857	34	27,383,683	

Part XI Reconciliation of Net AssetsCheck 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	19,464,476
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,753,901
3	Revenue less expenses Subtract line 2 from line 1	3	11,710,575
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,002,215
5	Net unrealized gains (losses) on investments	5	1,394,323
6	Donated services and use of facilities	6	-860,837
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26,246,276

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? 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	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		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		

Additional Data

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

Form 990 (2017)

Form 990, Part III, Line 4a:

CAREER SERVICES - SEE SCHEDULE OJFCS SERVED 13,743 PEOPLE OF ALL BACKGROUNDS AND AGES IN MORE THAN 30 PROGRAMS AND SERVICES. MANY OF THE PARTICIPANTS ARE PART OF UNDERSERVED POPULATIONS, INCLUDING PEOPLE WITH LOW INCOMES, PEOPLE WITH DISABILITIES, SENIORS AND PEOPLE FROM IMMIGRANT COMMUNITIES. ALL OF OUR SERVICES ARE AVAILABLE BASED ON A SLIDING FEE SCALE OR AT NO COST TO PARTICIPANTS. CAREER SERVICES - CAREER SERVICES HELPED 1,393 INDIVIDUALS OVERCOME BARRIERS TO EMPLOYMENT AND FIND MEANINGFUL WORK. IN THE PROGRAMS DESCRIBED BELOW, CERTIFIED PROFESSIONALS PROVIDE COMPLETE CAREER ASSISTANCE INCLUDING RESUME DEVELOPMENT, SOCIAL MEDIA STRATEGIES, INTERVIEWING SKILLS, NETWORKING OPPORTUNITIES AND MORE. CAREER COUNSELING AND COACHING HELPS PEOPLE WHO ARE 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 CREATE AN INDIVIDUAL ACTION PLAN. WE SERVED 64 PEOPLE THROUGH OUR CAREER TRAINING ASSISTANCE (CTA) PROGRAM, INDIVIDUALS WHO LIVED IN THE CITY OF MINNEAPOLIS AND MET INCOME REQUIREMENTS AND OTHER ELIGIBILITY CRITERIA QUALIFIED FOR TUITION ASSISTANCE FOR SHORT-TERM TRAINING IN HEALTHCARE. WE ASSESSED WORK AND TRAINING READINESS AND HELP PROGRAM PARTICIPANTS TO DEVELOP CAREER PLANS. WE ALSO PROVIDED JOB SEARCH ASSISTANCE AND POST-GRADUATION SUPPORT. WE SERVED 26 PEOPLE BEFORE THE PROGRAM ENDED IN 2017. THE DISLOCATED WORKER PROGRAM PROVIDES CAREER COUNSELING TO WORKERS WHO ARE LAID OFF OR HAVE RECEIVED NOTICE OF PERMANENT LAYOFF OR