Form **990**

For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

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

DLN: 93493349014517 OMB No 1545-0047

Open to Public

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

Interna	l Reve	of the Treasur enue Service	Finormation about Form 990 and its instructions is at www.	IRS gov/forr		C	Open to Public Inspection
A F	or th	e 2016 ca ■	elendar year, or tax year beginning 07-01-2016 , and ending 06-30	-2017	1		
		applicable	C Name of organization YWCA of Minneapolis		D Employ	er identif	ication number
		change	·		41-069	3891	
□ Na	me cn tıal re	-	Doing business as		-		
_ Fin	ıal						
		mınated	Number and street (or P O box if mail is not delivered to street address) Room/suit	e	E Telephor	ne number	
_		d return on pending	1130 Nicollet Mall		(612) 3	32-0501	
Ц Ар	piicati	on penaing	City or town, state or province, country, and ZIP or foreign postal code				
			Minneapolis, MN 55403		G Gross re	ceipts \$ 2:	1,625,473
			F Name and address of principal officer	H(a) Is thu	s a group re	turn for	
			Luz Maria Frias		dinates?		□Yes ☑No
			1130 Nicollet Mall Minneapolis, MN 55403	Н(b) Are a		tes	
T Ta:	x-exer	mpt status		includ	ded?		∐ Yes ∐No
			✓ 501(c)(3) ☐ 501(c)() ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		-	**	instructions)
J W	ebsit	te:► wwv	v ywcampls org	H(c) Group	p exemption	number	•
				L Year of form	ation 1901	M State	of legal domicile
K Forr	n of o	rganization	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L rear or form	ation 1031	MN	or legal doffliche
Da	ad T	Cum	M 3 W 2				
Pa		Sumr	•				
			cribe the organization's mission or most significant activities neapolis is dedicated to eliminating racism, empowering women and girls, a	nd promoting	peace, just	tice, free	dom and dignity for
gų.	1	all	reapons is dedicated to eliminating radism, empowering women and girls, a	na promoting	g peace, jas	cicc, ircc	aom ana aiginty for
2	-						
Ě	-						
Governance	-		П				
3			s box > \(\sum_{if the organization discontinued its operations or disposed of mo				J 30
	l		f voting members of the governing body (Part VI, line 1a)			3	39
6 S	4	Number o	f independent voting members of the governing body (Part VI, line 1b) .		•	4	38
Activities &	5	Total num	ber of individuals employed in calendar year 2016 (Part V, line 2a)		•	5	730
Ç	6	Total num	ber of volunteers (estimate if necessary)			6	544
٩	7a	Total unre	elated business revenue from Part VIII, column (C), line 12		i	7a	0
	ь	Net unrela	ated business taxable income from Form 990-T, line 34			7b	0
				Pri	ior Year		Current Year
_	8	Contributi	ons and grants (Part VIII, line 1h)		5,400,	468	6,553,629
Ravenua	l		service revenue (Part VIII, line 2g)		14,874,	969	14,294,548
ō A	l	-	nt income (Part VIII, column (A), lines 3, 4, and 7d)		689,		453,267
ď	l		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		242,		218,528
	l				21,206,		21,519,972
	_		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		21,200,	_	
	l		d similar amounts paid (Part IX, column (A), lines 1–3)			0	0
	l		paid to or for members (Part IX, column (A), line 4)			0	0
${\mathfrak L}$	15	Salaries, o	other compensation, employee benefits (Part IX, column (A), lines 5–10)		13,697,	876	13,389,670
Expenses	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)		38,	666	77,315
9	Ь	Total fundra	aising expenses (Part IX, column (D), line 25) ▶1,018,570				
ū	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,657,	518	7,316,730
	18	Total expe	enses Add lines 13–17 (must equal Part IX, column (A), line 25)		20,394,	060	20,783,715
	19	Revenue I	ess expenses Subtract line 18 from line 12		812,	616	736,257
አው			·	Beginning	of Current Y	'ear	End of Year
Net Assets or Fund Balances							
336	20	Total asse	ets (Part X, line 16)		43,942,	897	43,974,375
₹ <u>₩</u>	21	Total liabi	lities (Part X, line 26)		3,540,	404	1,860,319
žĪ	22	Net assets	s or fund balances Subtract line 21 from line 20		40,402,	493	42,114,056
Pai			ature Block			<u> </u>	
Unde	r pen ledge	alties of pe and belief	erjury, I declare that I have examined this return, including accompanying s f , it is true, correct, and complete Declaration of preparer (other than office				
				201	17-10-26		
Sign		Signatu	re of officer	Dat			
Here		Ramva	Rauf CFO				
			print name and title				
		Pr	rint/Type preparer's name Preparer's signature Da	te	\Box	PTIN	
Paid	4				eck 🔲 ıf f-employed		
Pre		or Fi	rm's name		n-employed m's EIN ▶		
		[-	rm's address ▶		one no		
Use	Un	ייע					
M	he T) C d	this patrice with the property of the second				es □ No
ıশay t	ne IR	s aiscuss	this return with the preparer shown above? (see instructions)			∟ Y	es ∟ No

Cat No 11282Y

Form **990** (2016)

Form	990 (2016)					Page 2							
Par	t IIII Statemen	t of Program Servic	e Accomplis	hments									
	Check if Sch	edule O contains a respo	onse or note to	any line in this Part III		🗆							
1	Briefly describe the	organization's mission											
YWC.	A Minneapolis is dedic	cated to eliminating racis	sm, empowering	women and girls, and	promoting peace, justice, freedo	m and dignity for all							
2	Did the organization	n undertake any significa	ant program ser	vices during the year wh	nich were not listed on								
	the prior Form 990	or 990-EZ?				🗌 Yes 🗹 No							
	If "Yes," describe these new services on Schedule O												
3	Did the organization cease conducting, or make significant changes in how it conducts, any program												
	services?					🗌 Yes 🗹 No							
	If "Yes," describe these changes on Schedule O												
4	Section $501(c)(3)$ a		ons are required	to report the amount o	largest program services, as me f grants and allocations to other								
4a	(Code) (Expenses \$	8,537,230	ıncludıng grants of \$	0) (Revenue \$	9,159,881)							
	See Additional Data												
4b	(Code) (Expenses \$	6,878,514	ıncludıng grants of \$	0) (Revenue \$	6,871,839)							
	See Additional Data												
4c	(Code) (Expenses \$	1,973,856	ıncludıng grants of \$	0) (Revenue \$	1,547,747)							
	See Additional Data												
	(Code) (Expenses \$	581,848	ıncludıng grants of \$	0) (Revenue \$	407,013)							
	inclusion In 2016-17, trainings, focused on p Minnesota Creating sp Organizations across the and inclusion and 410 courageous community people attended the 14 facilitated dialogues ab and motivated them to Policy work drives polic solutions for 1) Increachouseholds and ends references to the second sec	5,900+ diverse individuals in irromoting open communication and open are for meaningful and open in enonprofit, education, corp facilitators were trained to livate the annual It's Time to Talk is not racial equity and inclusion commit to take action PUE cy solutions that address insigned acial achievement gaps to Manacial achievement gaps to Marker acial achievement gaps to Marker in acial acial acial in acial acial in acial	were empowered ton, raising awarer in dialogue about riversead productive cortalk, to listen, and Forums on Race on at their table 9 LIC POLICY - YWC titutional racism a ships to bring high linnesota children.	o take action to eliminate ra less and motivating people i acism and privilege is the cr ment sectors engaged in cus liversations about race relati to disagree - in their share Attendees were inspired by 18% of attendees stated the A Minneapolis believes ever and advance economic empo- quality early education tha with the greatest need, and	nnect and lead the community as we scissm through public forums, commun to take action to improve racial equity tical first step to building a just and is stomized solutions around the challengins and equity. For nearly 15 years the commitment to improve racial equit keynote speaker Justice Alan Page be event demonstrated advancing racial y person has a role to play in shaping werment for women and girls 2,3004 to levels the educational playing field for 2) Supporting statewide investment is 50% and more than double the odds sections.	ity dialogues, workshops and in their local communities and nclusive community ging issues of race, diversity ne YWCA has brought together y In October 2016, 1,400+ fore engaging in professionally equity required them to act public policy YWCA's Public people advocated for policy or children living in low income in high-quality afterschool							
4d		rices (Describe in Schedi	•										
	(Expenses \$	581,848 ıncl	udıng grants of	\$	0) (Revenue \$	407,013)							

4e Total program service expenses ► 17,971,448
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or X as applicable

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No

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

No No

Nο

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

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10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Checklist of Required Schedules (continued)

Part IV

27

29

31

33

34

36

37

26

27

28a

28b

28c

29

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31

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33

34

35a

35b

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Yes

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Yes

Yes

Yes

Νo

Νo

No

Nο

Nο

Nο

Nο

Nο

Νo

No

Νo

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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	·	No
С	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			

	complete schedule K 11 110, go to line 250 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
С	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	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
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?	25b	No

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

instructions for applicable filing thresholds, conditions, and exceptions)

