



# **MINNESOTA ALLIANCE ON CRIME**

## **FINANCIAL GUIDELINES**



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## MINNESOTA ALLIANCE ON CRIME

### SYSTEM OF SOLID FINANCIAL MANAGEMENT

<b>MAC has a functioning, responsible Board of Directors</b>	<ul style="list-style-type: none"> <li>✓ Board meets monthly on a schedule established by the by-laws.</li> <li>✓ Members are independent: not employees or contractors of the organization.</li> <li>✓ There are 5 to 15 Board members.</li> <li>✓ Minutes show that the Board regularly receives and approves income and expense statements.</li> <li>✓ Minutes show that the Board annually approves the budget, including employee pay salaries and rates.</li> </ul>
<b>The MAC bookkeeping system includes the following:</b>	<ul style="list-style-type: none"> <li>✓ A cash receipts journal (funds are recorded in this the day they come in).</li> <li>✓ A cash disbursement journal (to record any cash paid out) is maintained.</li> <li>✓ A general ledger which records all agency financial activity is kept.</li> <li>✓ Income and expense statements produced monthly will include both period and year to date income and expenses by funding source.</li> <li>✓ Checking and any other accounts are balanced with bank statements monthly.</li> </ul>
<b>MAC bookkeeping duties are segregated so that more than one person is involved</b>	<ul style="list-style-type: none"> <li>✓ The person who records the receipts will not be the same as the person who makes deposits.</li> <li>✓ The person who authorizes purchases or approves payments will not be the same person who actually makes the payments.</li> <li>✓ Any check written will have two authorized signatures.</li> <li>✓ No person will ever sign a check made out to her/himself.</li> </ul>
<b>MAC payroll records are properly maintained</b>	<ul style="list-style-type: none"> <li>✓ Timesheets are kept in ink, indicating hours allotted to the different activities.</li> <li>✓ Time sheets (and expense reimbursement requests) are signed by the executive director. The executive director's time sheets (and reimbursement requests are signed by a Board member.)</li> <li>✓ Wage and hour laws (the Fair Labor Standards Act) are posted and followed.</li> </ul>
<b>MAC bills are supported with documentation and approved</b>	<ul style="list-style-type: none"> <li>✓ Supporting documents (e.g. invoices) will be initialed and dated in order to authorize payment.</li> <li>✓ Receipts and other supporting documents (including payroll records) will identify program and funding source, or the breakdown between two or more programs/sources.</li> <li>✓ An orderly filing system is established that will be clear to an auditor or another third party.</li> </ul>
<b>All MAC revenues and expenditures are segregated by program, and by source</b>	<ul style="list-style-type: none"> <li>✓ Funds coming into and out of each organizational program, and from each funding source (State, VOCA, and private) will be easily identifiable through receipts and disbursements journals, payroll records, and all other records (including income and expense statements approved by the Board).</li> </ul>
<b>MAC grant agreements, financial reports, and book keeping records all agree</b>	<ul style="list-style-type: none"> <li>✓ Amounts charged to grants are according to grant agreements (or pre-approved budget amendments) and will be supported by matching agency records.</li> </ul>



## **I. FINANCIAL REPORTS**

### **Policy:**

Financial reports to the Board of Directors and the board treasurer must be submitted by the executive director on a monthly basis.

### **Procedure:**

1. Organizational financial reports will be produced after all the program financial reports have been approved, billings sent out, program reports (such as quarterly) done, etc. Also, the checking account will be reconciled, prepaid activity will be reconciled, and other review work will be done as relevant for that period.
2. Monthly financial statements will be provided to the treasurer for review and for distribution and approval at each regular meeting of the Board of Directors. These statements will include: a balance sheet, an income and expense statement reporting the period's actual revenue and expenses.

## **II. CASH CONTRIBUTIONS**

### **Definition:**

**A contribution** is a transfer of cash or other asset to MAC without receiving something of value in return. Contributions can be unrestricted, temporarily restricted, or permanently restricted. Restrictions are imposed by the donor for the designation or the use of the funds.

### **Policy:**

MAC will establish guidelines for documenting and acknowledging contributions. Deposits will be made weekly and at the end of the each month. Cash contributions will be made on the day received or as soon thereafter as possible.

