

Forms 990 / 990-EZ Return Summary

For calendar year 2016, or tax year beginning _____, and ending _____

26-2493042

JOURNEY HOME MINNESOTA

Net Asset / Fund Balance at Beginning of Year		<u>481,496</u>
Revenue		
Contributions	<u>379,241</u>	
Program service revenue	<u>187,269</u>	
Investment income	<u>10</u>	
Capital gain / loss	<u>40,538</u>	
Fundraising / Gaming:		
Gross revenue _____		
Direct expenses _____		
Net income _____		
Other income	<u>0</u>	
Total revenue		<u>607,058</u>
Expenses		
Program services	<u>380,381</u>	
Management and general	<u>38,375</u>	
Fundraising	<u>23,608</u>	
Total expenses		<u>442,364</u>
Excess / (deficit)		<u>164,694</u>
Changes		<u>61,677</u>
Net Asset / Fund Balance at End of Year		<u><u>707,867</u></u>

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Reconciliation of Revenue

Total revenue per financial statements _____	
Less:	
Unrealized gains _____	
Donated services _____	
Recoveries _____	
Other _____	
Plus:	
Investment expenses _____	
Other _____	
Total revenue per return	<u><u>607,058</u></u>

Reconciliation of Expenses

Total expenses per financial statements _____	
Less:	
Donated services _____	
Prior year adjustments _____	
Losses _____	
Other _____	
Plus:	
Investment expenses _____	
Other _____	
Total expenses per return	<u><u>442,364</u></u>

	Beginning	Ending	Differences
Assets	<u>1,638,079</u>	<u>2,770,997</u>	
Liabilities	<u>1,156,583</u>	<u>2,063,130</u>	
Net assets	<u><u>481,496</u></u>	<u><u>707,867</u></u>	<u>226,371</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/15/17
 Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2016, or fiscal year beginning, 2016, and ending, 20

2016

u Do not send to the IRS. Keep for your records.
u Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

JOURNEY HOME MINNESOTA

Employer identification number

26-2493042

Name and title of officer

**BLAKE HUFFMAN
CHAIRMAN**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	607,058
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **SAMPAIR CPA** to enter my PIN **51990** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } Date } **04/26/17**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

41843651501
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **JAMES W SAMPAIR JR., CPA** Date } **04/26/17**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2016)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JOURNEY HOME MINNESOTA		D Employer identification number 26-2493042
	Doing business as FORMERLY SHOREVIEW AREA HOUSING		E Telephone number 651-490-1137
	Number and street (or P.O. box if mail is not delivered to street address) 855 VILLAGE CENTER DR BOX 319	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code NORTH OAKS MN 55127		G Gross receipts \$ 866,520

F Name and address of principal officer:
BLAKE HUFFMAN
855 VILLAGE CENTER BOX 319
NORTH OAKS MN 55127

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () t (insert no.) 4947(a)(1) or 527

J Website: **WWW.JOURNEYHOMEUSA.ORG** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **2008** **M** State of legal domicile: **MN**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE AFFORDABLE HOUSING FOR SINGLE HEADED FAMILIES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 131,582	Current Year 379,241
	9 Program service revenue (Part VIII, line 2g)	200,044	187,269
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	41,357	40,548
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	372,983	607,058
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 23,608		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	278,900	442,364	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	278,900	442,364	
19 Revenue less expenses. Subtract line 18 from line 12	94,083	164,694	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,638,079	End of Year 2,770,997
	21 Total liabilities (Part X, line 26)	1,156,583	2,063,130
	22 Net assets or fund balances. Subtract line 21 from line 20	481,496	707,867

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **BLAKE HUFFMAN** Date: _____
Type or print name and title: **CHAIRMAN**

Paid Preparer Use Only

Print/Type preparer's name: **JAMES W SAMPAIR JR., CPA** Preparer's signature: **JAMES W SAMPAIR JR., CPA** Date: **04/26/17** Check if self-employed PTIN: **P00794695**

Firm's name: **SAMPAIR CPA** Firm's EIN: **32-0514835**
Firm's address: **918 125TH LANE NE BLAINE, MN 55434-3182** Phone no.: **763-755-5188**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PROVIDE AFFORDABLE HOUSING FOR SINGLE HEADED FAMILIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$ **187,269**)

THE ORGANIZATION RENTS HOMES TO SINGLE PARENTS WITH SCHOOL-AGE CHILDREN AT AFFORDABLE, BELOW MARKET RENTS.