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . 🥞

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 84			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	2ь	V	
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)	20	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
		4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	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).			
а	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	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
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	/"		140
	the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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 Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		I

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·	nse to li	
Se	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 39		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 38			
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>∍ Code</u>		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	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)			
	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?			
c -		16b		
	ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶			
	<u>MN</u>			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►Ramya Rauf YWCA of Minneapolis 1130 Nicollet Ave Minneapolis, MN 55403 (612) 215-4140			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
La Complete	e this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's	tax

year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

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

(B)

(A)

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(C)

(D)

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

(F)

(E)

10125 Crosstown Cir Suite 107 Eden Prairie, MN 55344

compensation from the organization ► 7

Page 8

Form 990 (2016)													Page 8
Part VII Section A. Officers, Direct	tors, Trustees	s, Key	Emp	loye	es,	, and	High			ed Employees ((con	tınued)	
(A) Name and Title	(B) Average hours per week (list any volume	than o	one b	ox, i an of	ot che unles fficer	neck mo ess pers r and a tee)	son	Rep comp fro organiz	(D) portable pensation om the ization (W-		w-	Estima amount o compens from t	ated of other sation the
	for related organizations below dotted line)		Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/105	99-MISC)	2/1099-MISC))	organizati relate organiza	ed
See Additional Data Table	+	-	\vdash	\vdash	\vdash	-	\vdash	 		+	+		
	+	 	+	\vdash	+	+	+	 			+		
	+		+	+			+				\top		
			\dagger				\vdash				\top		
											I		
1b Sub-Total c Total from continuation sheets to P	Part VII, Sectio	on A.			•	*	<u> </u>				1		
d Total (add lines 1b and 1c) Total number of individuals (including of reportable compensation from the	g but not limited	d to thos			ibov	re) who	rec		702,336 ore than \$:		0		36,566
												Yes	No
3 Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .			tee, k		mple •	oyee,	or hi	ghest co	mpensated	d employee on	3		No
For any individual listed on line 1a, is organization and related organization individual										m the	4	Yes	
5 Did any person listed on line 1a recei services rendered to the organization								_	ation or inc	dividual for	5		No
Section B. Independent Contract					_		_				_		
Complete this table for your five high from the organization Report compe											npen 	nsation 	
	(A) and business addre									(B) scription of services		(C) Compen	
RJM Construction LLC										on Services			,448,162
701 N Washington Ave 600 Minneapolis, MN 55401													
Clarity Coverdale Fury Advertising Inc									Advertising	J			404,862
120 S 6th St Suite 1300 Minneapolis, MN 55402									<u> </u>				206
Teaching Temps									Temporary	teachers			325,386
5300 Glenwood Ave Minneapolis, MN 55422 Coverall Twin Cities									Janitorial S	·			243,019
8009 34th Ave S Suite 10									Janitonai 3	ervices			243,015
Bloomington, MN 55425 The Javelin Group Inc				—					Fnvironme	ental Consulting		 	123,301
The saveint Group the										rear consuming			125,501

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

		0 (2016)										Page 9
Part	VI											
		Check if Schedul	le O contains	a respo	onse or note to any	(/	A) evenue	Rela ex fui	(B) ated or kempt nction	(C) Unrelat busines revenu	ss	(D) Revenue excluded from ax under sections
	1	1a Federated campaig	ns	1a	1,101,035			Te	venue			512-514
nts		b Membership dues		1 b	0							
Gra		c Fundraising events		1c	473,203							
		d Related organization	ns	1d	0							
Gif		e Government grants (c	ontributions)	1e	3,114,042							
itions, Giffs, Grants er Similar Amounts		f All other contributions and similar amounts n above	, gifts, grants, ot included	1f	1,865,349							
Contributions, Giffs, Grants and Other Similar Amounts	: 1	g Noncash contribute in lines 1a-1f \$	ons included	80,4	<u>451</u>							
<u>ة</u> ك	Ţ	h Total.Add lines 1a-1	lf				553,629					
					Business							
Revenue		a Health and Wellness Me	<u>'</u>			713940		24,366	7,324	·		0
o≛		b Government Purchase of Early Childhood Education		vice		624410 624410		85,730 52,231	1,385 3,652	·		0 0
<u>ک</u>		d Health and Wellness Sei				713940		56,748	1,566			0
₹		e Racial Justice and Public				813319	36	55,473	365	,473	(0
ram	١,	f All other program se	rvice revenue					0		0	(0
Program Service					14,2	294,548						
	<u> </u>	gTotal.Add lines 2a-2				1		1				
	3	Investment income (i similar amounts) .	ncluaing alvia	enas, •	interest, and other		453,267		0		0	453,267
	4	Income from investm	ent of tax-exe	empt b	ond proceeds >		0		0		0	0
	5	Royalties					0		0		0	0
	_		(ı) Rea	l	(II) Personal	-						
	0	a Gross rents										
		b Less rental expenses				1						
		c Rental income or		0	(<u> </u>						
		d Net rental income o	r (loss)			1						
			(ı) Securi	ties	(II) Other							
	7	'a Gross amount from sales of assets other than inventory										
		b Less cost or other basis and				-						
		sales expenses C Gain or (loss)		0	()						
		d Net gain or (loss)			•							
Other Revenue	8	a Gross income from f (not including \$ contributions reporte See Part IV, line 18	473,203 ed on line 1c)	of	50.405							
ě		b Less direct expense		a b	69,486 81,425	-						
<u>بر</u> ج		c Net income or (loss)			·	1	-11,939				0	-11,939
ŧ	9	a Gross income from g	jaming activit	ies								
O		See Part IV, line 19		a	5,580							
		b Less direct expense		ь	0	1						
		c Net income or (loss)			Les	J	5,580		0		o	5,580
		Da Gross sales of invent	tory, less									
		returns and allowand	ces	_	40,783							
		bloss sost of goods (- old	a b		-						
		b Less cost of goods s		_	'	_	16,707		16,707		0	0
		Net income or (loss) Miscellaneous		inven	Business Code		· · · · · ·		<u> </u>			
	1	1aIncidental Revenue			713940	0	124,241		0		0	124,241
		b										
		с										
		d All other revenue .					83,939		0		0	83,939
		e Total. Add lines 11a			•		208,180					
	1	. 2 Total revenue. See	Instructions		• • •		21,519,972		14,311,255		0	655,088
												Form 000 (2016)

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses	- L		-1-11 (4)	
Section 501(c)(3) and 501(c)(4) organizations must complete all comple	-	•	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			<u> U</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	930,885	467,970	275,298	187,617
6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7 Other salaries and wages	10,359,776	9,263,828	710,435	385,513
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	178,167	158,846	12,663	6,658
9 Other employee benefits	874,987	781,712	57,388	35,887
10 Payroll taxes	1,045,855	911,037	87,048	47,770
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	48,849	37,555	11,294	0
c Accounting	43,225	0	43,225	0
d Lobbying	51,333	18,333	0	33,000
e Professional fundraising services See Part IV, line 17	77,315			77,315
f Investment management fees	20,000	0	20,000	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	412,036	272,993	80,542	58,501
12 Advertising and promotion	548,368	478,942	15,984	53,442
13 Office expenses	462,594	370,192	47,601	44,801

71,216

1,644,094

46,337

251,752

22,116

40,000

1,607,695

189,017

845,200

343,059

427,786

45,493

196,560

20,783,715

0

0

14 Information technology .

18 Payments of travel or entertainment expenses for any

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

Total functional expenses. Add lines 1 through 24e
 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation
 Check here ► ☐ if following SOP 98-2 (ASC 958-720)

federal, state, or local public officials .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O)

a Program supplies and expenses

b ACH, bank and credit card fees

15 Royalties .

17 Travel .

16 Occupancy .

20 Interest . . .

23 Insurance .

c Temporaries

d Licenses and permits

e All other expenses

63,738

1,575,986

42,698

206,655

22,116

1,387,819

158,381

838,369

313,642

413,740

45,275

141,621

17,971,448

5,089

60,965

2,777

30,463

40,000

205,425

29,641

5,358

15,861

9,710

195

26,735

1,793,697

0

0

2,389

7,143

14,634

14,451

995

1,473

13,556

4,336

28,204

1,018,570

Form 990 (2016)

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Page **11**

6.858.466

43.974.375

1,220,170

250,800

363,662

19.426

6.261

1,860,319

32,563,049

7,263,124

2.287.883

42,114,056

43.974.375

Form **990** (2016)

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176,054

	1	Cash-non-interest-bearing		•	892,322	1	839,241
	2	Savings and temporary cash investments .			6,274,657	2	5,595,975
	3	Pledges and grants receivable, net			1,615,007	3	1,561,935
	4	Accounts receivable, net			456,378	4	293,909
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L			0	5	0
s	6	Loans and other receivables from other disquali- section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	0	6	0		
ets	7	Notes and loans receivable, net			0	7	0
SS	8	Inventories for sale or use		27,516	8	32,170	
⋖	9	Prepaid expenses and deferred charges			212,980	9	191,433
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	48,427,970			
	Ь	Less accumulated depreciation	10 b	20,002,778	22,314,568	10 c	28,425,192

11.975.183

43,942,897

2,658,812

243,596

592,118

0 18

0 22 0 23

24.848

21.030

3,540,404

30.594.173

7.669.627

2.138.693

40,402,493

43.942.897

174.286

11

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34

Liabilities 22

Fund Balances

Assets or 30

Net

Investments—publicly traded securities .

