


















| | |
|---|------------------------|
| 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. | |

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** (2019)

| | | | | | |
|---|--|--|------------------------|-----------------------|-------------|
| Part III | | Statement of Program Service Accomplishments | | | |
| Check if Schedule O contains a response or note to any line in this Part III <input checked="" type="checkbox"/> | | | | | |
| 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| If "Yes," describe these changes on Schedule O. | | | | | |
| 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. | | | | | |
| 4a | (Code:) (Expenses \$ | 2,415,341 | including grants of \$ | 970,644) (Revenue \$ | 2,278,055) |
| See Additional Data | | | | | |
| 4b | (Code:) (Expenses \$ | 1,842,532 | including grants of \$ | 197,878) (Revenue \$ | 1,392,829) |
| See Additional Data | | | | | |
| 4c | (Code:) (Expenses \$ | 1,521,713 | including grants of \$ | 109,946) (Revenue \$ | 970,513) |
| See Additional Data | | | | | |
| | (Code:) (Expenses \$ | 1,802,188 | including grants of \$ | 523,106) (Revenue \$ | 200,931) |
| <p>COMMUNITY SERVICES AND ENGAGEMENTTHROUGH OUR COMMUNITY SERVICES AND ENGAGEMENT PROGRAMS, JFCS OFFERS NUMEROUS OPPORTUNITIES TO GET INVOLVED AND CONNECT WITH OUR COMMUNITY. JFCS LOOKS FOR OPPORTUNITIES THAT HELP BUILD AND SUSTAIN WELL-BEING AND MEANINGFUL CONNECTIONS, CREATING A STRONGER COMMUNITY. CHILDREN, YOUNG PROFESSIONALS, PARENTS, AND SENIORS PARTICIPATE. 5,097 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 52 SCHOLARSHIPS TOTALING \$94,905.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. 355 PEOPLE, WITH AND WITHOUT DISABILITIES, PARTICIPATED IN SIX 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.OUR FOOD SECURITY PROGRAM IS BUILT AROUND OUR PARTNERSHIP WITH PRISM, A SOCIAL SERVICE AGENCY THAT HOUSES A FOOD SHELF AND THRIFT STORE, AND WHICH IS CO-LOCATED IN ONE BUILDING WITH JFCS. 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. WE ENGAGED WITH 1,211 HOUSEHOLDS ABOUT FOOD RESOURCES, HELPED 27 PEOPLE WITH SNAP (FOOD STAMP) APPLICATIONS, AND DISTRIBUTED 80 BOXES OF SHELF-STABLE FOOD.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 974 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. 1,200 PEOPLE PARTICIPATED IN 24 J-PRIDE EVENTS.NEXTGEN PROVIDES OPPORTUNITIES FOR YOUNG ADULTS AGES 21-36 TO DEVELOP LEADERSHIP SKILLS AND DEEPEN CONNECTIONS TO JFCS AND ITS MISSION THROUGH SOCIAL AND VOLUNTEER EXPERIENCES AND PHILANTHROPY. THE NEXTGEN BOARD, AN ADVISORY GROUP OF AROUND 15 YOUNG ADULT LEADERS, PROVIDES ESSENTIAL FEEDBACK, PLANNING, AND OUTREACH FOR THE PROGRAM. 455 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 YOUTH MENTORS; VISITING PEOPLE WHO ARE ILL OR ISOLATED; HELPING TO PLAN AND EXECUTE SPECIAL EVENTS; AND SERVING ON THE AGENCY'S BOARD OF DIRECTORS AND COMMITTEES. 850 VOLUNTEERS HELPED US DELIVER SERVICES AND ACHIEVE OUR MISSION.SENIOR SERVICESSENIOR SERVICES SUPPORT THE DIGNITY AND INDEPENDENCE OF OLDER ADULTS. WE PROVIDE NUMEROUS SERVICES FOR SENIORS INCLUDING TRANSPORTATION, GROCERY SHOPPING, AND KOSHER MEALS ON WHEELS, AS WELL AS HIGHLY-PERSONALIZED SENIOR CARE SERVICES, INCLUDING CARE COORDINATION, CARE PLANNING CONSULTATION AND CAREGIVER COACHING. 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. 1,290 PEOPLE PARTICIPATED IN SENIOR SERVICES PROGRAMS.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. 180 PEOPLE RECEIVED CARE COORDINATION, INCLUDING 90 SENIORS WHO RECEIVE SPECIALIZED HOLOCAUST SURVIVOR SUPPORT SERVICES.CARE PLANNING CONSULTATION HELPS WHEN FAMILIES NOTICE CHANGES IN PARENTS AND/OR SPOUSES, INCLUDING INCREASED FORGETFULNESS; WITHDRAWAL FROM SOCIAL ACTIVITIES; DECREASED CONFIDENCE OR ABILITY IN DRIVING; BECOMING OVERWHELMED BY NORMAL TASKS; OR OTHER CHANGES. BEFORE A CRISIS ARISES, CARE PLANNING CONSULTATION HELPS FAMILIES ARTICULATE ISSUES AND CHALLENGES, LEARN ABOUT AVAILABLE RESOURCES, CREATE A PLAN FOR MAXIMIZING INDEPENDENCE AND MORE. WE SERVED 21 PEOPLE IN CARE PLANNING CONSULTATIONS.CAREGIVER COACHING WORKS DIRECTLY WITH FAMILY MEMBERS TO GUIDE THEM IN MAKING CHANGES TO IMPROVE LIFE AT HOME. THIS INCLUDES AN IN-HOME ASSESSMENT, COMPREHENSIVE REPORT AND CARE PLAN, CAREGIVER EDUCATION AND BEHAVIOR/COMMUNICATION ANALYSIS AND TRAINING. COACHES HELP COORDINATE SERVICES TO BENEFIT THE PERSON LIVING WITH DEMENTIA AND ASSIST THE CAREGIVER IN PROMOTING BETTER SELF-CARE. WE PROVIDED CAREGIVER COACHING TO 21 PEOPLE.THE BI-ANNUAL KEEPING THE SPIRIT ALIVE CAREGIVERS CONFERENCE SUPPORTS CAREGIVERS WHO SUPPORT A LOVED ONE WITH ALZHEIMER'S OR DEMENTIA, AND LETS THEM KNOW THAT THEY ARE NOT ALONE ON THEIR JOURNEY. THIS FREE CONFERENCE FOR CAREGIVERS, FAMILY MEMBERS, LAY LEADERS, CLERGY AND PROFESSIONALS PROVIDES PRACTICAL APPROACHES FOR CAREGIVING, TACTICS TO TAKE CARE OF THE CAREGIVER, PLUS EDUCATIONAL AND RESEARCH UPDATES ABOUT DEMENTIA, THROUGH A JEWISH LENS. THE CONFERENCE ALSO PROVIDES INFORMATION ABOUT COMMUNITY RESOURCES THAT ARE AVAILABLE. 307 PEOPLE PARTICIPATED IN THE 2019 CAREGIVERS CONFERENCE.JFCS PROVIDED CONGREGATIONAL NURSING IN TWO SYNAGOGUES (WITH ONE ENDING THE PROGRAM IN EARLY 2019), 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 384 PEOPLE.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 54 PEOPLE.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 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 NEARLY 11,000 RIDES.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 7,452 MEALS TO 45 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. SENIOR COMPANIONS SUPPORTED 91 CLIENTS.</p> | | | | | |
| 4d | Other program services (Describe in Schedule O.) | | | | |
| | (Expenses \$ | 1,802,188 | including grants of \$ | 523,106) (Revenue \$ | 200,931) |
| 4e | Total program service expenses ► | | | | |
| | | 7,581,774 | | | |