### **Procedure:**

1. Mail will be opened, sorted, and stamped with a date by the administrative coordinator (or in their absence, by the executive director). The administrative coordinator will remove any checks or cash and forward mail unread to the appropriate employee.
2. The administrative coordinator will stamp the back of the checks with "*MAC deposit only*," make a copy of each check and log the receipts for cash contributions and checks into the daily revenue receipt log. The log will include the date of receipt, the check number, the contributor's name, the amount, the purpose, and the account code for each amount.
3. At any time that the checks are not being processed they must be locked in a locked cabinet.
4. The administrative coordinator will prepare the weekly deposit and the executive director will make the deposit.
5. The administrative coordinator will send the contract bookkeeper a copy of the deposit log. The contract bookkeeper will enter the deposit into the software accounting program.
6. The administrative coordinator will prepare a contribution acknowledgement letter for all cash and check contributions to be signed by the executive director. The contribution letters and forms are filed in the contribution files kept by the organization.
7. The contract bookkeeper will reconcile each bank account at the end of each month, and print out the reconciliation report each time, which can be reviewed by the executive director. The board treasurer will review reconciliation reports on a regular basis. A signed/initialed reconciliation statement and bank statement will indicate **review**.

### **III. IN-KIND CONTRIBUTIONS**

**Definition:**

*In-kind contributions* are services or materials donated to the organization.

**Policy:**

MAC will establish guidelines for documenting and acknowledging in-kind contributions.

**Procedure:**

**A. Volunteer Services**

1. Volunteers and interns will complete a MAC application form and be interviewed by the designated staff person prior to beginning volunteer services.
2. All volunteers and interns will complete and sign timesheets for services provided including day and number of hours. Timesheets will be submitted to the appropriate staff member for approval and forwarded to the administrative coordinator. The administrative coordinator will prepare and submit a monthly log of volunteer hours to the contract bookkeeper.

**B. Material Contributions**

1. The administrative coordinator will log all contributions, give a receipt to contributors, and enter contributor information in the donor database.
2. The administrative coordinator will prepare and submit a list of contributors to the contract bookkeeper and executive director as contributions are received.
3. The executive director shall be responsible for accepting contributions, determining if a donor does not fit with the MAC mission, and executing any donor restrictions on the contribution.
4. The administrative coordinator will prepare acknowledgement letters for all material contributions and forward to the executive director for signature.

#### **IV. CASH BASIS ACCOUNTING**

**Policy:**

MAC's policy is to prepare financial statements using the cash basis method of accounting, recognizing revenues when cash is received and expenses when cash is disbursed. Revenue is primarily in the form of membership dues, contributions, and grant reimbursements. Expenses are to be paid within one week of receiving invoices for goods and services.

**Procedure:**

1. Documents for all accounting transactions will be kept.
2. Any cash receipts shall be given directly to the administrative coordinator along with information on the person who gave the cash and the reason cash was given. The administrative coordinator will keep all cash receipts locked and secured, shall maintain a list of the receipts, and prepare a deposit. The executive director shall deposit all cash receipts as soon as possible after receipt.

## **V. TRANSFER OF FUNDS**

### **Policy:**

#### **Debit Account Transfers:**

The contract bookkeeper and the executive director have the authority to transfer up to \$15,000 cash between the checking account and savings account at Bremer Bank. E-mail notice shall be sent to the board treasurer, and the administrative coordinator each time a transfer is made.

#### **Transfers Outside of Designated Bank:**

Transferring any funds outside of the current designated bank (Bremer Bank) requires prior approval from the Board of Directors Executive Committee or the full Board of Directors.

## **VI. GRANTS AND PLEDGES**

### **Definition:**

***Grants and pledges***, also called promises to give, are written or oral agreements to contribute to the organization in the future, usually within one to two years.

### **Policy:**

MAC has established guidelines for documenting grants. Permanently restricted and temporarily restricted funds must be used for the donor-restricted purpose or in the donor-restricted time period. All restricted funds not used for the restricted purpose are to be returned to the grantor or pledger or permission from the grantor or contributor will be obtained in order to use the restricted funds for other purposes.