Intangible assets

Other assets See Part IV, line 11 .

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Investments—other securities See Part IV, line 11 . Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Form 990 (2016)

☐ Both consolidated and separate basis

2c

3a

3b

Yes

No

Form 990 (2016)

consolidated basis, or both

Separate basis

Audit Act and OMB Circular A-133?

Consolidated 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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Additional Data

Software ID: 16000425

Software Version: v1.00

EIN: 41-0693891

Name: YWCA of Minneapolis

Form 990 (2016)

Form 990, Part III, Line 4a:

HEALTH & WELLNESS - Three urban Minneapolis locations provide access to quality facilities, classes and fitness professionals to 25,000+ members. A welcoming, inclusive environment supports the participation of people across cultures, income levels and age. HEALTH & FITNESS SCHOLARSHIPS. The YWCA makes fitness accessible by offering fee-based scholarships to youth, adults, and families who cannot afford the full cost of a membership. Youth in the YWCA Girls & Youth programs and some families using YWCA Children's Centers receive scholarships. In 2016-17, over 4,000 people were awarded support for their health & fitness membership. WOMEN-CENTRIC PROGRAMS. In 2016-17, over 1,350 women participated in women-centered classes, workshops, leagues and races. Women's basketball league had approximately 40 teams with 23% of players age 40 and up. Over 1,200 female triathletes, ages 11 to 78, registered for the 9th annual YWCA Women's Triathlon. SWIM FOR CHANGE addresses the fact that in Hennepin County people of color are more likely to drown than white people, with those most impacted are children under age 14. To change this, children and youth involved in YWCA Early Childhood Education and Girls & Youth programs have access to swimming lessons. In 2016-17, 238 young people ages 4-18 participated in swimming lessons, most were children or youth of color. (25,113 fitness members)

Form 990, Part III, Line 4b:

2016-17, 670 children ages 6 weeks to 10 years old were served. Four community focused Centers served 453 children, 74% children of color, 65% living in low-income households with 59% living at or below poverty level, and 47% from single parent households - primarily led by mothers. Experienced professional teachers partner with

families to prepare children to excel in school and life. Unique play-based YWCA ECE curriculum incorporates anti-bias values and conflict resolution skills. Learning opportunities incorporated into every part of the day promote social and emotional development, language and literacy development, creativity and the arts, cognitive development, physical and motor skills, OUTSTANDING EDUCATIONAL OUTCOMES, For children in care for 6+ months, 95% of children demonstrated age appropriate

developmental progress, and 94% of preschoolers met rigorous early learning standards indicating school readiness (670 children) WORKFORCE DEVELOPMENT A grant received for 2016-17 helped YWCA provide all aspects of training and support to individuals living in low income households to obtain a Child Development Associate (CDA)

EARLY CHILDHOOD EDUCATION (ECE) - High-quality nationally accredited early childhood education was provided at six YWCA Children's Centers across the Twin Cities In

credential from the Council for Professional Recognition

GIRLS & YOUTH - Five YWCA out-of-school programs prepare Minneapolis youth to be learners, leaders and creators of change so they graduate from high school ready for college and career Culturally responsive high-quality programs use research-based curriculum focused on academic success, positive social/emotional development, leadership skills and physical health. In 2016-17, 1,438 youth were served in afterschool programs at 21 Minneapolis public and charter schools and two YWCA locations -

94% lived in low-income households, 94% youth of color, 65% girls. An additional 414 youth attended workshops and outreach activities. PROVEN RESULTS. 88% of youth demonstrated social/emotion skills in positive peer relationships and self-management, 85% demonstrated a connection to learning and school, 98% stated their intention to graduate high school and 96% intend to pursue post-secondary education. GIRLS INC. AT YWCA MINNEAPOLIS. Through girl specific leadership development, STEM education, financial literacy, and pregnancy and violence prevention, more than 500 girls were inspired to become strong, smart and bold. (1.852 youth)

Form 990, Part III, Line 4c:

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation amount of other compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compens Former Individual trustee or director Key employee Institutional organizations MISC) MISC) related below dotted organizations line) Trust

			न		on e-d			
Luz Maria Frias President and Chief Executive Officer	45	×		×		17,473	0	
Irene Quarshie Board Chair	 0	x		×		0	0	
Mary Lynne Perushek	2	x		x		0	0	

Board Chair	0						
Mary Lynne Perushek	2	_	x		0	0	
Treasurer	0	^	^		0	0	
Andriel M Dees	5		X			0	
Secretary	0	_ ^			0	0	
Melanie Allen	1						

reasurer	0						<u> </u>
Andriel M Dees	5	Х	х	·	0	0	0
Secretary	0	^			,	7	<u> </u>
Melanie Allen	1	X			0	0	0
Board Member	0	^,				,	
Anı Backa	1						

Secretary	0						
Melanie Allen	1	×		·	0	0	٥
Board Member	0	,			,	,	,
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Board Member	0						

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Melissa Barra	0 25				0	0	0
Roard Member		^			١	ľ	0

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Susan Bass Roberts

Board Member Darlynn Benjamin

Board Member

Lisa M Brabbit

Board Member

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensatemplovee Former Individual trustee or director Institutional organizations MISC) MISC) related below dotted organizations employee line)

Cecilia Y Cervantes Board Member		×			0	
Carmen I Coballes-Vega	1 5	×			0	
Board Member	0	, ,				
Karen Dobbins	1	x			O	
Board Member		, ,			Ĭ	

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Elizabeth Dopp

Board Member Michele M Durkin

Board Member Kweilin M Ellinarud

Board Member Deborah L Galka

Board Member Pamela K Graika

Board Member Laurie H Greeno

Board Member Janee L Harteau

Board Member

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (E) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensatemplovee Former Individual trustee or director Key employee Institutional MISC) related organizations MISC) below dotted organizations line) Lisa A Huey

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Board Member	0					,		
Remı Kent	1	×				0	0	
Board Member	0	^					0	
Courtney Cushing Kiernat	2	×				0	0	
Board Member	0	_ ^				Ĭ		
Anna Lyon	1							

Courtney Cushing Kiernat		,			0		
Board Member	0	^			5		
Anna Lyon	1	×			0	0	
Board Member	0				3		
Tami Kasilawali	1						

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Kathleen Longo

Board Member

Board Member

Board Member Jeninne McGee

Board Member Bonnie S McGrath

Board Member

Sonya McCullum Roberts

Gwendolyn L McFadden-Vincent

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours organizations and a director/trustee) organization from the for related (W-2/1099-(W-2/1099organization and Highest compensated employee Former Individual trustee or director Institutional MISC) related organizations MISC) below dotted organizations employee line) Trustee

				1			
Michelle Miller	1	×			0	0	
Board Member	0	^					
Mallory M Mitchell	1	×			0	0	
Board Member	0	^				0	
M Valeriana Moeller	4	_				0	
Board Member	n	^			١	0	

	•	ı	I				
M Valeriana Moeller	4	×				0	
Board Member	0	^				Ĭ	L
Tracy L Moosbrugger	0 25	×				0	
Board Member	0	^				Ĭ	
Christia C Naugar	2						Γ

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Board Member
Stacy O'Reilly

Board Member
Diana Pierce

Board Member
Sara Russick

Board Member

Mary Beth Smits

Board Member
Tammy Lee Stanoch

Board Member

Compensated Employees, and Independent Contractors (C) (D) (E) Name and Title Average Position (do not check more Reportable Reportable hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related and a director/trustee) organization organizations

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

	any hours	and	a dır	ecto	r/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Linda Thrasher	0 5	l								
Board Member	0	×						0	U	0
Elizabeth Truesdell Smith	0 5	l								_
Board Member	0	X						0	0	0

(F)

Estimated

compensation

6,221

2,871

10,072

0

0

							1
Linda Thrasher	0 5	_			0		
Board Member	0	^			Ĭ		
Elizabeth Truesdell Smith	0 5						
Board Member	0	×			0	0	
Susan S Williams	0 5	l 🗸			0		
Board Member	0	^			Ĭ		
	1						

Elizabeth Truesdell Smith	0.5						
Board Member		^				0	
Susan S Williams	0 5	V			0	0	
Board Member	0	_ ^					
D Ellen Wilson	1	\ _{\ \}			0	0	
Board Member	0	_ ^					
	1						·

Board Member	0								
Susan S Williams	0 5	v					0	0	0
Board Member	0	_ ^					0	0	
D Ellen Wilson	1	×					0	0	0
Board Member	0						,	,	
Anna M Youngerman	1	_ ×					0	0	0
Board Member	0	_ ^							
		l	1 1	- 1	- 1				

Susan S Williams		,				0	0
Board Member	0	^			0	ŭ	
D Ellen Wilson	1	×			0	0	0
Board Member	0	^				Ů	
Anna M Youngerman	1	_			0	0	0
Board Member	0	_ ^			0	· ·	0
Ramya Rauf	50						

Board Member	0	×			0	0	0
Anna M Youngerman	1	×			0	0	0
Board Member	0					,	
Ramya Rauf Chief Financial Officer	50 0		x		103,369	0	3,848

								01	
0	,,							Ů	
			×				103 369	0	3,848
0			^				105,509	· ·	3,640
45				Х			172,190	0	13,554
	0 50 0 45	0 50 0 45	0 50 0 45	0 50 x 0 45	0 X X 0 45 X	0 X X 0 45 X	0 X X 0 45 X	0 X 103,369 0 45	0 X 103,369 0 0 45 Y 172,100 0

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Х

182,998

106,053

120,253

45

50

40

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...............