Part IV Checklist of Required Schedules

| | Yes | No |
|--|----------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1 Yes | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2 Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | No |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6 | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7 | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8 | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9 | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V | 10 Yes | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  | 11a Yes | |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d | 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 |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21 Yes | |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No | |
|------------|---|-----|-----|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Yes | |

Part V Statements Regarding Other IRS Filings and Tax 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 | 11 | |
| 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 | |

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

| | | | | | |
|---|--|--|------------|-----|----|
| 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 | <div style="border: 1px solid black; padding: 2px;"> 2a </div> <div style="border: 1px solid black; padding: 2px; text-align: right;">140</div> | | | | |
| 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? <i>If "No" to line 3b, provide an explanation in Schedule O</i> | | | 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 | <div style="border: 1px solid black; padding: 2px;">7d</div> | | | | |
| 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 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | | |
| a 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 | <div style="border: 1px solid black; padding: 2px;">10a</div> | | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | <div style="border: 1px solid black; padding: 2px;">10b</div> | | | | |
| 11 Section 501(c)(12) organizations. Enter: | | | | | |
| a Gross income from members or shareholders | <div style="border: 1px solid black; padding: 2px;">11a</div> | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | <div style="border: 1px solid black; padding: 2px;">11b</div> | | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | <div style="border: 1px solid black; padding: 2px;">12b</div> | | 12a | | |
| 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 | <div style="border: 1px solid black; padding: 2px;">13b</div> | | | | |
| c Enter the amount of reserves on hand | <div style="border: 1px solid black; padding: 2px;">13c</div> | | | | |
| 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? <i>If "No," provide an explanation in Schedule O</i> | | | 14b | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 720, Schedule N. | | | 15 | | No |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | | 16 | | No |

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 | 43 | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 43 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | No |
| 6 | Did the organization have members or stockholders? | 6 | Yes |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | 8a | Yes |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | No |

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

| | | Yes | No |
|------------|--|-----|-----|
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Yes |
| b | Other officers or key employees of the organization | 15b | No |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | |

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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

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

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

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

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

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

[illegible]