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4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ **380,381** including grants of \$) (Revenue \$)

4e Total program service expenses **u 380,381**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

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Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question ID (1a-14b), Yes, and No. Contains various questions about tax compliance, including Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8899, Form 1098-C, Form 8282, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2-9), Yes/No checkboxes, and a grid for 1a/11 and 1b/9.

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

Table with columns for line numbers (10a-16b), Yes/No checkboxes, and a large 'Client Copy' watermark.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed u MN
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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: u

BLAKE HUFFMAN
NORTH OAKS

855 VILLAGE CENTER BOX 319

MN 55127

651-490-1137

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BLAKE HUFFMAN CHAIRMAN	10.00 0.00	X		X				0	0	
(2) JOY HUFFMAN DIRECTOR	1.00 0.00	X						0	0	
(3) NOAH HUFFMAN DIRECTOR	1.00 0.00	X						0	0	
(4) MARK KORMAN VICE PRESIDENT	1.00 0.00	X		X				0	0	
(5) JENNIFER WIGG SECRETARY	2.00 0.00	X		X				0	0	
(6) BRIAN MCCOOL DIRECTOR	1.00 0.00	X						0	0	
(7) AMY WYNIA DIRECTOR	1.00 0.00	X						0	0	
(8) JOEL VARBERG TREASURER	1.00 0.00	X		X				0	0	
(9) ROMANEY MUGOOD DIRECTOR	1.00 0.00	X						0	0	
(10) SHEREEN PAGE DIRECTOR	1.00 0.00	X						0	0	
(11) MICHAEL CLEVER DIRECTOR	1.00 0.00	X						0	0	

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

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Summary rows: 1b Sub-total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c).

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table for questions 3, 4, and 5 regarding compensation reporting, with Yes/No columns.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table for independent contractors with columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 379,241				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	u 379,241				
Program Service Revenue	2a PROGRAM SERVICE REV	Busn. Code 531110	187,269	187,269		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u 187,269				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	10	10		
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	300,000			
	b Less: cost or other basis & sales exps.		259,462			
	c Gain or (loss)		40,538			
	d Net gain or (loss)	u	40,538	40,538		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events	u					
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	Busn. Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions.	u	607,058	227,817	0	0	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	101,182	76,182	25,000	
b Legal	11,199	11,199		
c Accounting	400	400		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	60,764	23,781	13,375	23,608
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	5,117	5,117		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,659	3,659		
20 Interest	78,790	78,790		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	41,891	41,891		
23 Insurance	20,132	20,132		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REHABILITATION	51,225	51,225		
b MAINTENANCE	40,506	40,506		
c TAXES	17,710	17,710		
d DEPOSITS	3,812	3,812		
e All other expenses	5,977	5,977		
25 Total functional expenses. Add lines 1 through 24e	442,364	380,381	38,375	23,608
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest bearing	126,174	1	19,456	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,865,921			
	b	Less: accumulated depreciation	114,380	1,511,905	10c	2,751,541
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,638,079	16	2,770,997	
Liabilities	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties	941,583	23	1,439,318	
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	215,000	25	623,812	
	26	Total liabilities. Add lines 17 through 25		1,156,583	26	2,063,130
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	481,496	27	707,867	
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances		481,496	33	707,867	
34	Total liabilities and net assets/fund balances		1,638,079	34	2,770,997	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	607,058
2	Total expenses (must equal Part IX, column (A), line 25)	2	442,364
3	Revenue less expenses. Subtract line 2 from line 1	3	164,694
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	481,496
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	61,677
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	707,867

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2016

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

JOURNEY HOME MINNESOTA

Employer identification number

26-2493042

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12f that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

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12 Gross receipts from related activities, etc. (see instructions) 12 187,279
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 64.46%
15 Public support percentage from 2015 Schedule A, Part II, line 14 15 47.50%
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First five years.

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Section C. Computation of Public Support Percentage

Table with 2 columns: 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

Table with 2 columns: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) = 17 %; Investment income percentage from 2015 Schedule A, Part III, line 17 = 18 %.

- 19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1-10b detailing supporting organization requirements.