Chief Operating Officer

VP and Chief Advancement Officer

VP of Early Childhood Education

Mary Jones

Debra Ziesmer

Christine Ganzlin

VP of Girls and Youth

efile	GR/	APHIC prin	nt - DO NOT PROCES:	S As Filed Data -			DLN: 9	3493349014517
SCI	IED	ULE A	Public	Charity Statu	s and Pul	olic Supp	ort	OMB No 1545-0047
(For	m 990			organization is a sect	ion 501(c)(3) d	organization o		2016
990E	(Z)			4947(a)(1) nonexe ▶ Attach to Form				2010
		the Treasury	► Information ab	out Schedule A (Form			uctions is at	Open to Public Inspection
Name	of th	ne Service ne organiza	tion	<u>www.ii 3.g</u> .			Employer identific	<u>`</u>
WCA	ot Minn	neapolis					41-0693891	
Pa			for Public Charity Sta				See instructions.	
ne o 1	rganız		a private foundation becau	`		•	(A)(:)	
		•	onvention of churches, or			. ,, ,	(A)(I).	
2			scribed in section 170(b		· ·		····	
3			or a cooperative hospital s	•				
4	Ш	name, city,	esearch organization oper and state					<u> </u>
5			ation operated for the bend (iv). (Complete Part II)	efit of a college or univei	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local government	or governmental unit de	scribed in sectio	on 170(b)(1)(4)(v).	
7			ation that normally receive (O(b)(1)(A)(vi). (Comple		s support from a	governmental u	unit or from the gener	al public described in
8		A communi	ty trust described in secti	on 170(b)(1)(A)(vi)	(Complete Part I	Ι)		
9			ural research organization ant college of agriculture					ege or university or a
LO	✓	from activit	ation that normally receive les related to its exempt f income and unrelated bus see section 509(a)(2).	unctions—subject to cer siness taxable income (le	tain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
l 1	П	•	ation organized and operat		r public safety S	ee section 509)(a)(4).	
12		more public	ation organized and operat ly supported organization through 12d that describe	s described in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509 (a	
а		Type I. A so	supporting organization op n(s) the power to regularly Part IV, Sections A and	erated, supervised, or co y appoint or elect a majo	ontrolled by its s	upported organı	zation(s), typically by	
b		Type II. A manageme	supporting organization s nt of the supporting organ plete Part IV, Sections	upervised or controlled i ization vested in the sar				
c		Type III fo	unctionally integrated. Appropriate in the property of the pro	A supporting organizatio				ited with, its
d		Type III n functionally	on-functionally integration integrated. The organizate of the organizate. You must complete P	ted. A supporting organi ion generally must satis	ization operated fy a distribution i	ın connection w	th its supported organ	
e		Check this	box if the organization rec or Type III non-functional	eived a written determir	nation from the II	RS that it is a Ty	/pe I, Type II, Type II	I functionally
f	Enter		of supported organization					
g			ing information about the	supported organization(s)		1	
(i)N	ame of	f supported o	organization (ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governir	ation listed in	Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	1	
			1					
Total								

Sch	nedule A (Form 990 or 990-EZ) 2016						Page 2
P	art II Support Schedule for	Organizations	Described in S	ections 170(b)(1)(A)(iv) ar	d 170(b)(1)(A	(vi)
	(Complete only if you ch	ecked the box o	n line 5, 7, 8, o	r 9 of Part I or i	f the organization	on failed to quali	
	III. If the organization fa	ails to qualify un	der the tests lis	ted below, plea:	se complete Par	t III.)	
	Section A. Public Support		T	ı		1	
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	Section B. Total Support	1	•		•		
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
_	(or fiscal year beginning in) ▶	(4)2012	(6)2013	(6)2014	(4)2013	(0)2010	(1)10tai
7							
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9							
	activities, whether or not the						
10	business is regularly carried on Other income Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI)						
11	_ _						
4.5	10 Gross receipts from related activities,	etc (see instruction	l ns)			12	
13	First five years. If the Form 990 is for	=				-	anization,
	check this box and stop here				<u> </u>	<u> ▶ ∟</u>	
	Section C. Computation of Public	• •		(6)			
	Public support percentage for 2016 (III			column (f))		14	
	Public support percentage for 2015 Sc					15	
16	a 33 1/3% support test—2016. If the	e organization did r	not check the box	on line 13, and lir	ne 14 is 33 1/3% o	r more, check this	
	and stop here. The organization qual						ightharpoons
b	33 1/3% support test—2015. If th	ie organization did	not check a box of	on line 13 or 16a,	and line 15 is 33 i	/3% or more, chec	k this
	box and stop here. The organization						▶□
17 a	a 10%-facts-and-circumstances test						
	is 10% or more, and if the organization in Part VI how the organization meets						
		the racts-and-cire	cumstances test	rne organization	quaimes as a pubi	iciy supported	. □
	organization	rt_2015 If the	raanization did ===	t chack a hay as !	mo 12 165 164	or 17a and line	▶⊔
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organization						
	Explain in Part VI how the organization						
	supported organization			-	•	•	▶ □
18	B 1 1 6 1 11 7611	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	.7b, check this box	and see	· —
	instructions		, -	. , ,	,		►□
					Schodu	le A (Form 990 o	r 990-F7) 2016

(e)2016

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

(a)2012

the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (d)2015 (f)Total

(c)2014

(b)2013

Calendar year

4	(or fiscal year beginning in)	(a)2012	(b) 2013	(c)2014	(d) 2015	(e) 2016	(f) ⊤otal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,639,158	7,665,114	5,156,566	5,549,374	6,553,628	29,563,840
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	12,598,357	14,861,972	15,193,100	15,052,002	14,459,573	72,165,004
3	Gross receipts from activities that are not an unrelated trade or business under section 513	78,409	75,681	82,384	47,075	75,066	358,615
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	17,315,924	22,602,767	20,432,050	20,648,451	21,088,267	102,087,459
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	218,075	193,227	205,793	241,212	279,078	1,137,385
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	2,118,444	2,220,128	2,215,432	1,831,549	1,019,714	9,405,267
С	Add lines 7a and 7b	2,336,519	2,413,355	2,421,225	2,072,761	1,298,792	10,542,652
8	Public support. (Subtract line 7c from line 6)						91,544,807
Se	ction B. Total Support						
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f) Total
9	(or fiscal year beginning in) ► Amounts from line 6	17,315,924	22,602,767	20,432,050	20,648,451	21,088,267	102,087,459
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	305,573	473,883	616,642	689,104	453,267	2,538,469
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	305,573	473,883	616,642	689,104	453,267	2,538,469
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income Do not include gain	17 700	11.020	10.250	94.760	92.020	208 187

11,938

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

23,088,588

Se	ction C	Compi	ıtatic	n of	Duh	lic S	uni	ort D	ercen	tane	
	check th	s box an	d stop	here	•						
14	First fiv	e years.	If the	Form	990	ıs for	the	organi	zation's	fırst,	second

or loss from the sale of capital

Total support. (Add lines 9, 10c,

assets (Explain in Part VI)

11, and 12)

13

Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15

Public support percentage from 2015 Schedule A, Part III, line 15 16

Section D. Computation of Investment Income Percentage

Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))

17,700

17,639,197

Investment income percentage from 2015 Schedule A, Part III, line 17 19a 331/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

10,350 84,260 21,059,042 21,421,815

15

16

17

18

83,939

21,625,473

104,834,115 d, third, fourth, or fifth tax year as a section 501(c)(3) organization,

▶☑

208,187

87 323 %

85 665 %

2 421 %

2 383 %

- Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶□ Schedule A (Form 990 or 990-EZ) 2016

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Page 4

10b

Schedule A (Form 990 or 990-EZ) 2016

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

Schedule A (Form 990 or 990-EZ) 2016

Sections A and D, and complete Part V) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		

pelow 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied

the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

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 5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

organization's supported organizations? If "Yes," provide detail in Part VI. 6

6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 8

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

answer line 10b below 10a

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

the organization had excess business holdings)