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 576,050 | 0 | 65,255 |

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 ▶ 4

| | | Yes | No |
|---|---|-----|-----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such person</i> | 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

| | | | | | | | | | | | |
|--|--|---|----------------------|---------------|-----------|-----------------------------|---|--|---|---------------|--|
| Form 990 (2019) | | | | | | | | | | Page 9 | |
| Part VIII Statement of Revenue | | | | | | | | | | | |
| Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/> | | | | | | | | | | | |
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns . . . | 1a | 11,592 | | | | | | | | |
| | b Membership dues . . . | 1b | | | | | | | | | |
| | c Fundraising events . . . | 1c | 346,683 | | | | | | | | |
| | d Related organizations | 1d | | | | | | | | | |
| | e Government grants (contributions) | 1e | | | | | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 3,485,030 | | | | | | | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | 1g | | | | | | | | | |
| | h Total. Add lines 1a-1f ▶ | | | 3,843,305 | | | | | | | |
| Program Service Revenue | | | Business Code | | | | | | | | |
| | 2a GOVERNMENT CONTRACTS | 900099 | | 3,776,353 | 3,776,353 | | | | | | |
| | b PROGRAM SERVICE FEES | 900099 | | 1,065,975 | 1,065,975 | | | | | | |
| | c | | | | | | | | | | |
| | d | | | | | | | | | | |
| | e | | | | | | | | | | |
| | f All other program service revenue. | | | | | | | | | | |
| | g Total. Add lines 2a-2f. ▶ | | | 4,842,328 | | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | | 238,346 | | | | 238,346 | | | |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | | | | | | |
| | 5 Royalties ▶ | | | | | | | | | | |
| | 6a Gross rents | (i) Real | | (ii) Personal | | | | | | | |
| | | 6a | 134,959 | | | | | | | | |
| | | b Less: rental expenses | 6b | 0 | | | | | | | |
| | c Rental income or (loss) | 6c | 134,959 | | 134,959 | | | 134,959 | | | |
| | d Net rental income or (loss) ▶ | | | | | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | (ii) Other | | | | | | | |
| | | 7a | 359,515 | | | | | | | | |
| | | b Less: cost or other basis and sales expenses | 7b | 262,270 | | | | | | | |
| | c Gain or (loss) | 7c | 97,245 | | 97,245 | | | 97,245 | | | |
| | d Net gain or (loss) ▶ | | | | | | | | | | |
| | 8a Gross income from fundraising events (not including \$ 346,683 of contributions reported on line 1c). See Part IV, line 18 | | | 156,115 | | | | | | | |
| | | 8a | | | | | | | | | |
| | | b Less: direct expenses | 8b | | 115,065 | | | | | | |
| | c Net income or (loss) from fundraising events . . . ▶ | | | 41,050 | | | | 41,050 | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | | | | | | | | | | |
| | | 9a | | | | | | | | | |
| | | b Less: direct expenses | 9b | | | | | | | | |
| c Net income or (loss) from gaming activities . . . ▶ | | | | | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances . . . | | | | | | | | | | | |
| | 10a | | | | | | | | | | |
| | b Less: cost of goods sold . . . | 10b | | | | | | | | | |
| c Net income or (loss) from sales of inventory . . . ▶ | | | | | | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | | | | | |
| 11a | | | | | | | | | | | |
| b | | | | | | | | | | | |
| c | | | | | | | | | | | |
| d All other revenue | | | | 45,336 | | | 45,336 | | | | |
| e Total. Add lines 11a-11d ▶ | | | | 45,336 | | | | | | | |
| 12 Total revenue. See instructions ▶ | | | | 9,242,569 | 4,842,328 | 0 | 556,936 | | | | |

Form 990 (2019)

| 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 <input type="checkbox"/> | | | | |
| 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 | 283,130 | 283,130 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 1,518,444 | 1,518,444 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 580,080 | | 406,056 | 174,024 |
| 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 | 4,467,464 | 3,725,566 | 485,526 | 256,372 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 766,204 | 555,825 | 145,650 | 64,729 |
| 10 Payroll taxes | 436,301 | 327,044 | 73,389 | 35,868 |
| 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 | 119,126 | | 119,126 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 154,127 | 41,360 | 90,347 | 22,420 |
| 12 Advertising and promotion | 4,867 | 2,298 | 1,370 | 1,199 |
| 13 Office expenses | 402,237 | 304,810 | 55,229 | 42,198 |
| 14 Information technology | 123,822 | 12,640 | 49,739 | 61,443 |
| 15 Royalties | | | | |
| 16 Occupancy | 318,539 | 244,330 | 43,240 | 30,969 |
| 17 Travel | 108,824 | 107,577 | 296 | 951 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 56,053 | 36,117 | 15,382 | 4,554 |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 411,172 | 303,015 | 72,847 | 35,310 |
| 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 STAFF DEVELOPMENT | 32,787 | 26,080 | 4,644 | 2,063 |
| b MEMBERSHIP DUES | 20,721 | 6,419 | 14,302 | 0 |
| c GRANT ADMINISTRATION | 8,665 | | 5,300 | 3,365 |
| d | | | | |
| e All other expenses | 113,115 | 87,119 | 18,262 | 7,734 |
| 25 Total functional expenses. Add lines 1 through 24e | 9,925,678 | 7,581,774 | 1,600,705 | 743,199 |
| 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 <input type="checkbox"/> 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 | | 1,913,008 | 1 | 2,483,045 | |
| | 2 | Savings and temporary cash investments | | 2,333 | 2 | 2,215 | |
| | 3 | Pledges and grants receivable, net | | 3,532,430 | 3 | 2,532,995 | |
| | 4 | Accounts receivable, net | | 676,087 | 4 | 728,870 | |
| | 5 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 5 | | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | | 6 | | |
| | 7 | Notes and loans receivable, net | | 24,159 | 7 | 14,833 | |
| | 8 | Inventories for sale or use | | 28,592 | 8 | 27,591 | |
| | 9 | Prepaid expenses and deferred charges | | 115,056 | 9 | 83,184 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 11,316,063 | | | |
| | b | Less: accumulated depreciation | 10b | 712,435 | 10,961,935 | 10c | 10,603,628 |
| | 11 | Investments—publicly traded securities | | 10,785,879 | 11 | 12,773,194 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 178,886 | 12 | 224,340 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 13 | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | 130,764 | 15 | 130,764 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 28,349,129 | 16 | 29,604,659 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 296,665 | 17 | 344,979 | |
| | 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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 500,000 | 24 | 300,000 | |
| | 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 | | 178,886 | 25 | 224,340 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 975,551 | 26 | 869,319 | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | | | |
| | 27 | Net assets without donor restrictions | | 13,734,685 | 27 | 14,316,037 | |
| | 28 | Net assets with donor restrictions | | 13,638,893 | 28 | 14,419,303 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | | | |
| | 29 | Capital stock or trust principal, or current funds | | | 29 | | |
| | 30 | Paid-in or capital surplus, or land, building or equipment fund | | | 30 | | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | | 31 | | |
| | 32 | Total net assets or fund balances | | 27,373,578 | 32 | 28,735,340 | |
| 33 | Total liabilities and net assets/fund balances | | 28,349,129 | 33 | 29,604,659 | | |

