C2

Amended

Mail To:

Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Website Address:

www.ag.state.mn.us/charity

コーピー STATE OF MINNESOTA

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)



SECTION A: Organization Information							
Legal Name of Organization Lincoln Park Children and Families Collaborative							
Federal EIN: 27-4990487 Fiscal Year-End: 12/31/2016							
	mm/dd/yyyy Did the organization's fiscal year-end change? Yes No						
Mailing Address:	Physical Address:						
Jodi Broadwell	Jodi Broadwell						
Contact Person	Contact Person						
2424 W 5th St - Suite 10	2424 W 5th St - Suite 10						
Street Address	Street Address						
Duluth, MN 55806	Duluth, MN 55806						
City, State, and Zip Code	City, State, and Zip Code						
218-409-7227	218-409-7227						
Phone Number	Phone Number						
jodi.lpcfc@gmail.com	odi.lpcfc@gmail.com						
Email Address	Email Address						
1. Organization's website: http://lpcfc.org							
2. List all of the organization's alternate and form	ner names (attach list if more space is needed).						
None	Alternate Former						
·	Alternate Former						
List all names under which the organization so Lincoln Park Children and Families Collaboration	licits contributions (attach list if more space is needed). orative						
4. Is the organization incorporated pursuant to Mi	nn. Stat. ch. 317A? Yes No						
5. Total amount of contributions the organization	received from Minnesota donors: \$232,756						
6. Has the organization's tax-exempt status with t Yes No If yes, attach explanation.	he IRS changed?						
7. Has the organization significantly changed its p	purpose(s) or program(s)?						



8.	Has the organization been denied the right to solicit contributions by any court or government agency? Yes No If yes, attach explanation.							
9.	Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes No If yes, provide the following information for each (attach list if more space is needed):							
	Name of Professional Fundraiser	Compensation						
	Street Address	City, State, and Zip	Code					
10.	O. Is the organization a food shelf? Yes No If yes, is the organization required to file an audit? Yes, audit attached No Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.							
11.	Do any directors, officers, or employees of the compensation* of more than \$100,000? Yes If yes, provide the following information for the firm	No	organization(s) receive total					
	Name and title	Compensation*	Other compensation					
			Į.					
		<u> </u>						

^{*}Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. *See* Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.



SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME		
1. Contributions Received	\$ 220,754.51	1
2. Government Grants	\$ 5,000.00	2
3. Program Service Revenue	\$ <u>6,980.81</u>	3
4. Other Revenue	\$ <u>21.12</u>	4
5. TOTAL INCOME	<u>\$</u> 232,756.44	5
EXPENSES		
6. Program Expenses	\$ 126,196.63	6
7. Management & General Expenses	\$ <u>73,554.05</u>	7
8. Fund-raising Expenses	\$ <u>764.31</u>	8
9. TOTAL EXPENSES	<u>\$</u> 200,514.99	9
10. EXCESS or DEFICIT	<u>\$</u> 32,241.45	10
(Line 5 minus Line 9)		
ASSETS		
11. Cash	\$44,093.80	11
12. Land, Buildings & Equipment	\$0.00	12
13. Other Assets	\$ 0.00	13
14. TOTAL ASSETS	<u>\$44,093.80</u>	14
LIABILITIES		
15. Accounts Payable	\$ 0.00	15
16. Grants Payable	\$ <u>0.00</u>	16
17. Other Liabilities	\$ 1,433.09	17
18. TOTAL LIABILITIES	<u>\$ 1,433.09</u>	18
FUND BALANCE/NET WORTH	<u>\$42,660.71</u>	
(Line 14 minus Line 18)		



Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals				
outside the U.S.				
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	\$ 11,606.25	\$ 6,101.25	\$ 5,505.00	
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits				
10. Payroll taxes	\$ 1,084.01	\$ 568.71	\$ 515.30	
11. Fees for services (non-employees):	¥ 1,00 M	7 000		
a. Management				
b. Legal				
c. Accounting				
d. Lobbying	\$ 262.25	\$ 136.37	\$ 125.88	
e. Professional fundraising services				
f. Investment management fees				
g. Other	\$ 112,683.75	\$ 67,518.75	\$ 45,165.00	
12. Advertising and promotion	\$ 2,108.89	\$ 2,108.89		
13. Office expenses	\$ 8,034.00	\$ 7,269.69		\$ 764.31
14. Information technology	\$ 289.84		\$ 289.84	
15. Royalties				
16. Occupancy	\$ 19,816.60	\$ 10,304.63	\$ 9,511.97	
17. Travel	\$ 2,811.10	\$ 2,811.10		
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings				
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance	\$ 2,132.76		\$ 2,132.76	
24. Other expenses. Itemize expenses not covered above. Expenses labeled				
miscellaneous may not exceed 5% of total expenses (Line 25).				
a. Bank fees, dues, Misc, Ppd Card fees	\$ 256.93		\$ 256.93	
b. Equipment, Licenses, Prof Development	\$ 10,051.37		\$ 10,051.37	
c. Food	\$ 5,062.17	\$ 5,062.17		
d. Supplies	\$ 24,315.07	\$ 24,315.07		
25. Total functional expenses. Add lines 1 through 24d.	\$ 200,514.99	\$ 126,196.63	\$ 73,554.05	\$ 764.31
26. Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				



Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

	at we are duly constituted officers of this organization,						
being the Chair (Title) and Se	ecretary (Title) respectively, and that						
	organization pursuant to the resolution of the rs, Trustees, or Managing Group) adopted on the 01						
day of August , 20 17 , approving the	contents of the document, and do hereby certify that the ectors, Trustees or Managing Group) has assumed, and						
	matters of policy, and have supervised, and will continue						
to supervise, the operations and finances of the organi	zation. We further state that the information supplied is						
true, correct and complete to the best of our knowledge	<u>.</u>						
Josh Gorham	Pam Franklin						
Name (Print)	Name (Print)						
Signature	Signature						
Chair	Secretary						
Title	Title						
August 1, 2017	August 1, 2017						
Date	Date						



Lincoln Park Children and Families Collaborative 2424 West 5th Street, Suite 10 Duluth, MN 55806

LPCFC Board of Directors - 2016

Name	Position	Affiliation
Renee Van Nett	Chair	Co-Chair: Cross Cultural
		Alliance of Duluth
		Works with Community
		Action Duluth
		Lincoln Park Resident
Joshua Gorham	Vice Chair	Public Health Nurse with
		St. Louis County Public
		Health & Human Services
		Founder of Meet on the Street
		community event
Peg Johnson	Treasurer	Past Executive Director Little
		Treasures
		Works with Adults' and
		Children's Alliance
Pam Franklin	Secretary	Parish Nurse with
		First Covenant Church
		located in Lincoln Park
Melissa Starr	Director	Masters in Social Work
		Student
		Lincoln Park Resident
Ben Small	Director	Disabilities Attorney
		Office is in Lincoln Park
Yodit Gidey	Director	Works with St. Louis County
		Community Health Board
{ 		Tobacco Treatment Specialist
		and Life/Health Coach
Nancy Dettle	Director	Works as Administrator with
		Essentia Health in
		Hermantown Clinic and West
		Duluth Clinic
Becky Gamache	Director	Works with Duluth Head
		Start performing Home Visits
		Prior resident of Lincoln Park

Phone: 218-409-7227

Website: www.lpcfc.org

990 Form

Return of Organization Exempt From Income Tax

2016

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.

Open to Public

Form 990 (2016)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection For the 2016 calendar year, or tax year beginning 2016, and ending 20 Check if applicable: C Name of organization LINCOLN PARK CHILDREN AND FAMILIES COLLABORATIVE D Employer identification no. Address change 27-4990487 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) E. Telephone number Room/suite Initial return 2424 W 5TH ST 10 (218)409-7227 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code 232,756 Amended return DULUTH, MN 55806 G Gross receipts \$ Application pending Name and address of principal officer: RENEE VAN NETT H(a) is this a group return for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No X 501(c)(3) Tax-exempt status: ___ 501(c)(4947(a)(1) or If "No," attach a list. (see instructions) Website: 🕨 WWW.LPCFC.ORG Group exemption number Form of organization: L Year of formation: 2011 M State of legal domicile: Parti Summary Briefly describe the organization's mission or most significant activities: SEE ATTACHED PDF Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 9 Total number of volunteers (estimate if necessary) 6 15 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, line 34 ٥ **Current Year** 98,726 232,756 16,812 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 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) 115,538 232,756 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 12,690 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 187,825 111,336 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 111,336 200,515 Revenue less expenses. Subtract line 18 from line 12 4.202 32,241 Assets or Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . . 10,419 44,093 Total liabilities (Part X, line 26) 1,433 Not 22 Net assets or fund balances. Subtract line 21 from line 20 42,660 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. JODI BROADWELL Sign Signature of officer Here JODI BROADWELL, EXECUTIVE DIRECTOR Type or print name and title Check X if PTIN Print/Type preparer's name Paid Dennelle L Lorenzi P00097445 self-employed Preparer Firm's name Serenity Tax & Bookkeeping Svcs LLC Firm's EIN > Use Only Firm's address ▶ 1929 W Superior St Phone no. Duluth MN 55806 218-464-1510 ☐ No X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		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	3		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	4		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,			7.7
_	Part III	5		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	_		3.5
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
^	complete Schedule D, Part III	8		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			X
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		22
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes,"	0000000000	000000000000000000000000000000000000000	8000000000
u	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			37
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			37
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		Х
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. column (A), lines 6 and 11e? If "Yes." complete Schedule G, Part I (see instructions)	17		Х
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	11		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	· •		
	If "Yes," complete Schedule G, Part III	19		X
	The state of the s			

27-4990487

Part IV **Checklist of Required Schedules** (continued) Yes No Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 22 Χ Part IX. column (A), line 2? If "Yes," complete Schedule I. Parts I and III 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 Χ 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Χ 24a through 24d and complete Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year С 24c 24d 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 Χ transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? Χ 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or Χ disqualified persons? If "Yes," complete Schedule L, Part II 26 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 Χ 27 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 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): 28a Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete b Χ 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Χ was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Χ 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a Χ controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Χ 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

38

19? Note. All Form 990 filers are required to complete Schedule O.

