Form 990-T	Exempt Organization Bus					OMB No_ 1545-0687
•	(and proxy tax und		• • •		96	0040
	For calendar year 2016 or other tax year beginning JUL 1,				<u> </u>	2016
Department of the Treasury Internal Revenue Service	► Information about Form 990-T and its instruction Do not enter SSN numbers on this form as it may				<u> </u>	Open to Public Inspection for 50 (c)(3) Organizations Only
A Check box if address changed			and see instructions.)		Emple	oyer identification number oyees' trust, see ctions)
B Exempt under section	Print JEWISH FAMILY SERVICE	9:	1-0565537			
X 501(c.23_)	_ or Number, street, and room or suite no. If a P.O. box			ited business activity codes		
408(e)220(e)	Type 1601 16TH AVENUE] `	,
408A 530(a)	City or town, state or province, country, and ZIP o	900	099			
C Book value of all assets	F Group exemption number (See instructions.)					
36,731,230.	G Check organization type ► X 501(c) corporation		501(c) trust	401(a) trust		Other trust
H Describe the organization	n's primary unrelated business activity. > INVESTM	ENT	IN PARTNERS	HIPS		
	the corporation a subsidiary in an affiliated group or a parer	nt-subs	diary controlled group?	▶ [Ye	s X No
	and identifying number of the parent corporation.					
	► MICHELLE MATHESON				206	
<u> </u>	d Trade or Business Income	,	(A) Income	(B) Expense:	5	(C) Net
1a Gross receipts or sale						
b Less returns and allo		1c				
2 Cost of goods sold (S	•	2				
3 Gross profit. Subtrac		3				
	me (attach Schedule D)	4a		 " ·		
	n 4797, Part II, line 17) (attach Form 4797)	4b		 .		
c Capital loss deductio		4c 5	-64,080.			-64,080.
	partnerships and S corporations (attach statement)	6	-04,000.		-	04,000.
6 Rent income (Schedi 7 Unrelated debt-finance	ced income (Schedule E)	7				
	oyalties, and rents from controlled organizations (Sch. F)	8				
·	of a section 501(c)(7), (9), or (17) organization (Schedule G)					
	uvity income (Schedule I)	10				
11 Advertising income (11				
_ ,	nstructions, attach schedule)	12				
13 Total, Combine line:	s 3 through 12	13	-64,080.			-64,080.
Part II Deduction	ons Not Taken Elsewhere (See instructions to contributions, deductions must be directly connected	r limit	ations on deductions)	7		
(Except for	contributions, deductions must be directly connected	LWITH.	tre tracetated business			
14 Compensation of of	ficers, directors, and trustees (Schedule K)	ļ.,	0 0 00/0		14	
15 Salaries and wages	(y)	Į M	IAY 2 8 2019	RS-O	15	
16 Repairs and mainter	nance	<u> </u>		띄	16	
17 Bad debts	l de la companya de	0	GDEN, UT	i	17	
18 Interest (attach scho	edule)				18	
19 Taxes and licenses	CMAMENT	28700	2 · SEE STAT	EMENIO 1	19	0.
	tions (See instructions for limitation rules) STATEME	714.1.		EMENT I	20	0.
21 Depreciation (attach	•		21 22a		22b	
	laimed on Schedule A and elsewhere on return		[224]		23	
•	ferred compensation plans				24	
25 Employee benefit pr	·				25	
26 Excess exempt expe	-				26	
27 Excess readership of	,		•		27	
28 Other deductions (a	,				28	
·	Add lines 14 through 28				29	0.
	taxable income before net operating loss deduction. Subtrac	t line 2!	9 from line 13		30	-64,080.
	deduction (limited to the amount on line 30)		SEE STAT	EMENT 3	31	
	taxable income before specific deduction. Subtract line 31 fr	om line			32	-64,080.
					33	1,000.
34 Unrelated business	(Generally \$1,000, but see line 33 instructions for exceptions taxable income. Subtract line 33 from line 32. If line 33 is	greater	than line 32, enter the sm	aller of zero or		
line 32			_	<u> </u>	34	-64,080.
623701 11-22-17 LHA F	or Paperwork Reduction Act Notice, see instructions.					Form 990-T (2016)