### **Procedure:**

1. The administrative coordinator will open, sort and date-stamp the mail
2. Copies of the letters are made and filed in the grant files.
3. The contract bookkeeper will determine the program code for each grant with the executive director and add that to the forms and spreadsheets.
4. The contract bookkeeper, administrative coordinator, and executive director shall determine if the grant or pledge has restrictions. Unrestricted, temporarily restricted, and permanently restricted grants and pledges are to be accounted for separately. Categories are to be maintained in separate accounts to ensure the full disclosure of the resources available to the agency.
5. The contract bookkeeper will use the check copies, the list of checks, and the receipt from the bank to enter the deposit.
6. The checks and grant or pledge letters will be filed with the deposits.
7. For all Minnesota Office of Justice Programs (OJP) grants, Financial Status Reports (FSRs) will be prepared by the administrative coordinator using monthly and quarterly financial reports prepared by the contract bookkeeper. FSRs will be approved by the executive director. The administrative coordinator will submit the approved FSR and request for payment quarterly.
8. Past due grants and pledges will be investigated by the administrative coordinator if payment is not received within thirty (30) days of receipt date as indicated in award letter.

## **VII. EXPENSES**

### **Definitions:**

**Purchases** are the acquisition of materials or services in exchange for money.

**Reimbursements** are the compensation to individual employees for expenses incurred for the organization.

**Accounts payable** are the recognition of the expense and the liability of services and materials received but no payment has been made for the services or materials.

### **Policy:**

MAC will maintain a separation of duties between the approval, processing, and signing of payments. Proper documentation and proper authorization must accompany vendor payments. An independent check on all payments is to be made in the form of the bank reconciliation.

No petty cash is maintained by the agency.

### **A. Procedure for Purchases:**

1. MAC has a corporate debit account with cards in the name of each employee. With the exception of the debit card in the name of the executive director, employee debit cards will be maintained in a locked receptacle by the administrative coordinator. Employees may check out their card for travel or purchases pre-approved by the executive director. Receipts for debit card purchases shall be submitted to the administrative coordinator within 5 business days of purchase.

### **B. Procedure for Reimbursements:**

1. Employees will fill out a check request form to request reimbursement for expenses. Each request shall be reviewed by the administrative coordinator, approved by the executive director, and then given to the contract bookkeeper for payment.
2. All employee travel must be pre-approved by the executive director.
3. The agency does not provide per diem for travel expenses but does reimburse for actual expenses that fall within the federal per diem guidelines.

### **C. Procedure for Payment of Expenses:**

1. All invoices will be coded by the administrative coordinator and approved by the executive director and entered into the accounting software account by the contract bookkeeper. (Coding is based on program grant budgets, internal budget, and organizational definitions,)
2. All invoices will be checked for prior payment before entry and approval for payment.
3. Recurring expenses are defined as: rent, utilities, telephone, equipment leases, employee salaries, employee benefits, D & O insurance; and liability insurance.
4. The contract bookkeeper will process the payment of the approved invoices on pre-numbered checks at least once per week and mail the check to the vendor. The check stub will be attached to the invoice and purchase requests. The invoices and receipts are stamped paid and filed by the vendor name.

5. All blank checks are to be kept in a locked cabinet by the contract bookkeeper and executive director. The access to the checks is limited to the contract bookkeeper and the executive director. A separate file of voided checks is maintained. Voided checks are never destroyed.
6. At the end of each month, the executive director will review financial statements for proper allocation of expenses.



## **VIII. PAYROLL**

### **Policy:**

Proper authorization must be documented on all approvals of hours. Authorization includes employee hire records and signatures on all timesheets. A W-4, a verification of US residency, copies of the identification cards, and salary amount must be on file for every employee. Federal and State payroll tax withholdings will be paid monthly in accordance with State and Federal regulations. These records may be randomly checked for information and matching of the signature on timesheets. The records are to be controlled by locking all information; only the executive director has access to the information.

### **Procedure:**

1. The administrative coordinator maintains and distributes boilerplate timesheets for each employee.
2. All employees shall complete time sheets including total hours worked and the allocation of time spent in specified activities. Employees will track the time they have spent in different program activities during the payroll period. Paid Time Off (PTO) taken will also be indicated by the employee. Completed timesheet activity logs shall be sent to the executive director for review and printing of the final timesheet. Each employee shall sign and date the final timesheet.
3. The executive director shall review, sign and date the timesheet. The executive director's signature is an indication of agreement with the hours, the allocation of time, PTO approval, and the approval for payment.
4. The executive director's timesheet will be sent to the board president for review and approval. The board president's signature is an indication of agreement with the hours, the allocation of time, PTO approval, and the approval for payment.
5. Copies of the employee time sheets will be emailed to the contract bookkeeper for processing.
6. The timesheets and payroll reports are used to allocate total payroll activities to correct programs. Journal entries are created and entered into the accounting software with those results.
7. All employee checks are processed through the ACH deposit. Payroll and reimbursements are processed through contract bookkeeper service. Any exceptions to this must be authorized in advance by the executive director in consultation with the Board Chair.
8. If a manual check is needed, the administrative coordinator or executive director will notify the contract bookkeeper so they enter the necessary information.