38

Form 990 (2016) LINCOLN PARK CHILDREN AND FAMILIES COLLABORATIVE 27-4990487 Page 5 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 Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b b Did the organization comply with backup withholding rules for reportable payments to vendors and Χ 1c reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X 4a If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? h If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or 6h Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X 7a and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? h С Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e е 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 X 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 Χ 9a а Did the sponsoring organization make any taxable distributions under section 4966? Χ Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter: 10 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter:

against amounts due or received from them.)

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Gross income from other sources (Do not net amounts due or paid to other sources

Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Did the organization receive any payments for indoor tanning services during the tax year?

Section 501(c)(29) qualified nonprofit health insurance issuers.

the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand

Form 990 (2016)

12a

13a

14a

а

12a

b 13

Form 990 (2016) LINCOLN PARK CHILDREN AND FAMILIES COLLABORATIVE 27-4990487 Page 6 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 Section A. Governing Body and Management Yes No 9 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Χ 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a а Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. b Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," С Χ 12c X 13 13 Did the organization have a written whistleblower policy? Χ 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Χ 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Minnesota 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website Don request Other (explain in Schedule O)

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:

MELISSA STARR (218)409-7227, 2424 W 5TH ST, DULUTH, MN 55806

27-4990487

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.

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

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

				((C)						
(A)	(B)	Position (do not check more than one				han one		(D)	(E)	(F)	
Name and Title	Average hours per week (list any hours for	box, offic	unles er and	ss per	rson is	s both a /trustee	n	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) MELISSA STARR DIRECTOR	1.00	Х						C	0	0	
(2) BEN SMALL DIRECTOR	1.00	Х						C	0_	0	
(3) YODIT GIDEY	1.00	X						(0	0	
(4) NANCY DETTLE DIRECTOR	1.00	X						(0	0	
(5) BECKY GAMACHE DIRECTOR	1.00	Х						(0_	0	
(6) RENEE VAN NETT CHAIR	2.00			Х				(0	0	
(7) JOSH GORHAM VICE CHAIR	1.00			X				(0	0	
(8) PAM FRANKLIN SECRETARY	1.00			X				(0	0	
(9) PEG JOHNSON TREASURER	5.00			X				(0	0	
(10)JODI L BROADWELL, KEY EMPLOY EXECUTIVE DIRECTOR	40.00				Х			50,770	0	0	
<u>(11)</u>											
(12)											
(13)											
(14)											

27-4990487

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(C)									
(A)	(B)	/do no	st obo	Posi		on one		(D)	(E)	(F)
Name and title	box, dilless person is both an							Reportable	Reportable	Estimated
	hours per week (list any	office	r and	a dire	ector/t	rustee)	compensation from	compensation from related	n amount of other	
	hours for	Ind or c	Ins	Officer	Ke	Hig	Former	the	organizations	compensation
	related	Individual trustee or director	Institutional trustee	сег	Key employee	hest ploye	mer	organization	(W-2/1099-MISC)	from the
	organizations below dotted	al tra	onal		ploy	com		(W-2/1099-MISC)		organization and related
	line)	uste	trust		ee	ipen				organizations
		u u	ee			Highest compensated employee				
						۵				
(15)										
<u>(16)</u>										
	100 100 100 100 100 100 100 100 100 100	IT								
<u>(17)</u>										
(18)										
(19)										
(20)									V.	
(21)										
(22)										
(23)										
(24)										П
				_		-				
(25)										
						<u> </u>				
1b Sub-total							-			
c Total from continuation sheets to Part VII, Section								50,770		0 0
d Total (add lines 1b and 1c)										0 0
2 Total number of individuals (including but not limited	to those liste	ed abo	ve) v	VIIO	rece	ivea r	nore	(nan \$ 100,000 or		0
reportable compensation from the organization										Yes No
3 Did the organization list any former officer, director	or tructoo k	ov om	nlov	20.0	or hic	nhaet i	comr	nensated		Tes No
3 Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule .										3 X
4 For any individual listed on line 1a, is the sum of report organization and related organizations greater than										
individual										4 X
5 Did any person listed on line 1a receive or accrue c										
for services rendered to the organization? If "Yes,"										5 X
Section B. Independent Contractors	oomprote our	10 44.0	- 101							
Complete this table for your five highest compensate	ed independe	ent cor	itrac	tors	that	receiv	/ed n	nore than \$100,00	0 of	
compensation from the organization. Report compe										
year.										
(A)								(B)		(C)
Name and business address								Description of	services	Compensation
SEE PDF ATTACHMENT,								INDEPENDE	NT CONT	108,205
2 Total number of independent contractors (including			ose	liste	d ab	ove) v	vho			
received more than \$100,000 of compensation from	the organiza	ation	>						1	

Form 990 (2016)