Form 990-T	(2016) JEWISH FAMILY SERVICE OF	SEATTLE		91-05	65537	Page 2
Part II	I Tax Computation					
35	Organizations Taxable as Corporations. See instructions for ta	x computation.				
	Controlled group members (sections 1561 and 1563) check here	·—	s and		1 1	
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxab					
_	(1) \$ (2) \$	(3) \$,	1		
h	Enter organization's share of: (1) Additional 5% tax (not more the					
•	(2) Additional 3% tax (not more than \$100,000)	[\$		_		
	Income tax on the amount on line 34	Ψ			35c	0.
36	Trusts Taxable at Trust Rates. See instructions for tax compute	ition. Income tay on the amoi	unt on line 34	_	330	
30	Tax rate schedule or Schedule D (Form 1041)	ition. Income tax on the amou	unt on mic o	* 11 O 11 1	36	
37	Proxy tax. See instructions				37	
38	Alternative minimum tax			•	38	
	Tax on Non-Compliant Facility Income. See instructions				39	
	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever appli	00			40	0.
Part I		<u> </u>			1 40 1	<u> </u>
	Foreign tax credit (corporations attach Form 1118, trusts attach	Form 1116)	41a		T 1	
	Other credits (see instructions)	romi rrio,	41b		\dashv \parallel	
	·				\dashv \parallel	
	General business credit. Attach Form 3800		41c 41d		\dashv \parallel	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		410		 	
	Total credits. Add lines 41a through 41d Subtract line 41e from line 40				41e 42	0.
42		Form 8697 Form	. 0066	Other (attach schedule		
43	Total tax. Add lines 42 and 43	FUIII 009/ FUIII	1 00000	Other (attach schedule	43	0.
44 45 a	Payments A 2015 overpayment credited to 2016		45a		""	
-	• •		45a 45b		-	
	2016 estimated tax payments				-	
	Tax deposited with Form 8868 Foreign organizations Tax paid or withheld at source (see instru	ctione)	45c 45d		\dashv \vdash	
		cuons)	450 45e		\dashv \mid	
	Backup withholding (see instructions) Credit for small employer health insurance premiums (Attach Fo	rm 9041)	45e		\dashv \mid	
	Other credits and payments: Form 2439	•	431		- 1	
y	Form 4136 Other	Total	▶ 45g			
46	Total payments. Add lines 45a through 45g		438		46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is a	ttached -			47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter			_	48	0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 4				49	0.
50	Enter the amount of line 49 you want: Credited to 2017 estimat			Refunded	50	
Part V			tion (see			
	At any time during the 2016 calendar year, did the organization t	•				Yes No
•	over a financial account (bank, securities, or other) in a foreign of	-		•		
	FinCEN Form 114. Report of Foreign Bank and Financial Account					
	here >	·	_	•		X
52	During the tax year, did the organization receive a distribution fro	om, or was it the grantor of, o	or transferor t	to, a foreign trust?		_ <u> </u>
	If YES, see instructions for other forms the organization may have					
53	Enter the amount of tax-exempt interest received or accrued duri					
	Under penalties of perjury. I declare that I have examined this return, incli	uding accompanying schedules and	d statements, ar	nd to the best of my know	ledge and belief, i	l is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is be	sed on all information of which prep	parer nasany kr		May the IRS discu	iss this return with
SIGN HERE	5/8	319 Dire	uton 21	trance	the preparer show	
	Signature of officer Date	Title			instructions)?	Yes No
	Print/Type preparer's name Preparer's	signature	Date	Check	ıf PTIN	
Paid				self- employe		
Prepa		EN RAMIRES	05/14/			251320
Use O	nly Firm's name ► MOSS ADAMS LLP			Firm's EIN	<u>91-0</u>	189318
	999 THIRD AVENUE)			
	Firm's address ► SEATTLE, WA 9810	4		Phone no.	206-302	
					For	m 990-T (2016)