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 | 9,242,569 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 9,925,678 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -683,109 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 27,373,578 |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,568,670 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 476,201 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 28,735,340 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 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
- 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
- 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.
- 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?
- 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.

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

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

Form 990 (2019)

Form 990, Part III, Line 4a:

CAREER SERVICES - SEE SCHEDULE OJFCS SERVED 14,264 PEOPLE OF ALL BACKGROUNDS AND AGES IN OUR 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 SERVICESCAREER SERVICES HELPED 1,185 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. OUR PROGRAMS EMPOWER PEOPLE TO EXPLORE AND IDENTIFY THEIR VISIONS OF CAREER SUCCESS, INCLUDING ACCESS TO OR SUPPORT FOR CAREER TRAINING.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 23 PEOPLE.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 219 PEOPLE.IT PATHWAYS HELPS ENSURE THAT TWIN CITIES WORKERS HAVE THE SKILLS THEY NEED TO SECURE HIGH-WAGE, IN-DEMAND JOBS IN THE INFORMATION TECHNOLOGY (IT) INDUSTRY. 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, THE SOFTWARE GUILD, ADULT OPTIONS IN EDUCATION, NORMANDALE COMMUNITY COLLEGE, IT CAREER LAB, AND OUR STRONG NETWORK OF EMPLOYERS. THE IT PATHWAYS PROGRAM SERVED 215 PEOPLE.THE JFCS MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP) CAREER SERVICES PROGRAM SERVES PEOPLE WITH LOW INCOMES WHO ARE PARENTS OF MINOR CHILDREN TO MOVE TOWARD SELF-SUFFICIENCY THROUGH EMPLOYMENT. ALL PARTICIPANTS RECEIVE AN ASSESSMENT AND AN EMPLOYMENT PLAN, WHICH OUTLINES PERSONALIZED STEPS NECESSARY TO REACH THEIR EMPLOYMENT GOAL. MFIP STAFF WORKED WITH 570 PEOPLE.PLATINUM, WHICH CONCLUDED OPERATIONS IN 2019, ASSISTED ADULTS 50 AND OLDER LIVING IN HENNEPIN COUNTY, OR ADULTS OF ANY AGE LIVING IN WESTERN HENNEPIN COUNTY, WHO WANTED TO RETOOL AND RE-ENTER THE WORKFORCE TO ACHIEVE CAREER SUCCESS. ASSISTANCE INCLUDED EMPLOYMENT PLAN DEVELOPMENT, RESUME ASSISTANCE, COACHING IN NETWORKING, JOB SEARCH AND INTERVIEW SKILLS, AND MORE. 65 PEOPLE RECEIVED CAREER SERVICES IN THE PLATINUM PROGRAM.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 93 PEOPLE IN VOCATIONAL REHABILITATION.