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Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

Employer identification number

JOURNEY HOME MINNESOTA

26-2493042

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Client Copy

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization JOURNEY HOME MINNESOTA	Employer identification number 26-2493042
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MERIDIAN BEHAVIORAL HEALTH 550 MAIN STREET NEW BRIGHTON MN 55112	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MCGOUGH CONSTRUCTION 2737 FAIRVIEW AVE N ROSEVILLE MN 55113	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Client Copy

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

JOURNEY HOME MINNESOTA

Employer identification number

26-2493042

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment **u** %
- b** Permanent endowment **u** %
- c** Temporarily restricted endowment **u** %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,361,312		1,361,312
b Buildings		1,504,609	114,380	1,390,229
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** **2,751,541**

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED DEBT	623,812	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	623,812	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for descriptions, sub-rows (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for descriptions, sub-rows (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information

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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.

Series of horizontal dotted lines for providing supplemental information.

Part XIII Supplemental Information *(continued)*

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

JOURNEY HOME MINNESOTA

Employer identification number

26-2493042

FORM 990, PART I, LINE 6

NUMEROUS COMPANIES AND INDIVIDUALS PROVIDE SERVICES TO RAISE MONEY AND
HOST THE ANNUAL GALA. IN ADDITION SOME VOLUNTEERS PROVIDE SERVICES THAT
HELP COORDINATE DIRECTLY AND INDIRECTLY THE REMODEL OF HOMES USED FOR OUR
GENERAL PURPOSE SERVICE OF LOW RENTAL HOUSING FOR SINGLE PARENTS AND
VETERANS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

THE ORGANIZATION RENTS HOMES TO SINGLE PARENTS WITH SCHOOL-AGE CHILDREN AT
AFFORDABLE, BELOW MARKET RENTS.

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FORM 990, PART VI - ADDITIONAL INFORMATION

LINE 2 - RELATED PARTY INFORMATION

BLAKE HUFFMAN AND JOY HUFFMAN: HUSBAND/WIFE

JOY HUFFMAN AND NOAH HUFFMAN: MOTHER/SON

BLAKE HUFFMAN AND NOAH HUFFMAN: FATHER/SON

LINE 11B - REVIEW PROCESS

THE FORM 990, IN ITS ENTIRETY, IS REVIEWED BY THE BOARD OF DIRECTORS

LINE 12C - MONITOR & ENFORCE COMPLIANCE

THE POLICY IS REVIEWED ANNUALLY FOR ANY CONFLICTS

LINE 19- PUBLIC AVAILABILITY

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON
REQUEST

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

Name of the organization

Employer identification number

JOURNEY HOME MINNESOTA

26-2493042

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

NO DOCUMENTS AVAILABLE TO THE PUBLIC

Client Copy

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2016

Attachment
Sequence No. **179**

JOURNEY HOME MINNESOTA

Identifying number

26-2493042

Business or activity to which this form relates

JOURNEY HOME MINNESOTA

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	21,777

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	9,235
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	08/24/16	256,800	27.5 yrs.	MM	S/L	3,502
	VARIOUS	520,799	27.5 yrs.	MM	S/L	7,379
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	41,893
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2016)