Simulation at beginning of year 1	Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	aluation > N/A					
3 Cost of labor 4 Additional section 263A costs (attach schedule) 4 B	1 Inventory at beginning of year	1 _		6	Inventory at end of yea	۱۲		6		
4a Additional section 263A costs (atach schedule) 4b	2 Purchases	2		7	Cost of goods sold. St	ubtract l	ine 6			
(attach schedule) b Other costs (attach schedule) 5 Total. Add these through 40 5 Totals and the costs (attach schedule) 4	3 Cost of labor	3			from line 5. Enter here	and in I	Part 1,			
b Other costs (attach schedule) 5 Total. Add lines 1 through 40 5 Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Osscription of property (1) (2) (3) (4) (4) (5) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (1) (1) (2) (9) (9) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (7) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (7) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	4 a Additional section 263A costs				line 2			7		
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1. Description of debt-financed property (a) Straight line appreciation (attach schedule) (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) (1) (2) (4) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) (5) (6) (7) (7) (8) (8) (8) (8) (8) (8				2	. Gross income from		to debt-financ	ed prop	erty	
(altach schedule) (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) (5) Average adjusted basis of or allocable to debt-financed property (attach schedule) (6) Column 4 divided by column 5 (column 6 x total of columns 3(a) and 3(b)) (1) (2) (3) (4) (4) (4) Enter here and on page 1, Part 1, line 7, column (A) Fart 1, line 7, column (B) O • O •	1. Description of debt-fir	anced property				(a)	Straight line depreciation		(b) Other deduction	s
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (4) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) (1) (2) (3) (4) (6) (6) (6) (7) (7) (7) (8) (8) (9) (10) (8) (9) (9) (9) (9) (11) (12) (9) (13) (9) (14) (15) (16) (17) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19					,		(attach schedule)		(attach schedule)	
(3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 6 x total of columns 3(a) and 3(b)) (1) (2) (3) (4) (4) Enter here and on page 1, Part I, line 7, column (B) Totals	(1)									
(4) 4. Amount of average acquisition debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6) (column 6 x lotat of columns 3(e) and 3(b)) (1) (2) (3) (4) Enter here and on page 1, Part I, line 7, column (8) Totals	(2)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 6 x total of columns 3(a) and 3(b)) (1) (2) (3) (4) Enter here and on page 1, Part I, line 7, column (B) Totals	(3)									
debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Part I, line 7, column (B) Totals (column 6 x total of columns 3(a) and 3(b)) (column 6 x total of columns 3(a) and 3(b)) (column 6 x total of columns 3(a) and 3(b)) (column 6 x total of columns 3(a) and 3(b)) (column 6 x total of columns 3(a) and 3(b)) (column 6 x total of columns 3(a) and 3(b)) (column 6 x total of columns 3(a) and 3(b)) (column 6 x total of columns 3(a) and 3(b)) (column 6 x total of columns 3(a) and 3(b))	(4)						-			
(2)	debt on or allocable to debt-financed	of or a debt-fina	allocable to nced property	6			reportable (column	(column 6 x total of col	
(2)	(1)				%					
(3) % (4) % Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Totals O • O •										
(4) % Enter here and on page 1, Part I, line 7, column (A) Totals O • O •			``					1		
Totals Enter here and on page 1, Part I, line 7, column (A) Enter here and on page 1, Part I, line 7, column (B) O • O •								1		
	- 1.7				,					
	Totale				_		0.			0.
		cluded in columi	n 8				•	1		0.