## **IX. CONTRACTS**

### **Policy:**

As part of its normal operations, MAC may enter into contracts to purchase certain services or materials from an outside party as authorized by the Board of Directors. All contracts must be signed by the executive director or authorized board member before agreeing to services. Employees do not enter into contracts with vendors.

### **Procedure:**

1. The executive director will normally sign contracts on behalf of the organization.
2. At minimum, each purchase of service contract entered into by the organization will provide the following information:
  - a. The nature of the service and duties of the Contractor;
  - b. The financial obligations agreed to;
  - c. The period of time that the contract covers;
  - d. The invoicing procedure or payment schedule; and
  - e. A termination clause.

## **X. CAPITAL ASSETS AND DEPRECIATIONS**

### **Definition:**

**Capital assets** are land, building, building improvements, equipment, and furniture having a useful life to the organization longer than one year.

### **Policy:**

The organization is to maintain a list of all assets. This list is to include the date of purchase, the cost, a detailed description of the assets, the expected number of years of use, and the expected value of the asset at the end of its usefulness.

### **Procedure:**

1. All new assets over \$5,000.00 are to be added to the list each year. These assets will be listed on the profit and loss statement as a capital expense and will be depreciated.
2. A schedule will be maintained on the depreciation of the assets. The assets are listed with the years of useful life; the cost is then divided by the years of life and expensed. The schedule will list both the accumulated depreciation and the depreciation for the year. Assets that have accumulated depreciation equal to the cost, less residual value, will cease to be depreciated.
3. The depreciation will be expensed at the end of the year and the accumulated depreciation increased.
4. When an asset is sold or disposed of, it will be removed from the books. It is removed by a journal entry decreasing the assets by the cost of the item and decreasing the accumulated depreciation by the amount of depreciation recognized on the asset. The difference between the cost and accumulated depreciation is recognized as a gain or loss on the disposal of the asset.
5. Assets paid for by a grant will be given to another nonprofit or disposed of in the manner required by the funding source under which the asset was acquired.

## **XI. FUND BALANCES**

### **Definition:**

***Fund balances*** are the value of revenue less expenses from previous years.

### **Policy:**

Fund balances will be separated into restricted, temporarily restricted, and unrestricted accounts.

### **Procedure:**

1. At the end of each year, the contract bookkeeper will balance funds and adjust to recognize the amount of restricted contribution used or remaining for the year.
2. Funds used from prior years decrease the restricted fund balance; unused funds in the current year increase the fund balance.
3. The restricted fund balances are to be carried over to the next year according to the requirements of the funding source. These funds are to be used for their restricted purpose.

## **XII. INVENTORY OF ITEMS FOR SALE – SALES TAX**

### **Policy:**

MAC will maintain a regular inventory of items sold to members and the public.

For items sold on an on-going basis versus one-time limited sales (e.g. t-shirts sold at a conference), the administrative coordinator will maintain an inventory list. For any item sold, information will be gathered on the address of the sale and whether the purchaser is tax exempt.

### **Procedure:**

1. The administrative coordinator, upon approval of the executive director, will be responsible for purchases, maintaining inventory, updating, and selling products.
2. The administrative coordinator will conduct a year-end inventory and provide the information to the contract bookkeeper to balance with the books.
3. The administrative coordinator will maintain an inventory list. Any sale will include information on the address of the sale and whether the purchaser has tax exempt status. Proof of tax exempt status will be kept on file by the administrative coordinator.
4. For each sale, the administrative coordinator will prepare a request for invoice to the contract bookkeeper indicating whether the purchaser has tax exempt status. The contract bookkeeper will issue an invoice and include appropriate sales tax.
5. MAC will pay sales tax into the state on an annual basis.

### **XIII. END OF MONTH REPORTING**

1. After the bank reconciliations are completed and all payables entered into the software accounting program, the contract bookkeeper shall prepare monthly financial reports.
2. For each grant that is to be billed, the contract bookkeeper will prepare an income statement and job report, and also related excel schedules as requested, including with any necessary detail about employee activities, expense details, etc.
3. After the executive director has approved the report, the appropriate agency shall be billed. This takes place either by the actual invoice being sent, or via an online process which the administrative coordinator completes.
4. Copies of the reports and the billings (FSR submitted) shall be kept in the monthly program financials folder maintained by the contract bookkeeper, with a copy also filed in the particular grant/contract's monthly financial folder.
5. After all billings have been completed, (and other month-end processes as well) the contract bookkeeper will prepare reports for the executive director approval and send that report to the board treasurer. Currently these include a year-to-date actual/budget with variances, a balance sheet, income statement, and transaction detail for period. Other reports shall be prepared as requested by the treasurer or the executive director.