Form 990, Part III, Line 4b:

CHILDREN AND FAMILY SERVICES - SEE SCHEDULE OCHILDREN AND FAMILY SERVICESOUR 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. 3,786 PEOPLE PARTICIPATED IN CHILDREN AND FAMILY SERVICES PROGRAMS.THE ACT PROGRAM RECOGNIZES THAT WHEN FAMILIES HAVE BASIC NEEDS SATISFIED, ADEQUATE HEALTHCARE AND STABLE HOUSING, THEIR CHILDREN ARE MORE LIKELY TO GET TO SCHOOL AND SUCCEED. ACT, WHICH SERVES FAMILIES IN ELEMENTARY SCHOOL AND EARLY CHILDHOOD PROGRAMS IN THE ST LOUIS PARK SCHOOL DISTRICT, PROVIDES RESOURCES TO ASSIST WITH PARENTING SUPPORT, SCHOOL AND EDUCATIONAL CONCERNS, AND ACCESS TO COMMUNITY RESOURCES. 44 FAMILIES RECEIVED SERVICES. VOLUNTEER LUNCH BUDDIES GIVE CHILDREN A SUPPORTIVE RELATIONSHIP WITH A CARING ADULT. TWO CHILDREN PARTICIPATED WITH A LUNCH BUDDY.JFCS CAMP SCHOLARSHIPS ARE AWARDED WITH FUNDING FROM DEDICATED ENDOWMENTS, PROVIDING THE OPPORTUNITY TO ATTEND CAMP TO BUILD NEW LIFE SKILLS, BECOME MORE INDEPENDENT AND CONNECT WITH PEERS ON A DEEPER LEVEL. 250 SCHOLARSHIPS WERE AWARDED TO CHILDREN, TOTALING \$78,015.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. THE FOUNDATIONS OF FLE ARE COLLABORATION, PREVENTION AND EDUCATION WITH THE GOAL OF PROMOTING INDIVIDUAL, FAMILY AND COMMUNITY WELL-BEING AND EMPOWERMENT THROUGHOUT THE LIFESPAN. CUSTOMIZED PROGRAMMING INCLUDES TOPICS SUCH AS PARENTING WORKSHOPS, TEACHER TRAININGS, ADDRESSING INTERFAITH CHALLENGES, BULLYING, GRIEF AND LOSS, SUPPORTING CAREGIVERS, ADDRESSING CHALLENGING CURRENT EVENTS IN MEANINGFUL WAYS, AND BUILDING HEALTHY RELATIONSHIPS. 905 PEOPLE PARTICIPATED IN FLE PROGRAMS.OUR JEWISH YOUTH MENTORING PROGRAM (FORMERLY KNOWN AS JEWISH BIG BROTHER-BIG SISTER) IS A COMMUNITY-BASED MENTORING PROGRAM FOR JEWISH-IDENTIFIED YOUTH THAT IS DESIGNED TO PROMOTE POSITIVE SOCIAL-EMOTIONAL-SPIRITUAL DEVELOPMENT AND INCREASE ENGAGEMENT IN THE JEWISH COMMUNITY. MATCH ACTIVITIES ARE TAILORED TO INDIVIDUAL NEEDS, 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. 254 PEOPLE PARTICIPATED IN THE PROGRAM, INCLUDING YOUTH, MENTORS, AND FAMILY MEMBERS.PARENTCHILD+ (FORMERLY THE PARENT-CHILD HOME PROGRAM), AN EVIDENCE-BASED EARLY LITERACY, PARENTING, AND SCHOOL READINESS PROGRAM, IS COMMITTED TO CLOSING THE OPPORTUNITY GAP BY PROVIDING FAMILIES WITH LOW-INCOMES 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. PARENTCHILD+ PROVIDES INSTRUCTION IN ENGLISH, SPANISH, SOMALI AND HMONG. JFCS IS A REPLICATION SITE FOR THE NATIONAL PARENTCHILD+ PROGRAM. JFCS SERVES FAMILIES IN THE MINNEAPOLIS/ST. PAUL METROPOLITAN AREA, AND WE PARTNER WITH COMMUNITY ORGANIZATIONS TO PROVIDE PARENTCHILD+ IN FOUR GREATER MINNESOTA LOCATIONS: CASS COUNTY, ROCHESTER, RICE COUNTY, AND ST. CLOUD. IN THE 2018-19 PROGRAM YEAR, PARENTCHILD+ SERVED 339 CHILDREN AND 482 CAREGIVERS. IN THE FAMILY CHILD CARE (FCC) MODEL, WHICH IS AN EARLY LEARNING PROGRAM FOR FAMILY CHILD CARE PROVIDERS AND CHILDREN IN THEIR CARE, WE SERVED 37 CHILDREN AND FIVE CAREGIVERS/CHILD CARE PROVIDERS.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 AGES 8 -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 BEAUTIFUL, AGE-APPROPRIATE BOOKS. 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. SHALOM BABY CIRCLE TIME IS AN ACTIVITY GROUP WITH MUSIC, SHAKERS, STORY TIME, TUMBLE TIME, YOGA, MASSAGE AND PARACHUTE PLAY. 1,468 FAMILIES SUBSCRIBED TO PJ LIBRARY. 710 PEOPLE PARTICIPATED IN 50 EVENTS, WITH AN ADDITIONAL 278 YOUTH CAMPERS PARTICIPATING IN A PJ PROGRAM AT CAMP.