	1000000000	Check if Schedule O contains a response	or no	te to any line in thi	s Part VIII			
		3.05.1.0013230			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
v	1a	Federated campaigns	1a					
unts	b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events	1c	163				
ffs, ar A	d	Related organizations	1d	100				
<u> </u>		Government grants (contributions)	1e	5,000	-			
ons r Si	6	- '	16	3,000				
buti	f	All other contributions, gifts, grants, and similar amounts not included above	1f	227,593				
i di		-		221,393				
# S	g	Noncash contributions included in lines 1a-			232,756			
	h	Total. Add lines 1a-1f	· · ·		232,730			
<u>a</u>	0-		-	Business Code				
vent	2a							
Re	b							
ζį	C.							
n Se	d							
Program Service Revenue	e	All other progress are dealers.						
Pro		All other program service revenue						
		Total. Add lines 2a-2f		· · · · · · <u>• · • • · • · • · • · • · •</u>				
		Investment income (including dividends, interaction and other similar amounts)						
	i	Income from investment of tax-exempt bond						
	ł	Royalties						
	"	(i) Real	• •	(ii) Personal				
	60	Gross rents		(ii) i eradiiai	1			
		Less: rental expenses			-			
	1	Rental income or (loss)			-			
		Net rental income or (loss)		L	1			
				(ii) Other				
	1	Gross amount from sales of assets other than inventory	S	(II) Other	1			
					1			
	1	Less: cost or other basis						
	1	and sales expenses			-			
	1	Gain or (loss)			_			
ø	1	Net gain or (loss)	• •					
nue			3					
Seve		events (not including \$ 16 of contributions reported on line 1c).	_					
P.	1	See Part IV, line 18	9					
Other Reven	•	Less: direct expenses			+			
•	!	Net income or (loss) from fundraising events		.		1		
	1	Gross income from gaming activities.	•			1		
	Jd	See Part IV, line 19	а					
	h	Less: direct expenses			-			
	1	Net income or (loss) from gaming activities					3+000000000000000000000000000000000000	
		, ,						
	10a	Gross sales of inventory, less returns and allowances	а					
	h	Less: cost of goods sold						
	1	Net income or (loss) from sales of inventory						
		Miscellaneous Revenue	• •	Business Code				
	11a	Missoria Toronas						
	b				a. a			
	C							
		All other revenue						
	1	Total. Add lines 11a-11d						
		Total revenue. See instructions			232,75	6	d	d (

Page 10

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 r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)		
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	11,606	6,101	5,505			
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)						
9	Other employee benefits						
10	Payroll taxes	1,084	569	515			
11	Fees for services (non-employees):						
а	Management	-					
b	Legal						
С	Accounting	262	136	126			
d	Lobbying						
е	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	2,109	2,109				
13	Office expenses	8,034	7,270		764		
14	Information technology	290		290			
15	Royalties						
16	Occupancy	19,817	10,305	9,512	:		
17	Travel						
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest				1		
21	Payments to affiliates				1		
22	Depreciation, depletion, and amortization						
23	Insurance	2,133		2,133			
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.)						
а	INDEPENDENT CONTRACTORS	112,683	67,518	45,165			
b	PROGRAM SUPPLIES	24,315	24,315				
С	FOOD EXPENSE	5,062	5,062				
d	EQUIPMENT EXPENSE	4,461		4,461			
е	All other expenses	8,659	2,811	5,848			
25	Total functional expenses. Add lines 1 through 24e .	200,515	126,196	73,555	764		
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						
	following SOP 98-2 (ASC 958-720)						

Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	36,472
	2	Savings and temporary cash investments		2	7,601
	3	Pledges and grants receivable, net		3	
•	4	Accounts receivable, net		4	20
	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	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	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)		16	44,093
	17	Accounts payable and accrued expenses	20,123	17	227055
ĺ	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	- Ambi-	21	
SS	22	Loans and other payables to current and former officers, directors,			
iğ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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		25	1,433
	26	Total liabilities. Add lines 17 through 25	0	26	1,433
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	10,419	27	42,660
Bal	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here 🕒 🗌 and			
٥		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	:	32	
-	33	Total net assets or fund balances	10,419	33	42,660
	34	Total liabilities and net assets/fund balances	10,419	34	44,093

	1990 (2016) LINCOLN PARK CHILDREN AND FAMILIES COLLABORATIVE	27-499048	7 Page 1
Pa	nt 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)		232,756
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	200,515
3	Revenue less expenses. Subtract line 2 from line 1	. 3	32,241
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	10,419
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	
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
B	33, column (B))	. 10	42,660
Pa	rt XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u> <u>.</u>
1	Accounting method used to prepare the Form 990: 🗵 Cash 🗌 Accrual 🗍 Other	I.A.A.A.A.	Yes No
	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?		2a X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		
	reviewed on a separate basis, consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?		2b X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		
	separate basis, consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

EEA

Schedule O.