Par	** Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
C-	ection B. Type I Supporting Organizations			
se	ection 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 of	ır 🗀	1.03	""
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa			
	VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or			
	trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such			
	powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
			•	•
Se	ection C. Type II Supporting Organizations		Yes	N.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of [res	No
1	were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	or		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
		1		
				•
Se	ection D. All Type III Supporting Organizations		Τ.,	
	Did the appropriate any would be each of the grown which are not the best first first of the COL seconds of the	,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of			
	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?	<u> </u>	-	<u> </u>
2	Were any of the organization's officers, directors, or trustoss either (1) appointed or elected by the supported arrangement	n 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization	"		
	maintained a close and continuous working relationship with the supported organization(s)	<u> </u>		
_	Divinion of the valeting described in (2) did the surround of	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
			1	
	ection 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 instr	actions)		
a				
b				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instru	ictions))
2	Activities Test Answer (a) and (b) below.	_	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supporte organizations and explain how these activities directly furthered their exempt purposes, how the organization was	3		
	responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>		
	substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the			
	organization's position that its supported organization(s) would have engaged in these activities but for the organization	s		
_	involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.	of 3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	\vdash	1	
,	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		
		,	1	

-	Add lifles 1 till odgif 5			
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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		

d	Total (add lines 1a, 1b, and 1c)	1d	
е	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	

Schedule A (Form 990 or 990-EZ) (2016)

e Excess from 2016. . . .

Schedule A (Form 990 or 990-EZ)	chedule A (Form 990 or 990-EZ) 2016 Page 8						
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 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	Return Reference Explanation						
Schedule A, Part III, Line 12	Other miscellaneous income						

Schedule A (Form 990 or 990-F7) 2016

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

OMB No 1545-0047

DLN: 93493349014517

Open to Public Inspection

Department of the Treasury www.irs.gov/form990. Internal Revenue Service

SCHEDULE C (Form 990 or 990-

EZ)

• S • 8 • 8 If the	ection 501(c)(3) organizations Con Section 501(c) (other than section 5 Section 527 organizations Complet corganization answered "Yes" or	n Form 990, Part IV, Line 3, or Form 9 nplete Parts I-A and B Do not complet 01(c)(3)) organizations Complete Part e Part I-A only n Form 990, Part IV, Line 4, or Form 9 have filed Form 5768 (election under	e Part I-C ts I-A and C below 990-EZ, Part VI, Iır	Do not complete Part I-E	es), then
● S If the	Section 501(c)(3) organizations that corganization answered "Yes" or	have NOT filed Form 5768 (election un Form 990, Part IV, Line 5 (Proxy Ta	inder section 501(h)) Complete Part II-B Do	o not complete Part II-A
	xy Tax) (see separate instruction: Section 501(c)(4), (5), or (6) organiz				
Nar	me of the organization CA of Minneapolis	·		Employer ide 41-0693891	entification number
Par	t I-A Complete if the organ	nization is exempt under section	on 501(c) or is		nization.
1 2	-	ızatıon's dırect and ındırect political ca			\$
3	Volunteer hours				
Par	t I-B Complete if the organ	nization is exempt under section	on 501(c)(3).		
1	Enter the amount of any excise ta	x incurred by the organization under s	ection 4955	>	\$
2	Enter the amount of any excise ta	x incurred by organization managers i	under section 4955	•	\$
3	If the organization incurred a sect	ion 4955 tax, did it file Form 4720 for	this year?		🗌 Yes 🔲 No
4a	Was a correction made?				☐ Yes ☐ No
b Par	If "Yes," describe in Part IV	nization is exempt under section	on 501(c), exce	ent section 501(c)(3	3).
1	-	ed by the filing organization for section			\$
2	, · ·	anization's funds contributed to other	•		Ψ
	function activities		-	>	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and o	on Form 1120-POL,	line 17b ►	\$
4	Did the filing organization fileForm	n 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) o each organization listed, enter the am that were promptly and directly deliver see (PAC) If additional space is needed,	ount paid from the red to a separate p	filing organization's function olitical organization, such	ds Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
2					
3					
4					
5					
6					
For P	aperwork Reduction Act Notice, see t	he instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C	(Form 990 or 990-EZ) 2016

1,000,000

86,012

250,000

10,248

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Grassroots ceiling amount

Lobbying ceiling amount

2a

1,000,000

26,250

250,000

14,240

1,000,000

38,333

250,000

9,000

1,000,000

61,233

250,000

9,900

Schedule C (Form 990 or 990-EZ) 2016

4,000,000

6,000,000

211,828

1,000,000

1.500.000

43,388

Return Reference

activity

Volunteers?

1

(b)

Amount

(a)

Yes

No

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year c Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

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

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. OMB No 1545-0047

DLN: 93493349014517

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

Open to Public **Inspection** Employer identification number

YWC	CA of Minneapolis			2	racinculton nai	
-	Outputies Maintaining Bases	Adding Franks on Other		41-069389		
Pa	rt I Organizations Maintaining Donor Complete if the organization answere			s or Account	5. 	
		(a) Donor advised fur	nds	(b) Funds	and other accounts	
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor funds are the organization's property, subject to			r advised	☐ Yes	
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?					
Pai	rt III Conservation Easements. Complet	e if the organization ansv	vered "Yes" on F	orm 990, Part	IV, line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all that	apply)			
	\square Preservation of land for public use (e g , rec	reation or education)	Preservation of	an historically i	mportant land area	
	Protection of natural habitat		Preservation of	a certified histo	oric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation	contribution in the		ervation Id at the End of the	o Voor
а	Total number of conservation easements			2a	d at the End of th	е теаг
b	Total acreage restricted by conservation easemen	ts		2b		
c	Number of conservation easements on a certified		(a)	2c		
d	Number of conservation easements included in (c) structure listed in the National Register) acquired after 8/17/06, and	not on a historic	2d		
3	Number of conservation easements modified, traitax year ▶	nsferred, released, extinguish	ned, or terminated	by the organizal	tion during the	
4	Number of states where property subject to cons	ervation easement is located	-	_		
5	Does the organization have a written policy regar and enforcement of the conservation easements i		inspection, handli	ng of violations,	☐ Yes ☐	No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violal	tions, and enforcin	g conservation e	asements during th	e year
7	Amount of expenses incurred in monitoring, insper	ecting, handling of violations,	and enforcing con	servation easem	nents during the yea	ır
В	Does each conservation easement reported on line and section $170(h)(4)(B)(II)^2$	ie 2(d) above satisfy the requ	urements of sectio	n 170(h)(4)(B)(. – –	No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organi				
Par	Complete if the organization answere	tions of Art, Historical		Other Similar	Assets.	
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it	FAS 116 (ASC 958), not to re eld for public exhibition, educ	port in its revenue ation, or research	ın furtherance o		s of
b	If the organization elected, as permitted under SI historical treasures, or other similar assets held for following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1			▶ \$		
(i	i)Assets included in Form 990, Part X			▶ \$		
2	If the organization received or held works of art, following amounts required to be reported under			fınancıal gaın, pr		
а	Revenue included on Form 990, Part VIII, line 1	·		▶ \$		
b	Assets included in Form 990, Part X			▶ 9	\$	

Cat No 52283D

Schedule D (Form 990) 2016

 ${f d}$ Equipment . .

e Other .