Form 990, Part III, Line 4c:

COUNSELING AND MENTAL HEALTH SERVICES - SEE SCHEDULE O COUNSELING AND MENTAL HEALTH SERVICES JFCS COUNSELING AND MENTAL HEALTH SERVICES' HIGHLY SKILLED, LICENSED THERAPISTS, SOCIAL WORKERS, AND CASE MANAGERS WORK WITH CARE AND COMPASSION TO ADDRESS THE CHALLENGES PEOPLE FACE THROUGHOUT THEIR LIVES. 2,906 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. WE ACCEPT MOST INSURANCE INCLUDING MEDICARE. 287 PEOPLE RECEIVED COUNSELING. WE DISTRIBUTED 159 EMERGENCY FINANCIAL ASSISTANCE GRANTS TOTALING \$89,305. RECIPIENTS USED THESE FUNDS TO HELP WITH RENT, UTILITY BILLS, CAR REPAIRS, MEDICAL BILLS, TRANSPORTATION COSTS AND FOOD. OUR INTAKE AND RESOURCE CONNECTION (IRC) WORKED WITH 1,366 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 OF 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. 13 PEOPLE HAD LOANS. JFCS PROVIDES LICENSING SUPERVISION FOR MSW GRADUATES WHO ARE WORKING TOWARD TAKING THE SOCIAL WORK LICENSURE EXAM. WE SERVED 27 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. 449 PEOPLE ATTENDED THIS YEAR'S ANNUAL CONFERENCE, AND 70 PEOPLE ATTENDED AN INTERFAITH MENTAL HEALTH COLLABORATIVE LUNCHEON. OUR MENTAL HEALTH SUPPORT SERVICES (MHSS) PROGRAM SERVES ADULTS 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 315 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 220 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 | | | |
| AMY LIEBERMAN DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| ANDREW STILLMAN VP FUND DEVELOPMENT | 2.00 | X | | X | | | | 0 | 0 | 0 |
| BENJAMIN ZACK DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| CINDY TARSHISH DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| CRAIG STILLMAN DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| DANNY KAPLAN DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| ERIC BRESSLER DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| FRAN BAYER DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| GAL NOYMAN DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| GREG HORWITZ VP FINANCE | 2.00 | X | | 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 | | | |
| HAYLEE SAXON DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| HINDY TANKENOFF DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| HOWARD HOFFMAN DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| JAYE SNYDER DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| JEAN HOLLOWAY DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| JEFF BARIN PRESIDENT | 2.00 | X | | X | | | | 0 | 0 | 0 |
| JENNIFER EZRILOV IMMEDIATE PAST PRESIDENT | 2.00 | X | | X | | | | 0 | 0 | 0 |
| JENNIFER HARTMAN DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| JEREMY KALIN ADVISORY | 2.00 | X | | | | | | 0 | 0 | 0 |
| JILL HALPER DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |

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|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (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 | | | |
| JON PASSMAN DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| JOSH HASKO PRESIDENT ELECT | 2.00 | X | | X | | | | 0 | 0 | 0 |
| KAREN GRABOW ADVISORY | 2.00 | X | | | | | | 0 | 0 | 0 |
| KRIS MACDONALD DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| LAUREN HOFFMAN DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| LENNIE KAUFMAN DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| LINDSEY ROSE DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| LISA FURMAN DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| LISA GOODMAN DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| LORI WEISSMAN ADVISORY | 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 | | | |
| MARNI GENSLER VP ADVOCACY | 2.00 | X | | X | | | | 0 | 0 | 0 |
| MICHAEL STERN DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| NANCY FINK DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| NATALIE ZAMANSKY VP MARKETING | 2.00 | X | | X | | | | 0 | 0 | 0 |
| PAM BERKWITZ DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| RABBI DAVID LOCKETZ ADVISORY | 2.00 | X | | | | | | 0 | 0 | 0 |
| RHONDA STEIN ADVISORY | 2.00 | X | | | | | | 0 | 0 | 0 |
| SCOTT RUBIN DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| SHLOMO SCHLOSS DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| STACIE USEM 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 | | | |
| STACY MOSOW DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| STEVE WEITZ ADVISORY | 2.00 | X | | | | | | 0 | 0 | 0 |
| STUART ACKERBERG DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| JOHN MALOY CFO | 37.50 | | | X | | | | 129,150 | 0 | 20,116 |
| JUDY HALPER CEO | 37.50 | | | X | | | | 215,250 | 0 | 27,967 |
| LEE FRIEDMAN COO | 37.50 | | | X | | | | 129,150 | 0 | 5,183 |
| DANA RUBIN DEVELOPMENT DIRECTOR | 37.50 | | | | | X | | 102,500 | 0 | 11,990 |