TERMINATION. THIS PROGRAM PROVIDES CAREER COUNSELING TO HELP PEOPLE MAKE STRATEGIC DECISIONS ABOUT THEIR PROFESSIONAL FUTURES. THOSE WHO QUALIFY RECEIVE TRAINING FUNDS TO DEVELOP NEW SKILLS, UPDATE EXISTING SKILLS, OR OBTAIN REQUIRED CERTIFICATIONS OR CREDENTIALS. WE SERVED 197 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 PATHWAYS PROGRAM. THE PROGRAM FOCUSES ON SKILL & CAREER ASSESSMENTS, JOB SKILLS TRAINING, & JOB PLACEMENT. IT PATHWAYS SUPPORTS PEOPLE TRADITIONALLY UNDERREPRESENTED IN THE IT FIELD, INCLUDING 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 FOUNDATION, PRIME DIGITAL ACADEMY, ADULT OPTIONS IN EDUCATION, NORMANDALE COMMUNITY COLLEGE, AND OUR STRONG NETWORK OF EMPLOYERS. THE IT PATHWAYS PROGRAM SERVED 181 PEOPLE. THE JFCS MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP) SERVES PEOPLE WITH LOW INCOMES WHO ARE PARENTS OF MINOR CHILDREN TO MOVE TOWARD SELF-SUFFICIENCY THROUGH EMPLOYMENT. ALL PARTICIPANTS RECEIVE AN ASSESSMENT AND AN EMPLOYMENT PLAN, WHICH OUTLINES PERSONALIZED STEPS NECESSARY TO REACH THEIR EMPLOYMENT GOAL. MFIP STAFF WORKED WITH 693 PEOPLE. PLATINUM ASSISTS ADULTS 50 AND OLDER LIVING IN HENNEPIN COUNTY, OR ADULTS OF ANY AGE LIVING IN WESTERN HENNEPIN COUNTY, WHO WANT TO RETOOL AND RE-ENTER THE WORKFORCE TO ACHIEVE CAREER SUCCESS. ASSISTANCE INCLUDES EMPLOYMENT PLAN DEVELOPMENT, RESUME ASSISTANCE, COACHING IN NETWORKING, JOB SEARCH AND INTERVIEW SKILLS, AND MORE. 135 PEOPLE RECEIVED CAREER SERVICES IN THE PLATINUM PROGRAM. THE VETERANS HIRING INITIATIVE IS A COLLABORATION WITH HENNEPIN COUNTY. THE GOAL IS TO ASSIST MILITARY VETERANS INTO A TRAINEE POSITION THAT WILL LEAD TO PERMANENT EMPLOYMENT WITH HENNEPIN COUNTY OR TRAINING AND EMPLOYMENT IN IT POSITIONS WITH OTHER EMPLOYERS. SOME POSITIONS ARE ALSO OPEN TO VETERANS' SPOUSES, PARTNERS, OR ADULT CHILDREN LIVING AT HOME. THIS PROGRAM SERVED 14 PEOPLE. THE VOCATIONAL REHABILITATION PROGRAM PROVIDES PERSONALIZED SERVICES FOR INDIVIDUALS WITH DISABILITIES, INCLUDING MENTAL ILLNESS AND OTHER PHYSICAL AND COGNITIVE DISABILITIES, WHO ARE SEEKING TO IMPROVE THEIR WORK LIVES OR FIND EMPLOYMENT. THE PROGRAM OFFERS VOCATIONAL EVALUATION, JOB PLACEMENT, WORK ADJUSTMENT TRAINING AND EXTENDED EMPLOYMENT. WE SERVED 83 PEOPLE IN VOCATIONAL REHABILITATION.