_*3042

Federal Asset Report

JOURNEY HOME MINNESOTA

FYE: 12/31/2016

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Residential Real Property:										
23	215 OWASSO BLVD	8/24/16	256,800			256,800	27	MM S/L	0	3,502
25	102C SOUTH DR	9/01/16	91,400			91,400	27	MM S/L	0	969
29	229 OWASSO BLVD N	6/23/16	151,800			151,800	27	MM S/L	0	2,990
31	3888 LOVELL RD	9/01/16	52,099			52,099	27	MM S/L	0	553
33	8 EAST RD	9/01/16	68,700			68,700	27	MM S/L	0	729
35	6835 226TH AVE - LINWOOD	8/23/16	156,800			156,800	27	MM S/L	0	2,138
			<u>777,599</u>			<u>777,599</u>			<u>0</u>	<u>10,881</u>
Prior MACRS:										
17	55 LABORE AVE	3/23/15	103,289			103,289	27	MM S/L	2,973	3,756
19	1813 8TH ST	3/23/15	47,808			47,808	27	MM S/L	1,376	1,739
21	5352 CLIFTON DR	3/23/15	102,853			102,853	27	MM S/L	2,961	3,740
			<u>253,950</u>			<u>253,950</u>			<u>7,310</u>	<u>9,235</u>
Other Depreciation:										
1	4217 SYLVIA LANE S	6/06/09	56,500			56,500	27	MO S/L	13,114	2,055
2	4217 SYLVIA LANE S LAND	6/06/09	18,500			18,500	0	-- Land	0	0
3	2287 TERRACE DR	12/17/10	45,579			45,579	27	MO S/L	9,420	1,658
4	2287 TERRACE DR LAND	12/17/10	29,300			29,300	0	-- Land	0	0
5	1869 BIRCH LAKE AVE	12/17/10	37,161			37,161	27	MO S/L	8,626	1,352
6	1869 BIRCH LAKE AVE LAND	12/17/10	49,900			49,900	0	-- Land	0	0
7	221 OWASSO BLVD N	11/30/11	134,220			134,220	27	MO S/L	20,143	4,880
8	221 OWASSO BLVD N LAND	11/30/11	94,000			94,000	0	-- Land	0	0
9	627 9TH AVE NW	6/28/13	105,600			105,600	27	MO S/L	9,760	3,840
10	627 9TH AVE NW LAND	6/28/13	60,500			60,500	0	-- Land	0	0
11	1901 HWY 96	6/28/13	94,000			94,000	27	MO S/L	8,688	3,418
12	1901 HWY 96 LAND	6/28/13	72,100			72,100	0	-- Land	0	0
15	2010 CLARENCE ST N	10/02/14	215,656			215,656	27	MO S/L	9,475	4,574
	Mass Sale: 8/11/16									
16	2010 CLARENCE ST N LAND	10/02/14	48,500			48,500	0	-- Land	0	0
	Mass Sale: 8/11/16									
18	55 LABORE AVE LAND	3/23/15	49,400			49,400	0	-- Land	0	0
20	1813 8TH ST LAND	3/23/15	89,300			89,300	0	-- Land	0	0
22	5352 CLIFTON DR LAND	3/23/15	45,300			45,300	0	-- Land	0	0
24	215 OWASSO BLVD - Land	8/24/16	63,200			63,200	0	-- Land	0	0
26	102C SOUTH DR - Land	9/01/16	28,000			28,000	0	-- Land	0	0
30	229 OWASSO BLVD N Land	6/23/16	83,700			83,700	0	-- Land	0	0
32	3888 LOVELL - Land	2/05/16	52,500			52,500	0	-- Land	0	0
34	8 EAST RD - Land	9/01/16	58,600			58,600	0	-- Land	0	0
36	6835 226TH AVE NE - Land	8/23/16	18,200			18,200	0	-- Land	0	0
40	825 GARCEAU CONST IN PROCESS	12/31/16	140,000			140,000	0	-- Land	0	0
44	829 GARCEAU CONST IN PROCESS	12/31/16	150,000			150,000	0	-- Land	0	0
45	574 SHERBURNE - CONST IN PROCESS	6/29/16	258,812			258,812	0	-- Land	0	0
	Total Other Depreciation		<u>2,098,508</u>			<u>2,098,508</u>			<u>79,226</u>	<u>21,777</u>
	Total ACRS and Other Depreciation		<u>2,098,508</u>			<u>2,098,508</u>			<u>79,226</u>	<u>21,777</u>
	Grand Totals		3,130,057			3,130,057			86,536	41,893
	Less: Dispositions and Transfers		264,136			264,136			9,475	4,574
	Less: Start-up/Org Expense		0			0			0	0
	Net Grand Totals		<u>2,865,921</u>			<u>2,865,921</u>			<u>77,061</u>	<u>37,319</u>