Sche	edule D (Form 990) 2016									Page 2
Par	t III Organizations M	aintaining Collections o	f Art, H	istorical	Treas	ures, or	Other	Similar Ass	ets (cor	ntinued)
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)									
а	Public exhibition			d _	Loa	n or excha	nge prog	rams		
b	Scholarly research			e [Oth	er				
С	Preservation for future	e generations								
4	Provide a description of the Part XIII	organization's collections and	explain h	now they fu	ırther tl	he organız	atıon's ex	empt purpose	∍ın	
5		anızatıon solıcıt or receive do nds rather than to be maintai						ular	☐ Yes	□ No
Pa		codial Arrangements. ganızatıon answered "Yes	" on Forr	m 990, Pa	art IV,	line 9, or	reporte	ed an amoun	t on For	rm 990, Part
1a	Is the organization an agent included on Form 990, Part i	t, trustee, custodian or other X?	ıntermedi	ary for con	tributio	ns or othe	er assets i		☐ Yes	□ No
	TÉ IIV.	and the Death Will and I am I		Harring - 4-11	1_	Г	<u> </u>	A		
Ь		ement in Part XIII and comple	ete the fol	llowing tab	le	}	1c	Am	ount	
c d	Beginning balance					}	1d			
e	Additions during the year	_				}	1e			
f	Distributions during the year	Ţ					1f			
	Ending balance		+ V l.m. = 7	31 6				. L. J. L		
2a	Did the organization include	an amount on Form 990, Par	τx, line 2	zi, for escr	ow or c	ustodiai a	ccount lia	idility	∐ Yes	∐_No
b	If "Yes," explain the arrange	ment in Part XIII Check here	e if the ex	planation h	nas bee	n provided	in Part)	KIII		. Ц
Pa	rt V Endowment Fund	ds. Complete If the organ	ization a	nswered	"Yes" (on Form 9	990, Par			
		(a)Curren		(b)Prior y		(c)Two ye		(d)Three years		Four years back
	Beginning of year balance .	13	,418,167		917,043	1	4,338,010	<u>'</u>	34,755	7,819,622
	Contributions		174,198		-40,187		409,516	· ·	31,436	826,220
	Net investment earnings, gair	13, 4114 103363	,223,491		33,969		623,219	1,51	17,663	1,013,712
	Grants or scholarships		0		0		0		0	0
е	Other expenditures for facilities and programs		,222,421	1,	467,670		434,723	·	22,160	505,539
f	Administrative expenses .		20,116		24,988		18,979		23,684	19,260
g	End of year balance	8	,573,319	13,	418,167	1	4,917,043	14,33	38,010	9,134,755
2	Provide the estimated perce	ntage of the current year end	l balance ((line 1g, co	olumn (a)) held as	s			
а	Board designated or quasi-e	endowment ► 20 %								
b	Permanent endowment >	27 %								
С	Temporarily restricted endov	wment ► 53 %								
3a		, 2b, and 2c should equal 100 not in the possession of the c		on that are	held a	nd admini	stered foi	r the		
-4	organization by	are personal or the	ga						<u> </u>	Yes No
	(i) unrelated organizations				•				3a(i	
b	(ii) related organizations . If "Yes" on 3a(II), are the rel		equired o	n Schadula	 . R2	• •			3a(i	<u>- </u>
4	• • •	ended uses of the organization							_ 30	
	rt VI Land, Buildings,									
		ganization answered 'Yes'	on Form	n 990, Pai	rt IV, I	ine 11a. :	See For	m 990, Part	X, line	10.
	Description of property	(a) Cost or other basis (investment)	(b)Cost o	or other basi	s (other)	(c) Accu	ımulated d	epreciation	(d)	Book value
1a	Land	0		2	2,958,97	4				2,958,974
b	Buildings	0		37	7,795,17	5		15,760,605		22,034,570
С	Leasehold improvements	0			158,20	4		149,376		8,828

0

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

6,652,146

863,471

2,559,349

863,471

4,092,797

(a) Description Security or Category (b) Book value (Committee security (committee security)	Part VII	Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	ne org	ganization ansv	wered 'Yes' on	Form 990, Pa	rt IV, line 11b.
Comment 176,094 F		(a) Description of security or category	(b) Book value	Cos		
3 3 3 3 3 3 3 3 3 3	(1)Financial				Cos	st or end-or-year	r market value
A. S. An Instruments		eld equity interests					
(5) (6) (7) (8) (8) (9) Tatal. (Column Co)-mace count floor 500, flor X, col (0) mon 12) Tourstments—Program Related, Complete if the organization answered. Year on Form 990, Part XV, line 11c. See Form 990, Part X, line 13. (a) Description of investments (b) Book value (c) Winted of value of the control	(A) Life Insu	rance		176,054		F	
(c) (c) (c) (d) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f							
(b) (c) (c) (d) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f							
(6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9							
(F)							
Color Colo							
Total. Column (b) must equal Form 990, Part X, cell (B) line 12) Total. Column (b) must equal Form 990, Part X, cell (B) line 15) Fart XIII See Form 390, Part X, cell (B) line 12. (a) Description of investment (b) Book value (c) Rection of valuation (c) See form 990, Part X, cell (B) line 15 (b) Book value (c) See form 990, Part X, cell (B) line 15 (d) Description (e) Book value (f) Book value (g) Part XX							
Total Column (b) must equal from 990, Part X, and (b) line 12) 176,034							
Investments - Program Related. Complete if the organization answered Yes' on Form 990, Part IV, Inte 11c. See Form 990, Part IV, I		(1)					
(a) Description of investment (b) 800k value Cost or end-d-1-year market value (cost o	Part VIII					n Form 990, F	Part IV, line 11c.
Cost or end-iof-year market value		See Form 990, Part X, line 13.		(b) Book value		(c) Method of	valuation
(3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal form 990, four X, cell (b) line 13) (a) Description (1) (a) Description (1) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal form 990, Part X, cell (b) line 15) Part X Other Liabilities, Complete if the organization answered "res" 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 (a) Description of liability (b) Book value (1) Federal income taxes (a) Description of liability (b) Book value (1) Federal income taxes (b) Book value (c) Federal income taxes (c) Federal income taxes (b) Book value (c) Federal income taxes (c) Federal	(1)	(1, 2 : 2 : 1, 2 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 :		1			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal form 980, Part X, col (8) line 13) Part XX Other Assets. Complete if the organization answered Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Describtion (b) Book value (c) (c) (d) (d) (d) (e) (e) (e) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g							
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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	(9) ————						
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col (8) 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 Denvative Financial Instrument 6,261 (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col (B) line 25)			► L'Yes'	on Form 990. Pa	art IV. line 11d	See Form 990.	Part X. line 15
(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 Derivative Financial Instrument (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Lability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					,		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes Denvative Financial Instrument (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)							
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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 Derivative Financial Instrument 6,261 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	(9)						
See Form 990, Part X, line 25. 1.			nswe		rm 990. Part		
Derivative Financial Instrument (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		See Form 990, Part X, line 25.				I	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				(6) [ook value		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						-	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		nancial Instrument			6,261		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(6)						
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(7)						
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	(8)						
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(9)						
			.		-	<u> </u>	
							_

Add lines 4a and 4b . .

Other losses .

Schedule D (Form 990) 2016

Part XI

2

r

d

e

b

Part XII

3

4

5

1

2

а b

d

е 3

а

b

c

Part XIII

5

4

960.537

14,769

-81,425

-24.076

1,086,751

105,501

0 Λ

2e

3

4c

5

2e

3

4c

1,086,751

Page 4

2,062,057

21,625,473

-105,501

21,519,972

21,975,967

1,192,252

20.783.715

20,783,715

Schedule D (Form 990) 2015

Recoveries Other (Desc Add lines 2a

Other (Describe in Part XIII)

Donated services and use of facilities .

Prior year adjustments

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Net unrealized gains (losses) on investments		
Donated services and use of facilities		
Recoveries of prior year grants		
Other (Describe in Part XIII)		
Add lines 2a through 2d		
Subtract line 2e from line 1		

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b.

Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII)

Supplemental Information

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

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

4a

4b

2a

2b

2c

2d

4b

Explanation

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

Page 5	Schedule D (Form 990) 2015				
inued)	Part XIII Supplemental Information (co				
Explanation	Return Reference				

Schedule D (Form 990) 2016

Additional Data

Software ID: 16000425
Software Version: v1.00

EIN: 41-0693891

Name: YWCA of Minneapolis

Supplemental Information

Supplemental Information	
Return Reference	Explanation
	The YWCA maintains quasi-endowment funds that are available for any purpose designated by the Board At June 30, 2017, these funds totaled \$1,714,704 The General Endowment funds a t June 30, 2017 totaled \$3,669,569 The Jean Wigley Endowment Fund at June 30, 2017 totale d \$151,953 The Elizabeth Lyman Lodge Endowment Fund at June 30, 2017 totaled \$2,912,577 a nd is restricted for camping activities. The Ruth Keith Endowment Fund at June 30, 2017 to taled \$124,518 and is restricted for domestics training.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2	FASB ASC 740-10, Income Taxes, provides that a tax benefit from an uncertain tax position may be recognized when it is more likely than not that the position will be sustained upon examination, including resolutions of any related appeals or litigation processes, based on the technical merits. Income tax positions must meet a more-likely than not recognition threshold to be recognized. This interpretation also provides guidance on measurement der ecognition, classification, interest and penalties, accounting in interim periods, disclos ure, and transition. The YWCA recorded no liabilities in 2017 or 2016 for unrecognized tax.

positions

plemental Information	
Return Reference	Explanation
edule D, Part XI, Line 2d	Derivative Financial Instrument gain

Supi

pplemental Information	
Return Reference	Explanation
hedule D, Part XI, Line 4b	Cost of goods sold

Sup

Supplemental Information Return Reference Explanation Circle of Women special event expenses moved to revenue of \$81,425 Cost of Good Sold expenses moved to Schedule D, Part XII, Line 2d revenue of \$24,076

SCHEDULE G

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

DLN: 93493349014517 OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

organization entered more than \$15,000 on Form 990-EZ, line 6a Attach to Form 990 or Form 990-EZ.