Form 990 (2016)

Χ

Χ

2c

3a

SCHEDULE A

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

2016

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization

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

LINCOLN PARK CHILDREN AND FAMILIES COLLABORATIVE 27-4990487 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q, 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 U 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Page 2

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

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

Sec	tion A. Public Support	-					,
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,400	30,033	62,726	98,726	232,755	439,640
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	15,400	30,033	62,726	98,726	232,755	439,640
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						1
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						439,640
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	15,400	30,033	62,726	98,726	232,755	439,640
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					1	1
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						439,641
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13 Soc	First five years. If the Form 990 is for the o organization, check this box and stop here tion C. Computation of Public St		<i></i>	, or fifth tax year as	s a section 501(c)(3	3)	▶□
14	Public support percentage for 2016 (line 6, c			9)	I	14 10	00.00 %
15	Public support percentage from 2015 Sched	• •	· .	* *			00.00 %
16a	33 1/3% support test - 2016. If the organiza				_		30.00 /8
	box and stop here . The organization qualifie						▶ 🏻
b	33 1/3% support test - 2015. If the organization						23
	this box and stop here. The organization qu						▶ □
17a	10%-facts-and-circumstances test - 2016						
	10% or more, and if the organization meets	•		· · ·	•		
	Part VI how the organization meets the "fact				•		
	organization			•			▶ □
b	10%-facts-and-circumstances test - 2015						
	15 is 10% or more, and if the organization m						
	Explain in Part VI how the organization mee					у	
				-	•		▶ □
18	Private foundation. If the organization did r						
	instructions	<u> </u>	<u> </u>	<u>,</u>			🕨 🔲

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.)

OC.	Cuon A. Public Support						į
Cal	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .	-					1
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				,		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the orgonganization, check this box and stop here		second, third, fourth,	•		•	> 🗖
Sec	ction C. Computation of Public Sເ						
15	Public support percentage for 2016 (line 8, co	• •		•		15	%
16	Public support percentage from 2015 Schedu					16	. %
	ction D. Computation of Investme		· · · · · · · · · · · · · · · · · · ·			,	
17 18	Investment income percentage for 2016 (line Investment income percentage from 2015 Sc					17 18	%
	33 1/3% support tests - 2016. If the organization is not more than 33 1/3%, check this box at	ation did not check	k the box on line 14,	and line 15 is mor	e than 33 1/3%, an	d line	
	33 1/3% support tests - 2015. If the organization 18 is not more than 33 1/3%, check this beautiful private foundation. If the organization did not not support the organization of the or	ation did not check oox and stop here	k a box on line 14 or . The organization	line 19a, and line qualifies as a publi	16 is more than 33 cly supported orgar	1/3%, and	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
***********	0000000000	
-		
10000000		
2		
20000000000	25000000000	*****************
3a		

000000000	3000000000	888888888
3b		
1000000000	100000000	
3c		
4a		
88888888		
00000000000000000000000000000000000000	pesses (1995)	100000000000000000000000000000000000000
4b		
200000000000000000000000000000000000000	100000000000000000000000000000000000000	000000000
1 10		
5a		
Ja		******************
5h		
30		
5c		
1000000000000000000000000000000000000		procession.
6		

7	1	
20000000	0.000000000	
8		
		2000000000
9a		
	passissi	
9b		
		PROFESSION .
9c		

	, and a second	
10a		
1	***********	
10b	<u></u>	

Par	t IV Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
	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
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
Sec	tion 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? 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.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_
	supervised, or controlled the supporting organization.	2
Sec	tion C. Type II Supporting Organizations	
4	More a majority of the appropriation of the street of the	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)? 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).	1
Sec	tion D. All Type III Supporting Organizations	
000	ion B. Air Type in oupporting organizations	Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	100 .10
•	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</i>	
	the organization maintained a close and continuous working relationship with the supported organization(s).	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? If "Yes," describe in Part VI the role the organization's	_
	supported organizations played in this regard.	3
	tion 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	mstructions):
a	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. 	
b c	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	/ (see instructions
	Activities Test. <i>Answer (a) and (b) below.</i>	Yes No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	103 110
a	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>	
	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.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
	activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	
	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? Provide details in Part VI.	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

ched	ule A (Form 990 or 990-EZ) 2016 LINCOLN PARK CHILDREN AND FAMILIES COLL	ABOR	LATIVE 27-499	0487 Page	
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical				
1				ain in Part VI). See	
	instructions. All other Type III non-functionally integrated supporting organization			· ·	
Sec	tion 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			
	Depreciation and depletion	5			
	Portion of operating expenses paid or incurred for production or				
	llection of gross income or for management, conservation, or				
	aintenance of property held for production of income (see instructions)	6		Pri year a commontati	
	Other expenses (see instructions)	7			
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	:		
	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see	T		· · · · ·	
ins	structions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
fa	actors (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,				
se	e 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			
Sec	Section C - Distributable Amount				

6 Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2

3

5

instructions).

2 Enter 85% of line 1

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sec	tion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exer	npt purposes			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	ations			
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	e organization is respor	nsive		
	(provide details in Part VI). See instructions.	J			
9	Distributable amount for 2016 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
			(ii)	(iii)	
S	Section E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable	
	(000 11101101101101)	Excess Distributions	Pre-2016	Amount for 2016	
1	Distributable amount for 2016 from Section C, line 6			741104111101 2010	
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:				
<u></u> -а	and a substantial survival of the survival survi				
b					
	From 2013				
	From 2014				
	F 004F				
	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2016 distributable amount				
	Carryover from 2011 not applied (see instructions)				
<u>-</u> -	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2016 from				
•	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2016 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
	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					
	Excess from 2013				
	Excess from 2014				
	Evacos from 2015				
	Evenes from 2016				
	Excess from 2016				