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
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) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support | | | | | | | |
|---------------------------|---|-----------|-----------|------------|-----------|-----------|------------|
| | Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | 2,181,933 | 4,020,346 | 15,433,926 | 6,367,689 | 3,843,305 | 31,847,199 |
| 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 | 2,181,933 | 4,020,346 | 15,433,926 | 6,367,689 | 3,843,305 | 31,847,199 |
| 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) . . . | | | | | | 10,393,603 |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 21,453,596 |

| Section B. Total Support | | | | | | | |
|--|---|-----------|-----------|------------|-----------|-----------|----------------------------|
| Calendar year (or fiscal year beginning in) ► | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4. | 2,181,933 | 4,020,346 | 15,433,926 | 6,367,689 | 3,843,305 | 31,847,199 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | 110,832 | 164,130 | 195,143 | 287,260 | 373,305 | 1,130,670 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on. | | | | | 41,050 | 41,050 |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). | 11,742 | 42,088 | 65,917 | 34,976 | 45,336 | 200,059 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 33,218,978 |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 17,415,678 |
| 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 | | | | | | ► <input type="checkbox"/> |

| Section C. Computation of Public Support Percentage | | | | | | |
|---|---|--|--|--|--|-------------|
| 14 | Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | | | | | 14 64.580 % |
| 15 | Public support percentage for 2018 Schedule A, Part II, line 14 | | | | | 15 68.060 % |
| 16a | 33 1/3% support test—2019. 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 ▶ <input checked="" type="checkbox"/> | | | | | |
| b | 33 1/3% support test—2018. 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 ▶ <input type="checkbox"/> | | | | | |
| 17a | 10%-facts-and-circumstances test—2019. 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 ▶ <input type="checkbox"/> | | | | | |
| b | 10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/> | | | | | |
| 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 ▶ <input type="checkbox"/> | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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. ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2019. 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—2018. 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> | | |
| 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> | | |
| 1 | | |
| 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? | | |
| 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> | | |
| 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> | | |
| 1 | | |
| 2 | | |
| 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> 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> | | Yes | No |
| 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> | | | |
| 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> | | | |
| 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> | | | |
| 2a | | | |
| 2b | | | |
| 3a | | | |
| 3b | | | |

Part V

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

| | | | |
|---|--|----------------|-----------------------------|
| <div>1</div> <div><input type="checkbox"/></div> <div>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.</div> | | | |
| 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 | |
| <div>7</div> <div><input type="checkbox"/></div> <div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)</div> | | | |

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 2019 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-2019 | (iii) Distributable Amount for 2019 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014. | | | |
| b From 2015. | | | |
| c From 2016. | | | |
| d From 2017. | | | |
| e From 2018. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2019. 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 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015. | | | |
| b Excess from 2016. | | | |
| c Excess from 2017. | | | |
| d Excess from 2018. | | | |
| e Excess from 2019. | | | |

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 (A) INFORMATION IS FOR A SHORT YEAR FROM 9/1/2015 TO 12/31/2015. |

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
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?

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?

(a)

Donor advised funds

(b)

Funds and other accounts

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.

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

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?

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)?

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.

1b

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) 2019

Part III

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

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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 | 23,546,039 | 11,595,741 | 10,435,626 | 10,099,558 | 10,366,922 |
| b | Contributions | 718,611 | 12,775,755 | 187,828 | 235,897 | 72,303 |
| c | Net investment earnings, gains, and losses | 2,386,283 | -239,271 | 1,587,216 | 602,121 | -95,609 |
| d | Grants or scholarships | 872,627 | 470,520 | 505,107 | 402,606 | 225,400 |
| e | Other expenditures for facilities and programs | | | | | |
| f | Administrative expenses | 119,126 | 115,666 | 109,822 | 99,344 | 18,658 |
| g | End of year balance | 25,659,180 | 23,546,039 | 11,595,741 | 10,435,626 | 10,099,558 |

2

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

a

Board designated or quasi-endowment ▶ 10.000 %

b

Permanent endowment ▶ 69.000 %

c

Temporarily restricted endowment ▶ 21.000 %

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

(ii) related organizations

b

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

4

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

| | Yes | No |
|--------|-----|----|
| 3a(i) | Yes | |
| 3a(ii) | Yes | |
| 3b | Yes | |

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 | 10,078,490 | 451,073 | 9,627,417 |
| c | Leasehold improvements | 285,620 | 17,394 | 268,226 |
| d | Equipment | 951,953 | 243,968 | 707,985 |
| e | Other | | | |
| Total. | Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | 10,603,628 |

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 | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | 224,340 |

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 ☒

Schedule D (Form 990) 2019

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 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 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 | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | |

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 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 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 | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | |

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 |
|------------------|-------------|
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| | |
| | |

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% TO 5% OF THE AVERAG E OF THE 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 |
|------------------|---|
| PARTS XI & XII: | THE ORGANIZATION IMPLEMENTED THE PROVISIONS OF ACCOUNTING STANDARDS UPDATE (ASU) 2014-19, REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606) AND 2018-08, CLARIFYING THE SCOPE AND THE ACCOUNTING GUIDANCE FOR CONTRIBUTIONS RECEIVED AND CONTRIBUTIONS MADE. NEITHER STANDARD RESULTED IN ANY CHANGES TO AMOUNTS PREVIOUSLY REPORTED AND, ACCORDINGLY, NO RESTATEMENT WAS APPLICABLE. |

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.**

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

OMB No. 1545-0047

2019

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

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

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

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

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

- b** If "Yes," list the 10 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 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 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.