ternal Revenue Service	► Information about Sche	dule G (Fo	rm 990 or 9	990-EZ) and its instructions	s at www <i>irs</i>	gov/form990.	Inspection
ame of the organization						Employer ide	ntification number
WCA of Minneapolis						41-0693891	
Employer identification number A1-0693891			 L 7.				
Indicate whether the	organization raised funds	through	any of the	following activities Che	ck all that a	pply	
a 🗹 Mail solicitations				e 🗹 Solicitation of n	on-governm	ent grants	
b 🗹 Internet and ema	ıl solicitations			f 🗹 Solicitation of g	overnment o	grants	
c Phone solicitation	s			g 🗸 Special fundrais	ıng events		
d 🗹 In-person solicitat	tions						
						·	es 🗌 No
			fundraisei	rs) pursuant to agreeme	nts under wh	nich the fundrais	er is
ındıvıdual	of (ii) Activity	fundrai custo cont	ser have ody or rol of		(or ref	tained by) ser listed in	
1 Crotchen Diner Consult	ing Cirls and Vouth	Yes	No				
LLC	campaign strategy		No	466,541		77,315	389,226
Wayzata, MN 55311							
2							
3							
1							
5							
5							
7							
3							
)							
J							
otal	·	•	•	466,541		77,315	389,226
List all states in which t	the organization is register	ed or lice	ensed to s	solicit contributions or ha	been notifi	led it is exempt f	- from registration or
IICCIISIIIU							

All States

Sche	edule G (Form 990 or 990-EZ) 2016				Page 2						
Pa	rt II Fundraising Events. Complethan \$15,000 of fundraising egross receipts greater than \$15,000 of fundraising egross receipts greater than \$15,000 of fundraising egross receipts greater than \$15,000 of fundraising experiences.	event contributions and									
	gross receipts greater than \$.	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events						
Revenue		Circle of Women (event type)	(event type)	(total number)	(add col (a) through col (c))						
	1 Gross receipts	542,689			542,689						
	2 Less Contributions	473,203			473,203						
	3 Gross income (line 1 minus line 2)	69,486			69,486						
	4 Cash prizes	0			0						
w	5 Noncash prizes	0			0						
JSe.	6 Rent/facility costs	2,411			2,411						
Expenses	7 Food and beverages	39,873		C	39,873						
ញ ក	8 Entertainment	0		C	0						
Direct	9 Other direct expenses	39,141			39,141						
_	10 Direct expense summary Add lines 4 t	through 9 in column (d)			81,425						
	11 Net income summary Subtract line 10	from line 3, column (d)			-11,939						
Pai	Gaming. Complete if the organization on Form 990-EZ, line 6a.	anızatıon answered "Ye	es" on Form 990, Part I	IV, line 19, or reported	· ·						
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))						
ă	1 Gross revenue										
Expenses	2 Cash prizes										
ă	3 Noncash prizes										
ect	4 Rent/facility costs										
<u>ā</u>	5 Other direct expenses										
		☐ Yes%	☐ Y es%	☐ Yes %							
	6 Volunteer labor	□ No	☐ No	□ No							
	7 Direct expense summary Add lines 2 through 5 in column (d)										
	8 Net gaming income summary Subtrac	t line 7 from line 1, colum	n (d)	•							
9 a b	Enter the state(s) in which the organization licensed to conduct go If "No," explain	aming activities in each of	these states?		☐ Yes ☐ No						
10 a b		censes revoked, suspende			Yes No						

Sche	dule G (Form 990 or 990-EZ) 2016					F	age				
11	Does the organization conduct gaming	j activities with nonmember	s?		☐Yes	□No					
12	Is the organization a grantor, benefici- formed to administer charitable gamin		a member of a partnership or other entity		□Yes	□No					
13	Indicate the percentage of gaming act	ivity conducted in									
а	The organization's facility			13a							
b	An outside facility			13b			(
14	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and re	ecords							
	Name •										
	Address >										
15a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□Yes	□No					
b			ganization ▶ \$ and th	ne							
	amount of gaming revenue retained b	y the third party $ hildsymbol{ ho}$ \$									
С	If "Yes," enter name and address of the	ne third party									
	Name •										
	Address ►										
16	Gaming manager information										
	Name ►										
	Gaming manager compensation $ hilde{ ho}$ \$										
	Description of services provided										
	☐ Director/officer	☐ Employee	☐ Independent contractor								
17	Mandatory distributions										
а	,	te law to make charitable di	stributions from the gaming proceeds to		_						
_	retain the state gaming license?										
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent										
D.	in the organization's own exempt activ			- (···) -	and (). a	ad Dawt					
Pal		l5c, 16, and 17b, as app	tions required by Part I, line 2b, column licable. Also complete this part to provid								
	Return Reference		Explanation								
			<u>'</u>	ule G (F	orm 990 or	990-EZ)	201				

DLN: 93493349014517

OMB No 1545-0047

2015

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.qov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

YWCA of Minneapolis

Schedule J (Form 990)

Name of the organization

Employer identification number

	41-0693891							
Pa	rt I Questions Regarding Compensation							
					Yes	No		
1 a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to							
	First-class or charter travel		Housing allowance or residence for personal use					
	☐ Travel for companions		Payments for business use of personal residence					
	Tax idemnification and gross-up payments	· 	Health or social club dues or initiation fees					
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the orga reimbursement or provision of all of the expenses desc			1b				
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all							
	directors, trustees, officers, including the CEO/Execut	tive D	rrector, regarding the items checked in line 1a?	2				
3	Indicate which, if any, of the following the filing organizorganization's CEO/Executive Director Check all that used by a related organization to establish compensat	appl	y Do not check any boxes for methods					
	☐ Compensation committee		Written employment contract					
	Independent compensation consultant		Compensation survey or study					
	Form 990 of other organizations	Ľ	Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Pa or a related organization	art V I	I, Section A, line 1a with respect to the filing organization					
а	Receive a severance payment or change-of-control pa	ymen	ıt?	4a		Νo		
b	Participate in, or receive payment from, a supplementa	al non	qualified retirement plan?	4b		Νo		
c	Participate in, or receive payment from, an equity-bas-	ed co	mpensation arrangement?	4c		No		
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde th	e applicable amounts for each item in Part III					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ns mi	ust complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, I compensation contingent on the revenues of							
а	The organization?			5a		Νo		
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, I compensation contingent on the net earnings of	ine 1a	a, did the organization pay or accrue any					
а	The organization?			6 a		Νo		
b	Any related organization?			6 b		Νo		
	If "Yes," on line 6a or 6b, describe in Part III							
7	For persons listed on Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," des			7		Νo		
8	Were any amounts reported on Form 990, Part VII, pa subject to the initial contract exception described in R							
	ın Part III		· · · · · · · · · · · · · · · · · · ·	8		Νo		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?								

Schedule J (Form 990) 2015

181,396

2 Mary Jones

Officer

VP and Chief Advancement

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (1) compensation	(iı) Bonus & ıncentive compensation	(III) Other reportable compensation	other deferred benefits (B)(ı)-(D) compensation	column(B) reported as deferred on prior Form 990		
Colleen Wigg Chief Operating Officer	(i)	177,098	0	0	5,323	8,231	190,652	0
enier operating officer								

5,919

302

187.617

Schedule J (Form 990) 2015

Return Reference	Explanation							
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								
Part IIII Supplemental Inform	nation							
Schedule J (Form 990) 2015	Page 3							

Schedule J (Form 990) 2015

efi	le GRAPHIC print - DO NO	T PROCESS As	Filed Data -									DLN: 9	34933	4901	4517
	hedule K orm 990)	formation o	n Tax E	xemp	t B	onds					o 1545				
ζ.,	Jilli 990)		e organization answe	ered "Yes" to Form	990, Part I	V, line 2	4a. P		scriptions,			2	01	6	
Dona	rtment of the Treasury			ind any additional Attach to Form 99		in Part	VI.					Ope	n to Pı	ıblic	
Inter	nal Revenue Service	▶Informatio	n about Schedule K (Form 990) and its	instruction	s is at <u>wı</u>	ww.ii	rs.gov/for	<u>m990</u> .	1		In	spection	on	
	e of the organization CA of Minneapolis									-	-	tıficatıon	number		
										41-06	93891				
1.7	Bond Issues	(L) T ETNI	(-) CHCID #	(4) D-1	(-) T			5) D	6			(1-)	<u>. </u>	(:)	DI
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	orice	()	r) Description	on of purpose	(9)	efeased	(h) (behal		(i) l fınar	
												ıssuer			
_	Managaraka Cammunitu	41 6000115		07.23.2008	2.0	20 000 B				Yes	No	Yes	No	Yes	No
Α	Minneapolis Community Development Agency	41-6009115		07-23-2008	2,0		guipin quipn	ig improven nent	nents and		X		×		X
Pa	rt II Proceeds				Г										
	Amount of bonds retired				4	4	_		3	C	:			D	
1	Amount of bonds retired Amount of bonds legally defeas						0								
2 3	Total proceeds of issue					2.000.6									
4	Gross proceeds in reserve fund					2,000,0	000								
 -	Capitalized interest from proce						- 0								-
- 5	Proceeds in refunding escrows						0								
- 0	Issuance costs from proceeds .					40.4	000								
<u>/</u>	Credit enhancement from proce					40,0	000								
<u> </u>	Working capital expenditures fr						0								
	Capital expenditures from proc					1.060.0	000								-
$\frac{10}{11}$	Other spent proceeds				1,960,000										
12	Other unspent proceeds						0								
13	Year of substantial completion				3.0	09	-								
	real of Substantial completion			•	Yes	No	-	Yes	No	Yes	No		Yes	1	No
14	Were the bonds issued as part	of a current refunding	ııssue?			X			110	100					
15	Were the bonds issued as part					X	+								
16	Has the final allocation of proce				X										
17 Does the organization maintain adequate books and records to support the final allocation of				X		\top									
_	proceeds?			•											
Ра	rt IIII Private Business U	se			T .				,		•			D	
					Yes	No	-+	Yes	No No	Yes	, No		Yes	-	 No
1	Was the organization a partner financed by tax-exempt bonds?					×			140	103	.110				
2	Are there any lease arrangeme property?	nts that may result in	private business use of			х									
Ear	Panerwork Reduction Act Noti				Cal	No 501	93E				S	chedule	K /For	m 990	1 2016

C

d

Page 2

D

D

Schedule K (Form 990) 2016

Nο

Yes

Yes

C

No

Yes

C

Nο

Yes

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

counsel to review any research agreements relating to the financed property?

organization, or a state or local government

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Penalty in Lieu of Arbitrage Rebate? . . .