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MN Asset Report

JOURNEY HOME MINNESOTA

FYE: 12/31/2016

Asset	Description	Date In Service	Cost	Basis for Depr	MN Prior	MN Current	Federal Current	Difference Fed - MN
Residential Real Property:								
23	215 OWASSO BLVD	8/24/16	256,800	256,800	0	3,502	3,502	0
25	102C SOUTH DR	9/01/16	91,400	91,400	0	969	969	0
29	229 OWASSO BLVD N	6/23/16	151,800	151,800	0	2,990	2,990	0
31	3888 LOVELL RD	9/01/16	52,099	52,099	0	553	553	0
33	8 EAST RD	9/01/16	68,700	68,700	0	729	729	0
35	6835 226TH AVE - LINWOOD	8/23/16	156,800	156,800	0	2,138	2,138	0
			<u>777,599</u>	<u>777,599</u>	<u>0</u>	<u>10,881</u>	<u>10,881</u>	<u>0</u>
Prior MACRS:								
1	4217 SYLVIA LANE S	6/06/09	56,500	56,500	13,114	2,055	2,055	0
17	55 LABORE AVE	3/23/15	103,289	103,289	2,973	3,756	3,756	0
19	1813 8TH ST	3/23/15	47,808	47,808	1,376	1,739	1,739	0
21	5352 CLIFTON DR	3/23/15	102,853	102,853	2,961	3,740	3,740	0
			<u>310,450</u>	<u>310,450</u>	<u>20,424</u>	<u>11,290</u>	<u>11,290</u>	<u>0</u>
Other Depreciation:								
2	4217 SYLVIA LANE S LAND	6/06/09	18,500	18,500	0	0	0	0
3	2287 TERRACE DR	12/17/10	45,579	45,579	9,420	1,658	1,658	0
4	2287 TERRACE DR LAND	12/17/10	29,300	29,300	0	0	0	0
5	1869 BIRCH LAKE AVE	12/17/10	37,161	37,161	8,626	1,352	1,352	0
6	1869 BIRCH LAKE AVE LAND	12/17/10	49,900	49,900	0	0	0	0
7	221 OWASSO BLVD N	11/30/11	134,220	134,220	20,143	4,880	4,880	0
8	221 OWASSO BLVD N LAND	11/30/11	94,000	94,000	0	0	0	0
9	627 9TH AVE NW	6/28/13	105,600	105,600	9,760	3,840	3,840	0
10	627 9TH AVE NW LAND	6/28/13	60,500	60,500	0	0	0	0
11	1901 HWY 96	6/28/13	94,000	94,000	8,688	3,418	3,418	0
12	1901 HWY 96 LAND	6/28/13	72,100	72,100	0	0	0	0
15	2010 CLARENCE ST N	10/02/14	215,636	215,636	9,475	4,574	4,574	0
	Mass Sale: 8/11/16							
16	2010 CLARENCE ST N LAND	10/02/14	48,500	48,500	0	0	0	0
	Mass Sale: 8/11/16							
18	55 LABORE AVE LAND	3/23/15	49,400	49,400	0	0	0	0
20	1813 8TH ST LAND	3/23/15	89,300	89,300	0	0	0	0
22	5352 CLIFTON DR LAND	3/23/15	45,300	45,300	0	0	0	0
24	215 OWASSO BLVD - Land	8/24/16	0	0	0	0	0	0
26	102C SOUTH DR - Land	9/01/16	28,000	28,000	0	0	0	0
30	229 OWASSO BLVD N Land	6/23/16	0	0	0	0	0	0
32	3888 LOVELL - Land	2/05/16	0	0	0	0	0	0
34	8 EAST RD - Land	9/01/16	58,600	58,600	0	0	0	0
36	6835 226TH AVE NE - Land	8/23/16	18,200	18,200	0	0	0	0
40	825 GARCEAU CONST IN PROCESS	12/31/16	140,000	140,000	0	0	0	0
44	829 GARCEAU CONST IN PROCESS	12/31/16	150,000	150,000	0	0	0	0
45	574 SHERBURNE - CONST IN PROCESS	6/29/16	258,812	258,812	0	0	0	0
	Total Other Depreciation		<u>1,842,608</u>	<u>1,842,608</u>	<u>66,112</u>	<u>19,722</u>	<u>19,722</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,842,608</u>	<u>1,842,608</u>	<u>66,112</u>	<u>19,722</u>	<u>19,722</u>	<u>0</u>
	Grand Totals		2,930,657	2,930,657	86,536	41,893	41,893	0
	Less: Dispositions		264,136	264,136	9,475	4,574	4,574	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>2,666,521</u>	<u>2,666,521</u>	<u>77,061</u>	<u>37,319</u>	<u>37,319</u>	<u>0</u>

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AMT Asset Report
JOURNEY HOME MINNESOTA