Form 990, Part III, Line 4b:

SENIOR SERVICES - SEE SCHEDULE O
SENIOR SERVICES - SENIOR SERVICES (PREVIOUSLY CALLED AGING 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. 2,130 PEOPLE PARTICIPATED IN SENIOR SERVICES. ALTERCARE WAS A JFCS ADULT DAY SERVICES PROGRAM FOR PEOPLE WITH DEMENTIA. STAFF PROVIDED STIMULATION AND RECREATION ON SITE, AS WELL AS LOVING CARE, KOSHER MEALS AND CAREGIVER RESPITE. 21 INDIVIDUALS PARTICIPATED IN ALTERCARE BEFORE JFCS TRANSFERRED PROGRAM STAFFING AND OPERATIONS TO NONPROFIT SHOLOM HOME WEST, INC., AS OF OCTOBER 1, 2017. CARE COORDINATION IS AT THE HEART OF HELPING SENIORS AGE IN PLACE. JFCS CARE COORDINATORS HELP SENIORS STAY SAFE, HEALTHY, ENGAGED WITHIN THE COMMUNITY AND IN THEIR OWN HOMES FOR AS LONG AS POSSIBLE. WITHIN A RESPECTFUL, PERSON-CENTERED PLANNING APPROACH, CLIENTS ACTIVELY PARTICIPATE IN THEIR GOAL SETTING AND DECISION MAKING PROCESS. CARE COORDINATORS ALSO PROVIDE A SHORT MEMORY-SCREENING EXAM FOR ALL PARTICIPANTS. IF CLIENTS DO NOT PASS THIS EXAM, JFCS REFERS THEM TO A PHYSICIAN FOR ADDITIONAL TESTING. CARE COORDINATORS ARE CULTURALLY SENSITIVE, AND RUSSIAN-SPEAKING COORDINATORS ARE AVAILABLE. 256 PEOPLE RECEIVED CARE COORDINATION, INCLUDING 187 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 960 PEOPLE. DEIKEL TRANSPORTATION (NOW CALLED JACOB GARBER TRANSPORTATION SERVICES) PROVIDES RIDES FOR CLIENTS WHO RESIDE WITHIN A DEFINED SERVICE AREA IN HENNEPIN COUNTY. IT'S A CONVENIENT, RELIABLE WAY FOR AMBULATORY ADULTS 60 YEARS AND OLDER TO GET TO A DOCTOR'S APPOINTMENT, FRIEND'S HOUSE, GROCERY STORE AND MORE. THE MAJORITY OF RIDERS ARE LOW-INCOME SENIORS RANGING IN AGE FROM 60-98. MANY ARE OVER AGE 80 AND ARE LIVING WITH MILD COGNITIVE, PHYSICAL OR OTHER DOCUMENTED LIMITATIONS. RIDES CAN BE CURB-TO-CURB OR WITH THE DRIVER ACCOMPANYING THE CLIENT WHILE AT MEDICAL APPOINTMENTS, SHOPPING, OR PARTICIPATING IN SOCIAL ACTIVITIES. JFCS PROVIDED 10,000 RIDES. JFCS FACILITATES DEMENTIA FRIENDS TRAINING AS PART OF ITS ROLE AS A LEADER IN THE COMMUNITY RESPONSE TO ALZHEIMER'S AND DEMENTIA-RELATED DISEASES. WE FACILITATE DEMENTIA FRIENDS TRAINING SESSIONS TO THE BROAD COMMUNITY, INCLUDING CLERGY, LOCAL BUSINESSES, POLICE AND FIRE DEPARTMENTS. WE TRAINED 463 PEOPLE IN 16 SESSIONS. JFCS PROVIDES KOSHER MEALS ON WHEELS TO CLIENTS WITHIN OUR SERVICE AREA. DRIVERS DELIVER KOSHER NUTRITIOUS MEALS DIRECTLY TO CLIENTS' HOMES, HELPING THEM MAINTAIN THEIR INDEPENDENT LIVING SITUATION. MANY CLIENTS ARE FROM THE FORMER SOVIET UNION AND ENJOY DELIVERIES BY AND SOCIAL INTERACTIONS WITH JFCS'S RUSSIAN-SPEAKING DRIVERS. JFCS STAFF AND VOLUNTEER DRIVERS DELIVERED 8,886 MEALS TO 61 PARTICIPANTS. OUR SENIOR COMPANIONS DEVELOP FRIENDSHIPS WITH AND SUPPORT OLDER ADULTS TO HELP THEM MAINTAIN THEIR INDEPENDENCE. SENIOR COMPANIONS ESTABLISH AN ONGOING RELATIONSHIP WITH CLIENTS AND PROVIDE TRANSPORTATION FOR ACTIVITIES SUCH AS SHOPPING, RUNNING ERRANDS, SIGHTSEEING, GOING FOR A WALK AND OTHER SOCIAL ACTIVITIES. 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. 22 PEOPLE PARTICIPATED IN THE SHOPPING SERVICES PROGRAM.

Form 990, Part III, Line 4c:

COUNSELING AND MENTAL HEALTH SERVICES - SEE SCHEDULE OCOUNSELING AND MENTAL HEALTH SERVICES - JFCS COUNSELING AND MENTAL HEALTH SERVICES' HIGHLY SKILLED AND EXPERIENCED THERAPISTS AND CASE MANAGERS PROVIDE PROGRAMS AND SERVICES THAT ADDRESS MENTAL HEALTH AND OTHER LIFE CHALLENGES AND STRUGGLES PEOPLE FACE THROUGHOUT THEIR LIVES 3,191 PEOPLE PARTICIPATED IN COUNSELING AND MENTAL HEALTH SERVICES COUNSELING IS A COLLABORATIVE 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 BEHAVIOR CHANGE, FEEL BETTER AND FUNCTION AT THEIR BEST OUR COUNSELING SERVICES INCLUDE INDIVIDUAL 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 OUR SERVICES ARE CONFIDENTIAL 182 PEOPLE RECEIVED COUNSELING WE ACCEPT MOST INSURANCE INCLUDING MEDICARE WE DISTRIBUTED 166 EMERGENCY FINANCIAL ASSISTANCE GRANTS TOTALING \$95,721 RECIPIENTS USED THESE FUNDS TO HELP WITH RENT, UTILITY BILLS, CAR REPAIRS, MEDICAL BILLS, TRANSPORTATION COSTS AND FOOD FAMILY LIFE EDUCATION (FLE) TAKES JFCS OUT INTO THE COMMUNITY AND BRINGS THE COMMUNITY INTO JFCS THROUGH PRESENTATIONS, TRAININGS, WORKSHOPS, CLASSES, SUPPORT GROUPS, INDIVIDUAL MEETINGS AND CONSULTATIONS CUSTOMIZED PROGRAMMING INCLUDES TOPICS SUCH AS PARENTING, TEACHER TRAININGS, INTERFAITH CHALLENGES, BULLYING, GRIEF AND LOSS, SUPPORTING CAREGIVERS, AND BUILDING HEALTHY RELATIONSHIPS PROGRAMMING INCLUDES ONE-TIME SMALL AND LARGE GROUP EVENTS, ONE-TIME INDIVIDUAL CONSULTATIONS, AND ONGOING GROUPS 677 PEOPLE PARTICIPATED IN FLE PROGRAMS OUR INTAKE AND RESOURCE CONNECTION (IRC) WORKED WITH 1,124 CALLERS, PROVIDING THEM WITH REFERRALS, RESOURCES AND EMERGENCY FINANCIAL ASSISTANCE DEPENDING ON THE CALLERS' NEEDS, CLINICALLY TRAINED PROFESSIONAL STAFF REFER THEM TO THE BEST-MATCHED PROGRAM, WHETHER AT JFCS OR ANOTHER COMMUNITY ORGANIZATION THE JEWISH FREE LOAN PROGRAM LENDS UP TO \$7,500 TO RESIDENTS OF THE JEWISH COMMUNITY IN THE GREATER TWIN CITIES MINNESOTA AREA WITH A SPECIFIC NEED, WHO ARE ABLE TO PROVIDE A CO-SIGNER THE LOAN, TOGETHER WITH OTHER RESOURCES AND PROGRAMS, ENABLES RECIPIENTS TO BRIDGE AN OFTEN-UNEXPECTED FINANCIAL CHALLENGE 22 PEOPLE HAD LOANS WITH AN AVERAGE TOTAL OUTSTANDING BALANCE OF \$45,000 JFCS PROVIDES LICENSING SUPERVISION FOR MSW GRADUATES WHO ARE WORKING TOWARD TAKING THE SOCIAL WORK LICENSURE EXAM WE SERVED 33 PEOPLE IN THIS PROGRAM THE MENTAL HEALTH EDUCATION CONFERENCE RAISES AWARENESS OF MENTAL HEALTH ISSUES, PROVIDES SUPPORT FOR INDIVIDUALS AND FAMILIES AND OFFERS EDUCATION THROUGH AN ANNUAL CONFERENCE ON MENTAL HEALTH THE CONFERENCE DRAWS PROFESSIONALS, PEOPLE WITH MENTAL ILLNESS, AND FAMILY MEMBERS THE CONFERENCE INCLUDES A KEYNOTE SPEAKER AND BREAKOUT WORKSHOPS 550 PEOPLE ATTENDED THIS YEAR'S EVENTS OUR MENTAL HEALTH SUPPORT SERVICES (MHSS) PROGRAM SERVES PEOPLE WITH SERIOUS AND PERSISTENT MENTAL ILLNESS TO HELP PROMOTE AND MAINTAIN INDEPENDENCE, STABILITY AND HEALTH PROFESSIONAL CASE MANAGERS ASSIST ADULTS LIVING WITH MENTAL HEALTH CHALLENGES BY COORDINATING AND OBTAINING A WIDE RANGE OF SERVICES FOR THEM, INDIVIDUALLY TAILORED TO HELP PROMOTE AND MAINTAIN INDEPENDENCE, STABILITY AND HEALTH CASE MANAGERS ASSIST WITH HOUSING, EMPLOYMENT, MEDICATION MANAGEMENT, EMERGENCY FINANCIAL ASSISTANCE, SUPPORT AND ENCOURAGEMENT MHSS SERVED 182 PEOPLE THE TWIN CITIES JEWISH HEALING PROGRAM SERVES PEOPLE WHO ARE JEWISH AND THEIR FAMILIES AS THEY ARE ENCOUNTERING LIFE-ALTERING MEDICAL SITUATIONS WHO ARE LOOKING FOR A SPIRITUAL CONNECTION, BUT ARE UNAFFILIATED WITH A SYNAGOGUE THE HEALING PROGRAM HAS CREATED A VITAL 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 TRAINED VOLUNTEERS AND CLERGY VISIT THOSE IN HEALTH CARE SITUATIONS WHO ARE IN NEED OF HEALING THE HEALING PROGRAM SERVED 257 PEOPLE