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2016

Open to Public Inspection

		Employer Identification number
	NCOLN PARK CHILDREN AND FAMILIES COLLABORATIVE	27-4990487
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accoun	ts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	· · · · · · · · · · · · · · · · · · ·
MONETE:	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		
	Preservation of land for public use (e.g., recreation or education) Preservation of a historically in Protection of natural habitat Preservation of a certified historically in Preservation of a historical his	
	Preservation of open space	oric structure
2		
_	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation to the last day of the tay year.	00000000
_	easement on the last day of the tax year.	Held at the End of the Tax Year
a	Total organic protricted by conservation easements	2a
b	and the control of th	2b
C	• • • • • • • • • • • • • • • • • • • •	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
2		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organizat	ion during the
	tax year •	TO THE STATE OF TH
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easem	nents during the year
_	\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de	escribes the
	organization's accounting for conservation easements.	
rai	Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and b	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	erance 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 balar	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	erance of
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro	vide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	S

3 Using the organization's acquisition, accession, and other records, check any of the billowing that are a significant use of its collection tames (check all that apply): a Public entitletion d Loan or exchange programs b Scholary research c Preservation for future generations d Device d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During they year, did the organization as oelict or receive denations 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 VII Escrow and Custodial Arrangements. Compete if the organization and apent, fusion, custodian or other intermediary for contributions or other assets not included on Form 990. Part XI. line 21. In the organization are part of the organization and part of the organization and part of the organization and part of the organization included on Form 990. Part XIII and complete the following table: ■ C Beginning belance Amount Telephone Te	Pa	rt III Organizations Maintaining Colle	ections of A	Art, Historica	al Treasures	or Oth	er Similar As	sets (con	itinued)
a Public shibition d Loan or exchange programs	3	Using the organization's acquisition, accession, and o	other records, c	heck any of the	following that are	a significa	ant use of its		
b		collection items (check all that apply):							
b	а	Public exhibition	d Loa	n or exchange p	rograms				
Preservation for future generations	b	Scholarly research			v				
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 constations of ant, historical teasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		and the second s							
XII.			and explain ho	w they further th	e organization's	evemnt ni	rnose in Part		
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be minitalined as part of the organization? Part IV Escrow and Custodial Arrangements.	•		and oxplain no	w aley latatel at	o organization o	oxompt po	rpooc irr are		
assets to be sold to relate funds rather than to be maintained as part of the organization's collection? Part IV	5		donations of a	t historical treas	sures or other si	milar			
Part IV Escrow and Custodial Arrangements.	Ū	· · · · ·						Πva	o 🗆 No
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 If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1 1	Pa			or are organizati	orra conection:				3 110
990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No. No.	200000			5 Form 000	Dort IV/ line () or ron	orted on amou	int on Eo	rm
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If Yes, explain the arrangement in Part XIII and complete the following table: Beginning balance			163 0	11 01111 990,	raitiv, iiie	y, or rep	onted an amot	ant on i o	
included on Form 990, Part X? 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 1	10		ar internacion	for contributions					-
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Seginning balance	ıa								
Company Beginning balance Company Beginning balance Company Beginning balance Company Beginning the year Company Beginning of year balance Beg								Үе	S NO
c Beginning balance d Additions during the year 1	a	if "Yes," explain the arrangement in Part XIII and com	plete the follow	ing table:					1
d Additions during the year Distributions during the year section of the expanization answered "Yes" on Form 990, Part IV, line 10. Distributions during the year less on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Distributions during the year less of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Distribution of year balance Distributions during the year distribution answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Distributions during the year distribution answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Distributions during the year and year		5				-	Am	ount	<u> </u>
e Distributions during the year 1e 1f 1f 1f 1f 1f 1f 1f									
f Ending balance ft ft	d								
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	e								
Book Fractor Funds Fu									
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.						•		📙 Ye	s ∐ No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. A Beginning of year balance			nere if the expla	nation has been	provided on Par	t XIII .		<u> </u>	<u></u>
Contributions Contribution	Pa								1
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 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages in 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 (iii) related organizations b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization sendowment 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 (b) Cost or other basis (c) Accumulated depreciation depreciation 1a Land b Buildings c Leasehold improvements d Equipment Coder or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation depreciation depreciation depreciation 4 Describe or property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation deprecia		Complete if the organization answe	red "Yes" or	n Form 990,	Part IV, line	10.			
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 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \((a)	Current year	(b) Prior year	(c) Two yea	rs back	(d) Three years back	(e) Four y	ears back
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 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a	Beginning of year balance							-
Carants or scholarships	b	Contributions							1
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 8 Board designated or quasi-endowment	С	Net investment earnings, gains, and							
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment		losses			1.00				, , , , , , , , , , , , , , , , , , ,
programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment	d	Grants or scholarships							
f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	е	Other expenditures for facilities and							H 2571
g End of year balance		programs							
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f	Administrative expenses							
a Board designated or quasi-endowment ▶	g	End of year balance							
b Permanent endowment \% The percentages in 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 5a(i) 18 If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. 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 (other) (b) Cost or other basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment c Other Other	2	Provide the estimated percentage of the current year	end balance (lir	ne 1g, column (a)) held as:				!
to Temporarily restricted endowment ▶	а	Board designated or quasi-endowment	%						
The percentages in lines 2a, 2b, and 2c should equal 100%. 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 (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) unrelated organizations (iv) related organizations (iv) r	b	Permanent endowment > %	· · · · · · · · · · · · · · · · · · ·						
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 (iii) related orga	С	Temporarily restricted endowment	%						# # 1
organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. 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 (b) Cost or other basis (c) Accumulated depreciation b Buildings c Leasehold improvements d Equipment e Other Other		The percentages in lines 2a, 2b, and 2c should equal	100%.						
organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. 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 (b) Cost or other basis (c) Accumulated depreciation b Buildings c Leasehold improvements d Equipment e Other Other	3a	Are there endowment funds not in the possession of t	he organization	that are held an	d administered f	or the			
(ii) related organizations b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. 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 (other) (investment) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value Equipment c Leasehold improvements d Equipment e Other Other								[·	Yes No
(ii) related organizations b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. 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 (other) (investment) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 4 Land 5 Buildings 6 Leasehold improvements 6 Equipment 6 Other 1 Other		(i) unrelated organizations						. 3a(i)	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. 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 (other) (investment) (inv		(ii) related organizations							
Describe in Part XIII the intended uses of the organization's endowment funds. 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 (other) (investment) (in	b	-	s required on S	Schedule R?					
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 (other) (investment) (inv	4								-
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 (other) (investment) (inv	Pai				·				
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other				Form 990.	Part IV. line 1	1a. See	Form 990. Pa	art X. line	10.
tal Land (investment) (other) depreciation b Buildings Image: Control of the control			1			1			7
b Buildings c Leasehold improvements d Equipment e Other			1 ''	1		1	i	, . ,	
b Buildings c Leasehold improvements d Equipment e Other	1a	Land							
c Leasehold improvements						<u> </u>	000000000000000000000000000000000000000		
d Equipment									
e Other									1
		0.1							
			m 990. Part X	column (B). line	10c.)				