FYE: 12/31/2016

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Residential Real Property:									
25	102C SOUTH DR	9/01/16	91,400			91,400	27 MMS/L	0	969
29	229 OWASSO BLVD N	6/23/16	151,800			151,800	27 MMS/L	0	2,990
31	3888 LOVELL RD	9/01/16	52,099			52,099	27 MMS/L	0	553
33	8 EAST RD	9/01/16	68,700			68,700	27 MMS/L	0	729
			<u>363,999</u>			<u>363,999</u>		<u>0</u>	<u>5,241</u>
Prior MACRS:									
1	4217 SYLVIA LANE S	6/06/09	56,500			56,500	27 MMS/L	11,239	2,055
17	55 LABORE AVE	3/23/15	103,289			103,289	27 MMS/L	2,973	3,756
19	1813 8TH ST	3/23/15	47,808			47,808	27 MMS/L	1,376	1,739
21	5352 CLIFTON DR	3/23/15	102,853			102,853	27 MMS/L	2,961	3,740
			<u>310,450</u>			<u>310,450</u>		<u>18,549</u>	<u>11,290</u>
Other Depreciation:									
2	4217 SYLVIA LANE S LAND	6/06/09	0			0	0 HY	0	0
3	2287 TERRACE DR	12/17/10	0			0	0 HY	0	0
4	2287 TERRACE DR LAND	12/17/10	0			0	0 HY	0	0
5	1869 BIRCH LAKE AVE	12/17/10	0			0	0 HY	0	0
6	1869 BIRCH LAKE AVE LAND	12/17/10	0			0	0 HY	0	0
7	221 OWASSO BLVD N	11/30/11	0			0	0 HY	0	0
8	221 OWASSO BLVD N LAND	11/30/11	0			0	0 HY	0	0
9	627 9TH AVE NW	6/28/13	0			0	0 HY	0	0
10	627 9TH AVE NW LAND	6/28/13	0			0	0 HY	0	0
11	1901 HWY 96	6/28/13	0			0	0 HY	0	0
12	1901 HWY 96 LAND	6/28/13	0			0	0 HY	0	0
15	2010 CLARENCE ST N	10/02/14	0			0	0 HY	0	0
	Mass Sale: 8/11/16								
16	2010 CLARENCE ST N LAND	10/02/14	0			0	0 HY	0	0
	Mass Sale: 8/11/16								
18	55 LABORE AVE LAND	3/23/15	0			0	0 HY	0	0
20	1813 8TH ST LAND	3/23/15	0			0	0 HY	0	0
22	5352 CLIFTON DR LAND	3/23/15	0			0	0 HY	0	0
23	215 OWASSO BLVD	8/24/16	0			0	0 HY	0	0
24	215 OWASSO BLVD - Land	8/24/16	0			0	0 HY	0	0
26	102C SOUTH DR - Land	9/01/16	0			0	0 HY	0	0
30	229 OWASSO BLVD N Land	6/23/16	0			0	0 HY	0	0
32	3888 LOVELL - Land	2/05/16	0			0	0 HY	0	0
34	8 EAST RD - Land	9/01/16	0			0	0 HY	0	0
35	6835 226TH AVE - LINWOOD	8/23/16	0			0	0 HY	0	0
36	6835 226TH AVE NE - Land	8/23/16	0			0	0 HY	0	0
40	825 GARCEAU CONST IN PROCESS	12/31/16	0			0	0 HY	0	0
44	829 GARCEAU CONST IN PROCESS	12/31/16	0			0	0 HY	0	0
45	574 SHERBURNE - CONST IN PROCESS	6/29/16	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		674,449			674,449		18,549	16,531
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>674,449</u>			<u>674,449</u>		<u>18,549</u>	<u>16,531</u>

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Depreciation Adjustment Report**All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
MACRS Adjustments:						
OP	1	17	55 LABORE AVE	3,756	3,756	0
OP	1	19	1813 8TH ST	1,739	1,739	0
OP	1	21	5352 CLIFTON DR	3,740	3,740	0
OP	1	25	102C SOUTH DR	969	969	0
OP	1	29	229 OWASSO BLVD N	2,990	2,990	0
OP	1	31	3888 LOVELL RD	553	553	0
OP	1	33	8 EAST RD	729	729	0
				<u>14,476</u>	<u>14,476</u>	<u>0</u>

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Future Depreciation Report FYE: 12/31/17