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			
STUART ACKERBERG DIRECTOR	2 00	X						0	0	0
JEFF BARIN DIRECTOR	2 00	X						0	0	0
PAM BERKWITZ VP ADVOCACY	2 00	X		X				0	0	0
ERIC BRESSLER DIRECTOR	2 00	X						0	0	0
JENNIFER EZRILOV PRESIDENT ELECT	2 00	X		X				0	0	0
RUTHIE FEINSTEIN DIRECTOR	2 00	X						0	0	0
NANCY FINK DIRECTOR	2 00	X						0	0	0
ANDY FINN DIRECTOR	2 00	X						0	0	0
JACLYN GAVZY VP BOARD DEVELOPMENT	2 00	X		X				0	0	0
MARNI GENSLER DIRECTOR	2 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			
KAREN GRABOW DIRECTOR	2 00	X						0	0	0
JILL HALPER DIRECTOR	2 00	X						0	0	0
JOSH HASKO DIRECTOR	2 00	X						0	0	0
JEAN HOLLOWAY DIRECTOR	2 00	X						0	0	0
GREG HORWITZ DIRECTOR	2 00	X						0	0	0
JEREMY KALIN DIRECTOR	2 00	X						0	0	0
LIBBY KANE DIRECTOR	2 00	X						0	0	0
DANNY KAPLAN DIRECTOR	2 00	X						0	0	0
LENNIE KAUFMAN VP FINANCE	2 00	X		X				0	0	0
AMY LIEBERMAN DIRECTOR	2 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			
MICHELLE NESS DIRECTOR	2 00	X						0	0	0
GABRIELLE PARISH DIRECTOR	2 00	X						0	0	0
LINDSEY ROSE DIRECTOR	2 00	X						0	0	0
MARC RUBENSTEIN IMMEDIATE PAST PRESIDENT	2 00	X		X				0	0	0
ROCHELLE RUBIN DIRECTOR	2 00	X						0	0	0
SCOTT RUBIN DIRECTOR	2 00	X						0	0	0
JAYE SNYDER DIRECTOR	2 00	X						0	0	0
MICHAEL STERN DIRECTOR	2 00	X						0	0	0
ANDY STILLMAN DIRECTOR	2 00	X						0	0	0
CRAIG STILLMAN DIRECTOR	2 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			
STACIE USEM DIRECTOR	2 00	X						0	0	0
LORI WEISSMAN DIRECTOR	2 00	X						0	0	0
NATALIE ZAMANSKY VP MARKETING	2 00	X		X				0	0	0
RORY ZAMANSKY DIRECTOR	2 00	X						0	0	0
DANNY ZOUBER PAST PRESIDENT	2 00	X						0	0	0
JUDY HALPER CEO	37 50 52 00	X						201,600	0	25,738
JOHN MALOY CFO	37 50 52 00	X						120,000	0	14,436
LEE FRIEDMAN COO	37 50 52 00	X						120,000	0	5,549

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

2017

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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	5,250,457	6,133,040	2,181,933	4,020,346	15,433,926	33,019,702
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	5,250,457	6,133,040	2,181,933	4,020,346	15,433,926	33,019,702
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)						9,383,138
6	Public support. Subtract line 5 from line 4						23,636,564

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	5,250,457	6,133,040	2,181,933	4,020,346	15,433,926	33,019,702
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	254,712	174,871	110,832	164,130	195,143	899,688
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)	28,943	32,031	11,742	42,088	65,917	180,721
11	Total support. Add lines 7 through 10						34,100,111
12	Gross receipts from related activities, etc (see instructions)					12	12,244,643
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 2017 (line 6, column (f) divided by line 11, column (f))	14 69.320 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15 93.630 %
16a	33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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 in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	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? <i>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.</i>		
	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? <i>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.</i>		
	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)? <i>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).</i>		
	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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).		
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? <i>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.</i>		
	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? <i>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.</i>		
	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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	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 (explain in Part VI) **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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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
PART II, SECTION A	COLUMN (C) INFORMATION IS FOR A SHORT YEAR FROM 9/1/2015 TO 12/31/2015

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319054398

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

2017

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.