#### **XIV. ESSENTIAL INFORMATION AND MATERIALS SECURITY**

##### **Policy:**

MAC will have a written procedure for securing essential information about the agency, financial information, and financial materials.

##### **Procedure A:**

The executive director will be responsible for a written description of the location and access for essential financial and organizational information about MAC. This will include:

1. A safety deposit box location in the agency bank and a list of contents
2. Contents should include a minimum:
  - a. Copies of legal charter materials and tax numbers
  - b. Board minutes of the past year and current list of the board members
  - c. Approved 990 from past 2 financial years
  - d. Up to date copy of bylaws
  - e. Copies of legally required state and federal reports from the past year
  - f. Previous year accounting backup copy
  - g. Inventory of major assets
  - h. Copy of essential insurance information
3. Locked location for unused checks
4. Location of accounting backup information, name and address of contract bookkeeper
5. Duplicate of essential keys and codes for computers
6. Names and addresses of current personnel, board members, and executive committee

##### **Procedure B:**

A board officer will be designated at the January organizational board meeting as the person other than the executive director who has access to the above information and the safety deposit box. This name and the effective dates will be entered in the minutes of the board meeting.

## **XV. RELEASE OF MAC FINANCIAL INFORMATION**

### **Policy:**

Release of MAC financial information can be done only by the executive director, the board president or the board president's designee.



MN Alliance on Crime

Compare Income Statement by Fund for the period of 07/01/2017 to 06/30/2018

Account Number	Account Name	Unrestricted	OJP	NITVAN Scholarship	Training Grant	NITVAN Grant	Total Amount
<b>Income</b>							
<b>Income</b>							
<b>Income</b>							
4000	Contributions Income	0.00	0.00	0.00	0.00	0.00	0.00
4005	Program Income	990.56	0.00	0.00	0.00	0.00	990.56
4010	Annual Meeting	385.33	0.00	0.00	0.00	0.00	385.33
4020	Donations	3,979.07	0.00	0.00	0.00	0.00	3,979.07
4030	Membership Dues	22,726.91	0.00	0.00	0.00	0.00	22,726.91
4040	OJP Income	199,736.43	0.00	0.00	0.00	0.00	199,736.43
4042	Technology Grant Income	0.00	0.00	0.00	0.00	0.00	0.00
4044	Training Grant Income	39,226.90	0.00	0.00	0.00	0.00	39,226.90
4049	In-Kind Donations Income	9,684.52	0.00	0.00	0.00	0.00	9,684.52
4050	NITVAN Income	20,404.81	0.00	0.00	0.00	0.00	20,404.81
4070	Silent Auction	2,111.76	0.00	0.00	0.00	0.00	2,111.76
4090	Interest Income	41.81	0.00	0.00	0.00	0.00	41.81
4095	Miscellaneous Income	0.00	0.00	0.00	0.00	0.00	0.00
	<b>Total Income</b>	<b>299,288.10</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>299,288.10</b>
	<b>Total Income</b>	<b>299,288.10</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>299,288.10</b>
<b>Expense</b>							
<b>Administrative Expenses</b>							
5000	Salaries	0.00	137,181.98	0.00	0.00	13,600.00	150,781.98
5010	Payroll Taxes	0.00	10,343.41	0.00	0.00	1,040.40	11,383.81
5020	Health/Dental Ins Premiums	0.00	12,239.10	0.00	0.00	1,907.82	14,146.92
5030	In Kind Intern/Volunteer Expenses	9,109.80	0.00	0.00	0.00	0.00	9,109.80
	<b>Total Administrative Expenses</b>	<b>9,109.80</b>	<b>159,764.49</b>	<b>0.00</b>	<b>0.00</b>	<b>16,548.22</b>	<b>185,422.51</b>
<b>Other Expenses</b>							
5100	Rent	5,600.00	11,820.00	0.00	0.00	0.00	17,420.00
5110	Contract Services	457.06	5,976.14	0.00	6,060.00	0.00	12,493.20
5120	Dues & Subscriptions	893.05	1,009.92	0.00	1,702.31	0.00	3,605.28
5130	Equipment	0.00	5,065.75	0.00	0.00	0.00	5,065.75
5140	Liability Insurance	0.00	1,482.53	0.00	0.00	0.00	1,482.53
5150	Workers Comp Insurance	0.00	783.00	0.00	0.00	0.00	783.00
5160	Miscellaneous	2,065.95	174.96	0.00	0.00	82.94	2,323.85
5170	Annual Meeting Expense	611.68	0.00	0.00	8,201.45	0.00	8,813.13
5175	Silent Auction Expense	0.00	0.00	0.00	0.00	0.00	0.00
5180	Nat'l Victim Rights Week Exp.	0.00	0.00	0.00	0.00	0.00	0.00
5185	Other Training Reimbursement	0.00	0.00	0.00	5,357.94	0.00	5,357.94
5190	Office & Program Supplies	861.61	4,885.79	0.00	593.02	152.58	6,493.00
6000	Telephone Expense	0.00	3,831.25	0.00	204.99	0.00	4,036.24
6010	Travel & Training Expenses	3,353.69	2,258.26	4,732.15	12,416.96	2,928.69	25,689.75
6020	Bank Service Charges	0.00	454.00	0.00	0.00	0.00	454.00
6030	Aplos Software Expense	0.00	485.00	0.00	0.00	0.00	485.00
	<b>Total Other Expenses</b>	<b>13,843.04</b>	<b>38,226.60</b>	<b>4,732.15</b>	<b>34,536.67</b>	<b>3,164.21</b>	<b>94,502.67</b>
	<b>Total Expense</b>	<b>22,952.84</b>	<b>197,991.09</b>	<b>4,732.15</b>	<b>34,536.67</b>	<b>19,712.43</b>	<b>279,925.18</b>
	<b>Net Income (Loss)</b>	<b>276,335.26</b>	<b>-197,991.09</b>	<b>-4,732.15</b>	<b>-34,536.67</b>	<b>-19,712.43</b>	<b>19,362.92</b>