| Revenue | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|--|---------------------------------------|--------------|------------------|---------------------------------|
| | | <u>ANNUAL BENEFIT</u> (event type) | (event type) | (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | 502,798 | | | 502,798 |
| | 2 Less: Contributions | 346,683 | | | 346,683 |
| | 3 Gross income (line 1 minus line 2) | 156,115 | | | 156,115 |
| | | | | | |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 30,000 | | | 30,000 |
| | 7 Food and beverages | 38,799 | | | 38,799 |
| | 8 Entertainment | 32,477 | | | 32,477 |
| | 9 Other direct expenses | 13,789 | | | 13,789 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 115,065 |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | 41,050 |

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.

| Revenue | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col.(a) through col.(c)) |
|-----------------|---|---|---|---|--|
| | | | | | |
| Direct Expenses | 1 Gross revenue | | | | |
| | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | Name ► | | |
| | Address ► | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 ► | | |
| | <input type="checkbox"/> Director/officer | <input type="checkbox"/> Employee | <input type="checkbox"/> 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
|------------------|-------------|
|------------------|-------------|

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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

OMB No. 1545-0047

2019

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

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) See Additional Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|

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

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

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| NORTHLAND AREA FAMILY SERVICE CENTER 320 EAGLE AVE NE REMER, MN 55672 | 41-1851016 | 501(C)(3) | 109,970 | | | | FOR PROVIDING EARLY LITERACY SERVICES (PCHP) IN NORTHERN MN |
| JEWISH FAMILY SERVICES 1633 WEST 7TH STREET ST PAUL, MN 55102 | 41-0694697 | 501(C)(3) | 89,213 | | | | FOR PROVIDING SERVICES TO HOLOCAUST SURVIVORS IN ST. PAUL AND EASTERN METROPOLITAN AREA |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ROCHESTER IMAA 2500 VALLEYHIGH DRIVE NW ROCHESTER, MN 55901 | 41-1497753 | 501(C)(3) | 18,845 | | | | FOR PROVIDING EARLY LITERACY SERVICES (PCHP) IN MN |
| NORTHFIELD HEALTHY COMMUNITY INITIATIVE 1651 JEFFERSON PARKWAY NORTHFIELD, MN 55057 | 26-2852506 | 501(C)(3) | 18,586 | | | | FOR PROVIDING EARLY LITERACY SERVICES (PCHP) IN NORTHERN MN |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| PROMISE NEIGHBORHOOD PO BOX 6082 SAINT CLOUD, MN 56302 | 45-3233276 | 501(C)(3) | 46,515 | | | | FOR PROVIDING EARLY LITERACY SERVICES (PCHP) IN NORTHERN MN |

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

| | | | | | |
|-----------------------|------|---------|--|--|--|
| PERSONAL CARE | 14 | 113,735 | | | |
| PERSONAL CARE | 14 | 113,735 | | | |
| SCHOLARSHIPS/TRAINING | 245 | 863,291 | | | |
| TRANSPORTATION | 20 | 46,835 | | | |
| FOOD ASSISTANCE | 1250 | 49,935 | | | |
| INDIVIDUALS | 325 | 267,668 | | | |

| Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. | | | | | |
|--|-----|--------|--|--|--|
| HOME HELPER | 25 | 83,894 | | | |
| HOME HELPER | 25 | 83,894 | | | |
| HOUSING | 80 | 75,238 | | | |
| EMPLOYMENT/RELATED | 230 | 17,359 | | | |

| | | |
|---|--|--|
| Schedule J (Form 990) | Compensation Information | OMB No. 1545-0047 |
| | | 2019 |
| | | |
| 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. | | |
| ▶ Go to www.irs.gov/Form990 for instructions and the latest information. | | |
| 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 | Questions Regarding Compensation | | Yes | No |
|--------|---|---|-----|----|
| 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. | | | |
| | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | |
| | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | |
| | <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | |
| | <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| b | If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | Yes | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? | 2 | Yes | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | | |
| | <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | |
| | <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| a | Receive a severance payment or change-of-control payment? | 4a | | No |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | No |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| a | The organization? | 5a | | No |
| b | Any related organization? | 5b | | No |
| | If "Yes," on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| a | The organization? | 6a | | No |
| b | Any related organization? | 6b | | No |
| | If "Yes," on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. | 7 | | No |
| 8 | Were any amounts reported on Form 990, Part VII, paid or 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. | 8 | | No |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | |

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.

[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 O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**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

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 | <p>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.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 15A | <p>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 OCTOBER 2019. 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.</p> |

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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|--|
| FORM 990, PART XI, LINE 9: | TIMING ADJUSTMENTS DUE TO RELEASE OF FUNDS TO SUPPORTING ORGANIZATION 476,201. |

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
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 5905 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 55422 46-0732561 | FOOD WHOLESALER | MN | 0 | 0 | JFCS OF MINNEAPOLIS |
| | | | | | |
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| 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 5905 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 55422 46-1574321 | SUPPORTING ORGANIZATION | MN | 501(C)(3) | LINE 12A, I | JFCS OF MINNEAPOLIS | Yes | |
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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 | |
| | | | | | | | | | | | | |
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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 | |
| | | | | | | | | | |
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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?

| | Yes | No |
|--|-----------|-----|
| 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 | | |
| | | | |
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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).

| Return Reference | Explanation |
|------------------|-------------|
| | |