If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

Was the hedge superintegrated?

Arbitrage

Part IV

c

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Yes

Χ

Χ

Α

No

Х

Х

Χ

1000 %

Χ

Х

Yes

Χ

Х

Х

Wells Fargo

Nο

Χ

Χ

0 %

0 %

0 %

В

Nο

Yes

Х

Yes

No

the GIC satisfied?

requirements of section 148? . . .

applicable regulations?

Schedule K (Form 990) 2016

period?

Part V

Part VI

D

Yes

Page 3

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under

Yes

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

No

Yes

No

Yes

Yes

No

No

Yes

Yes

No

No

Yes No

D

Schedule K (Form 990) 2015

Name of the organization YWCA of Minneapolis Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization organization organization organization 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958	6 ublic	
Tyes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. ►Information about Schedule L (Form 990 or 900-EZ) and its instructions is at www.irs.qov/form990. Fart I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization organization organization organization organization. 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization organization of loan organization? (b) Relationship (c) Purpose of loan organization? (c) Description of transaction (d) Loan to or from the logonization of loan organization (f) Balance due fefault? Approved by board or committee?	ublic on er	
Part I Excess Benefit Transaction (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990. Excess during the amount of tax, if any, on line 2, above, reimbursed by the organization. 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. 2 Enter the amount of tax incurred by organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization of long organization organization? 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section. 4958. 3 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section. 4958. 5 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section. 4958. 6 Embloyer identification numbers of poly (c) Description of transaction organization organization. 7 Excess Benefit Transactions only. (b) Relationship between disqualified person and organization organization. (c) Description of transaction organization organization. 7 Excess Benefit Transaction only. (d) Conganization organization organization. (e) Organization organization organization organization organization. (b) Relationship (c) Purpose of loan organization? (d) Loan to or from the organization? (e) Original organization organization organization organization? (f) Balance of lob Pelationship (c) Purpose of loan organization? (d) Loan to or from the organization? (e) Original organization organization organization? (f) Balance of lob Pelationship (c) Purpose of loan organization?	ublic on er	
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization organization (c) Description of transaction (d) Coryes 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person (b) Relationship (c) Purpose of loan organization? (b) Relationship between disqualified person and (c) Description of transaction (d) Coryes are under section (e) Description of transaction (f) Person (f)	rected?	
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1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Coryes 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958		
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2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization		
4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization		
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Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person with organization of loan organization? (b) Relationship of loan organization? (c) Purpose of loan organization? (d) Loan to or from the principal amount organization? (e) Original principal due default? Approved by board or committee?		
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person with organization of loan organization? (b) Relationship of loan organization? (c) Purpose of loan organization? (d) Loan to or from the organization? (e) Original of load due amount of load organization? (f) Balance of load default? (g) In default? Approved by board or committee?		
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person with organization of loan organization? (b) Relationship of loan organization? (c) Purpose of loan organization? (d) Loan to or from the organization? (e) Original of load due amount of load organization? (f) Balance of load default? (g) In default? Approved by board or committee?		
reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of Interested person with organization of loan organization? (b) Relationship of loan organization? (c) Purpose organization? (d) Loan to or from the organization? (e) Original principal amount of loan organization? (d) Loan to or from the organization? (e) Original due default? (f) Balance due organization organization? (a) In default? (b) Approved by board or committee?	ation	
interested person with organization of loan organization? principal amount due default? Approved by agreem amount due default? Approved by board or committee?		
amount board or committee?		
To From Yes No Yes No Yes		
	No	
Total ► \$		
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.		
(a) Name of interested person (b) Relationship between (c) Amount of assistance (d) Type of assistance (e) Purpose of ass	ıstance	
interested person and the	istance	
organization		
(1) Wendy Cushing Sister of Board Member 1,682 Child Care subsidy Providing Child Care Courtney Cushing Kieran	ding Child Care to child	
positively eduling riceum		
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50056A Schedule L (Form 990 or 990-EZ)		

(a) hame of interested person	between interested person and the organization	transaction	(a) Description of transaction	of organization's revenues?	
				Yes	No
(1) Erın Wıgg	Daughter of Colleen Wigg	33,445	Employee compensation		No

Explanation

Schedule I (Form 990 or 990-F7) 2016

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

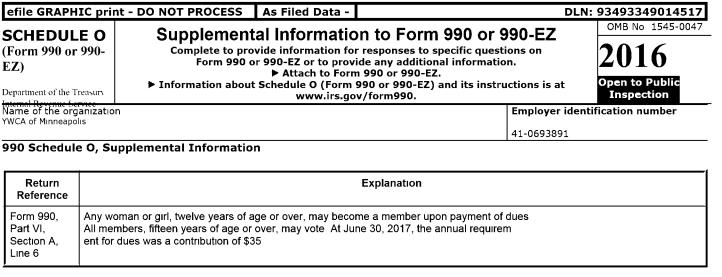
Return Reference

Part V

Supplemental Information

DLN: 93493349014517 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2016 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** YWCA of Minneapolis 41-0693891 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line Art—Works of art . . 2 Art—Historical treasures Art-Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes . 8 Intellectual property Securities—Publicly traded . Χ 80,451 Hi/Low Avg on Gift Date 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . Qualified conservation contribution-Historic structures 14 Qualified conservation contribution—Other . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles . . Food inventory . . . 19 20 Drugs and medical supplies 21 Taxidermy . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . Other ▶ (______ **26** Other ▶ (___ Other ► (_____ 27 28 Other ▶ (___ Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a Nο b If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2016) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2016)	Page 2
	tion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part umber of contributions, the number of items received, or a combination of both. Also complete
Return Reference	Explanation
Schedule M, Part I, Line 32b	YWCA contracts with a third party investment management firm who processes and sells noncash contributions
	Schedule M (Form 990) (2016)



990 Schedule O, Supplemental Information Return Explanation

Reference

Form 990,	The Form 990 is first prepared and reviewed by Business Office staff, who review and confi
Part VI,	rm all facts and figures. Subsequent to the staff review, Form 990 is provided to the Fina
Section B,	nce and Audit Committee The Finance and Audit Committee reviews and approves the content
Line 11b	of the Form 990, who then recommend the approval of the Form to the full Board at a subseq
	uent full Board meeting Before the Board approval, two webinars are conducted and all Boa
	rd members are invited to review the contents of the 990 in detail and answer any question

s raised by the Board Upon the Board approval, Form 990 is filed with the IRS

Return Explanation Reference

Board Members are required to complete disclosures of potential conflicts of interest upon

990 Schedule O, Supplemental Information

Form 990.

Part VI,
Section B,
Line 12c

being elected and annually The key employees of the organization are also required to disclose potential conflicts of interest annually. The CFO reviews these disclosures and advises the CEO and the Board Chair of potential conflicts of interest. In matters where a potential conflict of interest the Board is notified and the individual with the conflict of interest is recused from deliberations or voting on those matters.

990 Schedule O, Supplemental Information

Return

Reference	Explanation	
Form 990, Part VI, Section B, Line 15	The CEO's performance is reviewed and compensation is set annually by the Board of Directo rs. The CEO prepares a self-assessment including performance to annual goals. The Board Ch air meets with the CEO's direct reports and solicits evaluations from all Board Members, is ummarized all comments and prepares a confidential report to the Board. The Board Chair le ads a discussion with the Board Members on the CEO's performance rating, performance feedb ack and any proposed compensation action with no staff or CEO present for the discussion. Before compensation is set, a survey of compensation of comparable organizations and positions is reviewed. The Board Chair and CEO meet to discuss the performance review and compensation actions, if any, are provided to Human Resources for action.	

Explanation

Return Explanation
Reference

990 Schedule O, Supplemental Information

Line 19

Form 990,
Part VI,
Section C.

The YWCA makes its Audited Financial Statements, Annual Report, Form 990, and Form 990T, if applicable, available to the public on its website

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Derivative Financial Instrument of \$14,769

Part XI, Line