Page 3

LINCOLN PARK CHILDREN AND FAMILIES COLLABORATIVE

Part VII	Investments - Other Securities. Complete if the organization answere	ed "Yes" on Form 990, Pa	rt 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-he	eld equity interests		
(3) Other			
(A)			<u> </u>
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
	must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.	<u> </u>	
0580:5550:386:386:5553		d "Yes" on Form 990, Par	rt 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)			Cost of ena-or-year market value
(2)			
(3)			
(4)			-
(5)			
(6)			
(7)			
(8)			
(9)			
	must equal Form 990, Part X, col. (B) line 13.)	<u> </u>	
Part IX	Other Assets.	d "Vaa" an Farm 000 Day	et IV line 44 d. Coo Forms 000 Poet V. line 45
			rt IV, line 11d. See Form 990, Part X, line 15.
(1)	(a) L	Description	(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15.	<u>) </u>	<u>, , , , , , , , , , , , , , , , , , , </u>
Part X	Other Liabilities.		
	Complete if the organization answere line 25.	d "Yes" on Form 990, Par	rt IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
(1) Federal in	ncome taxes		
(2) PAYRO	L TAXES	1,183	
	NED REVENUE	250	
(4)			_
(5)			4
(6)			-{
(7)			-
(8)			-
	must equal Form 990, Part X, col. (B) line 25.)	1,433	1
	uncertain tax positions. In Part XIII, provide the tex	<u> </u>	ion'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

Sched	DIED (FORM 990) 2016 LINCOLN PARK CHILDREN AND FAMILIES COLLAN		47-4990487	Page 4
Pa	Reconciliation of Revenue per Audited Financial Statem	-	r Return.	100
	Complete if the organization answered "Yes" on Form 990, P			
1	, 0		1	İ
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a b	Net unrealized gains (losses) on investments	2a 2b	-	
C	Recoveries of prior year grants	20 2c	-	
d	Other (Describe in Part XIII.)	2d	-	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-	
С	Add lines 4a and 4b		4c	
5			5	
Pa	t XII Reconciliation of Expenses per Audited Financial State		per Return.	
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.	-	
1			1	i de
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			A
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	_	
С	Other losses	2c		i i
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	4
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4 1	
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	1
5 15 A	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	-
******	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line	on the and the Port Valing 4: Po	urt V. lino	-
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		art A, mile	
<u>_</u> ,	text, into 24 and 45, and 1 arexii, into 24 and 45. Also complete and part to provide any t	additional information.		100
				0.00
				10 cm 11 cm 12 cm
				1000
				1
				in the state of th
				200
				1. A 117 of 5 in its
				3
				1
				0.00
				A SAN AND AND AND AND AND AND AND AND AND A
				The state of the s

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Inspection Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number LINCOLN PARK CHILDREN AND FAMILIES COLLABORATIVE 27-4990487