Schedule F - Interest, A	Annuities, Ro	yalties, an	d Rents	From Co	ntrolle	d Organiza	tions	(see ins	truction	ns)
		-	Exempt (Controlled O	rganızatı	ons				
Name of controlled organization	ion	2. Employer dentification number	3. Net unr (loss) (see	elated income instructions)	4. Tot payr	al of specified nents made	include	of column 4 ad in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
(1)							-		$\overline{}$	
(2)			 							
(3)			 						<u> </u>	
(4)			†						Ì	
Nonexempt Controlled Organia	zations		<u> </u>		·					
7. Taxable Income	8 Net unrelated	income (loss)	0 Total	of specified pays	nente	10 Part of colu	mn Q that	is included	11 De	eductions directly connected
7. Taxable Income	(see instri		9. 10.21	made		in the controll	ing organ s income	ization's	with	h income in column 10
(1)										
(2)										
(3)	_		<u> </u>		_					
(4)			†					-;		•••
_(4)	l .					Add colum	nne 5 and	1 10		dd columns 6 and 11
			•			Enter here and		1, Part I,		here and on page 1, Part I, line 8, column (B)
Totals					•			0.		0.
Schedule G - Investme		f a Section	501(c)(7	'), (9), or (17) Org	janization				
†, Desc	ription of income			2. Amount of	income	3. Deductio directly conne (attach sched	cted	4. Set-	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)					1				_	
(4)										
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 0, column (B)
Totals			>		0.					0.
Schedule I - Exploited (see instru		vity Incom	e, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. Gross unrelated busines income from trade or busines:	directly with pr	openses connected oduction irelated ss income	4. Net incomfrom unrelated business (cominus colum gain, compute through	I trade or lumn 2 n 3) If a o cols 5	5. Gross inco from activity i is not unrelat business inco	that led	6. Exp attribut colur	able to	7, Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)	<u> </u>			† · · · · · · · · · · · · · · · · · · ·		•				
(3)				t						-
(4)		 	•	<u> </u>						1
77	Enter here and o page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, I, col (B)							Enter here and on page 1, Part II, line 26
Totals Advertisin	na Incomo	0.	0.	I						0.
Schedule J - Advertisii				1:-4 : :	D					
Part I Income From I	Periodicals F	Reported o	n a Con: 	solidated	Basis					·
1. Name of periodical	2. Gr advert inco	ising ad	3. Direct vertising costs	or (loss) (c		5. Circula income		6. Reade cost		Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)]
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))	>	0.	0					·	_	0. Form 990-T (2016)

0<u>.</u>

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4. Advertising gain or (loss) (col 2 minus 2. Gross 3. Direct 5. Circulation 6. Readership costs (column 6 minus column 5, but not more than column 4) advertising income 1. Name of periodical col 3) If a gain, compute cols 5 through 7 advertising costs costs (1) (2) (3) (4) 0. 0 0. Totals from Part I Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part II, line 27

0 Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	١ .
(4)		%	
Total, Enter here and on page 1, Part II, line 14	·	, •	0.

0

Form 990-T (2016)

РОВМ 990-Т	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
PASSTHROUGH CHARITABLE CONTRIBUTIONS	N/A	21.
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	21.

FORM 990-T	NET	OPERATIN	G LOSS DE	DUCTI	ON	STATEMENT 3	
TAX YEAR LOSS SUSTAINED		LOS PREVIO APPL	USLY	LOSS REMAINING		AVAILABLE THIS YEAR 81,123.	
06/30/16	81,123.		0. 81,123.				
NOL CARRYOVER	AVAILABLE THIS	YEAR			81,123.	81,123.	
FORM 990-T	INCO	ME (LOSS)	FROM PAR	TNERS	SHIPS	STATEMENT 4	
PARTNERSHIP N	AME		GROSS IN	ICOME	DEDUCTIONS	NET INCOME OR (LOSS)	
BUCKEYE PARTN	 ERS K-1 GY PARTNERS K-1			890. 365.	0.	-1,890 -365	
	ER EQUITY K-1			906.	0.	-2,906	
	ER PARTNERS K-1			399.	0.	-1,399	
ENTERPRISE PR GENESIS ENERG				251. 286.	0.	-6,251 -14,286	
GENESIS ENERGY HOLLY ENERGY				335.	0.	-14,286 -6,335	
MAGELLAN K-1	IMMINDING IC I			293.	0.	-1,293	
THOUSE THAN V-T				849.	0.	-5,849	
-			- ,		_		
MPLX K-1 SPECTRA ENERG	Y PARTNERS K-1		-5 ,	812.	0.	· · · · · · · · · · · · · · · · · · ·	
MPLX K-1 SPECTRA ENERG SUNOCO LOGIST	ICS PARTNERS K-	1	-5, -7,	998.	0.	-7,998	
MPLX K-1 SPECTRA ENERG	ICS PARTNERS K- RTNERS K-1	1	-5, -7,		= :	-5,812 -7,998 -183 -9,513	