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

2a

2b

2c

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	10,435,626	10,099,558	10,366,922	10,904,997	9,554,018
b Contributions	187,828	235,897	72,303	235,627	296,037
c Net investment earnings, gains, and losses	1,587,216	602,121	-95,609	-435,939	1,489,206
d Grants or scholarships	505,107	402,606	225,400	24,058	40,676
e Other expenditures for facilities and programs				207,361	292,071
f Administrative expenses	109,822	99,344	18,658	106,344	101,517
g End of year balance	11,595,741	10,435,626	10,099,558	10,366,922	10,904,997

2

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

a

Board designated or quasi-endowment

20 000 %

b

Permanent endowment

49 000 %

c

Temporarily restricted endowment

31 000 %

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

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				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				0

Schedule D (Form 990) 2017

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

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 COMPENSATION	160,353
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	160,353

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	20,827,348
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	1,394,323
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	6,310
e	Add lines 2a through 2d	2e	1,400,633
3	Subtract line 2e from line 1	3	19,426,715
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	109,822
b	Other (Describe in Part XIII)	4b	-72,061
c	Add lines 4a and 4b	4c	37,761
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	19,464,476

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	8,576,977
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	344,335
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	588,563
e	Add lines 2a through 2d	2e	932,898
3	Subtract line 2e from line 1	3	7,644,079
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	109,822
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	109,822
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	7,753,901

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 TH E COMMUNITY THE AGENCY DRAWS FUNDS FROM THE ENDOWMENT AT A RATE OF 4% OF THE AVERAGE OF T HE ENDOWMENT BALANCE OVER THE PRIOR THREE YEARS

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	A TAX EXPENSE OR BENEFIT FROM AN UNCERTAIN TAX POSITION (INCLUDING TAX-EXEMPT STATUS) MAY BE RECOGNIZED ONLY WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. MANAGEMENT BELIEVES THE ORGANIZATION HAS NO UNCERTAIN INCOME TAX POSITIONS THAT WOULD RESULT IN AN ACCRUAL, EXPENSE OR BENEFIT UNDER THE MORE LIKELY THAN NOT STANDARD.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	REVENUES OF CONSOLIDATED SUPPORTING ORGANIZATION 6,310

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	LOSS ON SALE OF ASSETS -72,061

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	WRITE OFF OF DONATED FACILITIES 516,502 LOSS ON DISPOSAL OF ASSETS 72,061

SCHEDULE G (Form 990 or 990-EZ)	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
		2017
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS	Employer identification number 41-0693860
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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	e ☐ Solicitation of non-government grants
b ☐ Internet and email solicitations	f ☐ Solicitation of government grants
c ☐ Phone solicitations	g ☐ Special fundraising events
d ☐ In-person solicitations	

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?		(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
		Yes	No			
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	(b) Event #2	(c) Other events	(d)
		ANNUAL BENEFIT (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	494,531			494,531
	2 Less Contributions	317,560			317,560
	3 Gross income (line 1 minus line 2)	176,971			176,971
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	86,316			86,316
	8 Entertainment	12,500			12,500
	9 Other direct expenses	17,185			17,185
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				116,001
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				60,970

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				
	2 Cash prizes				
Direct Expenses	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	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

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 provide any additional information (see instructions).

Return Reference

Explanation

Schedule I
(Form 990)

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.

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Department of the Treasury
Internal Revenue Service

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 noncash assistance	(h) Purpose of grant or assistance
(1) NORTHLAND AREA FAMILY SERVICE CENTER 320 EAGLE AVE NE REMER, MN 55672	41-1851016	501(C)(3)	87,430				FOR PROVIDING EARLY LITERACY SERVICES (PCHP) IN NORTHERN MN
(2) JEWISH FAMILY SERVICES 1633 WEST 7TH STREET ST PAUL, MN 55102	41-0694697	501(C)(3)	104,818				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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EMERGENCY FINANCIAL ASSISTANCE	166	81,040			
(2) WAGES & TAXES	2	11,746			
(3) HOMEMAKING/CLEANING	46	108,142			
(4) SCHOLARSHIPS/TRAINING	259	312,380			
(5) TRANSPORTATION/PERSONAL	22	88,346			
(6) FOOD ASSISTANCE	1631	61,926			
(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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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.**

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

Employer identification number
41-0693860

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☒ Discretionary spending account | ☐ Personal services (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.

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?

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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 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?

b Any related organization?

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?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued 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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b Yes

2 Yes

4a No

4b No

4c No

5a No

5b No

6a No

6b No

7 No

8 No

9

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.

[illegible]

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.

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

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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	X		2,638	FMV
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .				
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .	X	1	10,000,000	FMV
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 ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

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**Open to Public
Inspection**

Employer identification number

41-0693860

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. 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

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.

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

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

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

1 During the tax year, did the organization 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
(1)HELENA BIGOS SUPPORTING FOUNDATION	N		
(2)HELENA BIGOS SUPPORTING FOUNDATION	O		

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.

[illegible]

Part VII **Supplemental Information**

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