01. Amended return information
SCHEDULE VII - EXECUTIVE DIRECTOR'S COMPENSATION WAS NOT INCLUDED.
PART VIII - FUNDRAISING INCOME WAS REPORTED IN TWO SPOTS
SCHEDULE A - NON-PROFIT HAS BEEN IN BUSINESS SINCE 2011 - THE 5-YEAR BOX WAS CHECK AND
THAT WAS INCORRECT.
a
SCHEDULE A - NON-PROFIT'S INCOME IS DERIVED MOSTLY FROM GIFTS, GRANTS AND CONTRIBUTIONS -
THEY RECEIVE VERY LITTLE PROGRAM INCOME. MOST OF THE FUNDS THEY RECEIVE ARE FROM
GOVERNMENTAL UNITS OR OTHER PUBLICLY SUPPORTED ORGANIZATIONS INCORRECT BOX WAS CHECKED
ON ORIGINAL RETURN.
SCHEDULE B - WAS INCLUDED ON ORIGINAL RETURN AND WAS NOT REQUIRED.
SEE ATTACHMENTS.
02. Officer, directors, etc. family relationship (Part VI, line 2)
RENEE VAN NETT - CHAIRMAN OF THE BOARD OF DIRECTORS FOR 2016 IS THE NIECE OF PAULA URRUTIA
AND JOSEPHINE URRUTIA - BOTH CULTURAL DIRECTORS.
03. Organizational document changes (Part VI, line 4)
ORGANIZATION ADOPTED COMMERCIAL TOBACCO FREE POLICY MAY 11, 2016
04. Form 990 governing body review (Part VI, line 11)
ORGANIZATION WILL HAVE TAX RETURN INFORMATION EMAILED TO BOARD FOR APPROVAL.

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization	
LINCOLN PARK CHILDREN AND FAMILIES COLLABORATIVE	27-4990487
05. Conflict of interest policy compliance (Part VI, line 12c)	
OPCINITZITION INOUTED CONFLICT OF INTERPRET DISCLOSURE STATEMENT ON NOVE	IMPED 0 2016
Employer identification number LN PARK CHILDREN AND FAMILIES COLLABORATIVE 27-4990487 conflict of interest policy compliance (Part VI, line 12c) IZATION ADOPTED CONFLICT OF INTEREST DISCLOSURE STATEMENT ON NOVEMBER 9, 2016 EO, executive director, top management comp (Part VI, line 15a) ALARY OR HOURLY WAGE INCREASES TIME AND PART TIME EMPLOYEES MAY RECEIVE COST-OF-LIVING OR PERFORMANCE BASED SALARY URLY WAGE INCREASES. PERFORMANCE MUST BE DOCUMENTED IN A PERFORMANCE EVALUATION BY UPERVISOR BEFORE A RECOMMENDATION TO INCREASE SALARY OR WAGES IS MADE TO THE BOARD OF TORS. SALARY OR WAGE INCREASES CAN ONLY BE APPROVED BY THE BOARD OF DIRECTORS, AND OT GUARANTEED.	
06. CEO, executive director, top management comp (Part VI, line 15a)	
406 SALARY OR HOURLY WAGE INCREASES	
EILI TIME AND DADE TIME EMDIOVEES MAY DESERVE SOOT OF LIVING OR DEDUCE	MANIGE DAGED GALADY
FULL TIME AND PART TIME EMPLOYEES MAY RECEIVE COST-OF-LIVING OR PERFOR	MANCE BASED SALARY
OR HOURLY WAGE INCREASES. PERFORMANCE MUST BE DOCUMENTED IN A PERFORMA	NCE EVALUATION BY
THE SUPERVISOR BEFORE A RECOMMENDATION TO INCREASE SALARY OR WAGES IS	MADE TO THE BOARD OF
DIRECTORS. SALARY OR WAGE INCREASES CAN ONLY BE APPROVED BY THE BOARD	OF DIRECTORS, AND
ADE NOT CHADANTEED	
ARE NOT GUARANTEED.	
	
07. Governing documents, etc, available to public (Part VI, line 19)	
GOVERNING DOCUMENTS ARE KEPT ON SITE AND AVAILABLE TO ANYONE THAT REQU	JESTS THEM.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	100.100
	•

990			(Overflow St	atement		2016 Page 1
Name(s) as shown of	n return					FEIN	
LINCOLN	PARK	CHILDREN	AND	FAMILIES	COLLABORATIVE		27-4990487

OTHER EXPENSES

Description		Amount		
INDEPENDENT CONTRACTORS		\$	72,991	
RENT AND UTILITIES			13,068	
OTHER EXPENSS		-	25,277	
	Total:	\$	111,336	

	LIL	PART III EXEME	oration)LN	EF_PDF~
·	ACHIEVEMENT RACTORS	EXEMPT PURP	PARK CHILDREN	
		ORG PRIMARY EXEMPT PURPOSE	REN AND FAMILIES COLLABORATIVE	(KEEP
	PRIMARY EXEMPT COMPENSATION OF	LPCFC PRIMARY EXEMPT PURPOSE.PDF	IVE	(KEEP FOR YOUR RECORDS) EF Attachments
			27-4990487	2016

EF_PDF~,LD

MEF ACK files processed

IDNumber Type 274990487 990

Acc Date

274990487 990 A 08-07-2019 SubmissionId: 4166112019219rivhef5 Name

LINCOLN PARK CHILDREN AND FAMILIES

Reject Codes

Amended 2016