FYE: 12/31/2016

JOURNEY HOME MINNESOTA

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Prior MACRS:					
17	55 LABORE AVE	3/23/15	103,289	3,756	3,756
19	1813 8TH ST	3/23/15	47,808	1,738	1,738
21	5352 CLIFTON DR	3/23/15	102,853	3,740	3,740
23	215 OWASSO BLVD	8/24/16	256,800	9,338	0
25	102C SOUTH DR	9/01/16	91,400	3,324	3,324
29	229 OWASSO BLVD N	6/23/16	151,800	5,520	5,520
31	3888 LOVELL RD	9/01/16	52,099	1,894	1,894
33	8 EAST RD	9/01/16	68,700	2,498	2,498
35	6835 226TH AVE - LINWOOD	8/23/16	156,800	5,702	0
			<u>1,031,549</u>	<u>37,510</u>	<u>22,470</u>
Other Depreciation:					
1	4217 SYLVIA LANE S	6/06/09	56,500	2,054	2,055
2	4217 SYLVIA LANE S LAND	6/06/09	18,500	0	0
3	2287 TERRACE DR	12/17/10	45,579	1,657	0
4	2287 TERRACE DR LAND	12/17/10	29,300	0	0
5	1869 BIRCH LAKE AVE	12/17/10	37,161	1,351	0
6	1869 BIRCH LAKE AVE LAND	12/17/10	49,900	0	0
7	221 OWASSO BLVD N	11/30/11	134,220	4,881	0
8	221 OWASSO BLVD N LAND	11/30/11	94,000	0	0
9	627 9TH AVE NW	6/28/13	105,600	3,840	0
10	627 9TH AVE NW LAND	6/28/13	60,500	0	0
11	1901 HWY 96	6/28/13	94,000	3,418	0
12	1901 HWY 96 LAND	6/28/13	72,100	0	0
18	55 LABORE AVE LAND	3/23/15	49,400	0	0
20	1813 8TH ST LAND	3/23/15	80,300	0	0
22	5352 CLIFTON DR LAND	3/23/15	40,300	0	0
24	215 OWASSO BLVD - Land	8/24/16	63,200	0	0
26	102C SOUTH DR - Land	9/01/16	28,000	0	0
30	229 OWASSO BLVD N Land	6/23/16	83,700	0	0
32	3888 LOVELL - Land	2/05/16	52,500	0	0
34	8 EAST RD - Land	9/01/16	58,600	0	0
36	6835 226TH AVE NE - Land	8/23/16	18,200	0	0
40	825 GARCEAU CONST IN PROCESS	12/31/16	140,000	0	0
44	829 GARCEAU CONST IN PROCESS	12/31/16	150,000	0	0
45	574 SHERBURNE - CONST IN PROCESS	6/29/16	258,812	0	0
	Total Other Depreciation		<u>1,834,372</u>	<u>17,201</u>	<u>2,055</u>
	Total ACRS and Other Depreciation		<u>1,834,372</u>	<u>17,201</u>	<u>2,055</u>
	Grand Totals		<u>2,865,921</u>	<u>54,711</u>	<u>24,525</u>

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MN Future Depreciation Report FYE: 12/31/17

FYE: 12/31/2016

JOURNEY HOME MINNESOTA

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>MN</u>
Prior MACRS:				
17	55 LABORE AVE	3/23/15	103,289	3,756
19	1813 8TH ST	3/23/15	47,808	1,738
21	5352 CLIFTON DR	3/23/15	102,853	3,740
23	215 OWASSO BLVD	8/24/16	256,800	9,338
25	102C SOUTH DR	9/01/16	91,400	3,324
29	229 OWASSO BLVD N	6/23/16	151,800	5,520
31	3888 LOVELL RD	9/01/16	52,099	1,894
33	8 EAST RD	9/01/16	68,700	2,498
35	6835 226TH AVE - LINWOOD	8/23/16	156,800	5,702
			<u>1,031,549</u>	<u>37,510</u>
Other Depreciation:				
1	4217 SYLVIA LANE S	6/06/09	56,500	2,054
2	4217 SYLVIA LANE S LAND	6/06/09	18,500	0
3	2287 TERRACE DR	12/17/10	45,579	1,657
4	2287 TERRACE DR LAND	12/17/10	29,300	0
5	1869 BIRCH LAKE AVE	12/17/10	37,161	1,351
6	1869 BIRCH LAKE AVE LAND	12/17/10	49,900	0
7	221 OWASSO BLVD N	11/30/11	134,220	4,881
8	221 OWASSO BLVD N LAND	11/30/11	94,000	0
9	627 9TH AVE NW	6/28/13	105,600	3,840
10	627 9TH AVE NW LAND	6/28/13	60,500	0
11	1901 HWY 96	6/28/13	94,000	3,418
12	1901 HWY 96 LAND	6/28/13	72,100	0
18	55 LABORE AVE LAND	3/23/15	49,400	0
20	1813 8TH ST LAND	3/23/15	80,300	0
22	5352 CLIFTON DR LAND	3/23/15	40,300	0
24	215 OWASSO BLVD - Land	8/24/16	0	0
26	102C SOUTH DR - Land	9/01/16	28,000	0
30	229 OWASSO BLVD N Land	6/23/16	0	0
32	3888 LOVELL - Land	2/05/16	0	0
34	8 EAST RD - Land	9/01/16	58,600	0
36	6835 226TH AVE NE - Land	8/23/16	18,200	0
40	825 GARCEAU CONST IN PROCESS	12/31/16	140,000	0
44	829 GARCEAU CONST IN PROCESS	12/31/16	150,000	0
45	574 SHERBURNE - CONST IN PROCESS	6/29/16	258,812	0
	Total Other Depreciation		<u>1,634,972</u>	<u>17,201</u>
	Total ACRS and Other Depreciation		<u>1,634,972</u>	<u>17,201</u>
	Grand Totals		<u>2,666,521</u>	<u>54,711</u>

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Form 990	Two Year Comparison Report	2015 & 2016
For calendar year 2016, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

JOURNEY HOME MINNESOTA**26-2493042**

		2015	2016	Differences
Revenue	1. Contributions, gifts, grants	131,582	379,241	247,659
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	200,044	187,269	-12,775
	5. Investment income	6	10	4
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	41,351	40,538	-813
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	372,983	607,058	234,075
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits			
	17. Professional fundraising fees			
	18. Other professional fees	58,643	112,781	54,138
	19. Occupancy, rent, utilities, and maintenance			
	20. Depreciation and Depletion	33,461	41,891	8,430
	21. Other expenses	186,796	287,692	100,896
	22. Total expenses. Add lines 13 through 21	278,900	442,364	163,464
	23. Excess or (Deficit). Subtract line 22 from line 12	94,083	164,694	70,611
Other Information	24. Total exempt revenue	372,983	607,058	234,075
	25. Total unrelated revenue			
	26. Total excludable revenue	241,401	227,817	-13,584
	27. Total assets	1,638,079	2,770,997	1,132,918
	28. Total liabilities	1,156,583	2,063,130	906,547
	29. Retained earnings	481,496	707,867	226,371
	30. Number of voting members of governing body	12	11	
	31. Number of independent voting members of governing body	10	9	
	32. Number of employees		0	
	33. Number of volunteers	50	50	

Form 990	Tax Return History	2016
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Name JOURNEY HOME MINNESOTA	Employer Identification Number 26-2493042
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	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants				131,582	379,241	
Membership dues						
Program service revenue				200,044	187,269	
Capital gain or loss				41,351	40,538	
Investment income				6	10	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue				372,983	607,058	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation						
Professional fees				58,643	112,781	
Occupancy costs						
Depreciation and depletion				33,461	41,891	
Other expenses				186,796	287,692	
Total expenses				278,900	442,364	
Excess or (Deficit)				94,083	164,694	
Total exempt revenue				372,983	607,058	
Total unrelated revenue						
Total excludable revenue				241,401	227,817	
Total Assets				1,638,079	2,770,997	
Total Liabilities				1,156,583	2,063,130	
Net Fund Balances				481,496	707,867	

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Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ 10					
TOTAL	<u>\$ 10</u>					

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Federal Statements**Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
FEEES	\$ 3,112	\$ 3,112	\$	\$
UTILITIES	2,865	2,865		
TOTAL	<u>\$ 5,977</u>	<u>\$ 5,977</u>	<u>\$ 0</u>	<u>\$ 0</u>

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Federal Statements**Schedule A, Part II, Line 1(e)**

Description	Amount
GENERAL DONATIONS	\$ 345,144
GALA DONATIONS	34,097
TOTAL	\$ <u>379,241</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
PROGRAM SERVICE REV	\$ 187,269
INTEREST	10
TOTAL	\$ <u>187,279</u>

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