## 7/1/17 through 6/30/18

Account #	Account Name	Jul	Aug	Sep	Oct	Nov	Dec	Jan
<b>Income</b>								
4000	Contributions Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4005	Program Income	0.00	25.00	23.97	143.82	0.00	0.00	300.00
4010	Annual Meeting	0.00	300.00	85.33	0.00	0.00	0.00	0.00
4020	Donations	0.00	140.00	0.00	0.00	450.00	345.00	1,028.26
4030	Membership Dues	4,675.00	3,425.00	1,050.00	0.00	934.12	175.00	527.05
4040	OJP Income	13,844.81	13,760.72	0.00	42,796.17	15,080.23	0.00	0.00
4042	Technology Grant Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4044	Training Grant Income	10,710.35	5,917.06	0.00	4,146.53	6,241.36	0.00	4,267.70
4049	In-Kind Donations Income	0.00	574.72	0.00	718.20	806.40	226.80	0.00
4050	NITVAN Income	0.00	0.00	0.00	0.00	0.00	841.40	2,172.40
4070	Silent Auction	0.00	0.00	1,831.76	135.00	145.00	0.00	0.00
4090	Interest Income	3.35	3.34	3.24	3.34	3.24	3.34	3.35
4095	Miscellaneous Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total Income</b>		29,233.51	24,145.84	2,994.30	47,943.06	23,660.35	1,591.54	8,298.76
<b>Total Income</b>		<b>29,233.51</b>	<b>24,145.84</b>	<b>2,994.30</b>	<b>47,943.06</b>	<b>23,660.35</b>	<b>1,591.54</b>	<b>8,298.76</b>
<b>Expense</b>								
<b>Administrative Expenses</b>								
5000	Salaries	10,552.46	10,552.46	15,828.69	10,552.46	12,152.46	12,152.46	12,152.46
5010	Payroll Taxes	858.72	788.72	1,173.18	804.82	901.22	901.22	917.22
5020	Health/Dental Ins Premiums	900.00	900.00	900.00	900.00	1,643.76	1,271.88	1,271.88
5030	In Kind Intern/Volunteer Expens	0.00	0.00	0.00	718.20	806.40	226.80	0.00
<b>Total Administrative Expenses</b>		12,311.18	12,241.18	17,901.87	12,975.48	15,503.84	14,552.36	14,341.56
<b>Other Expenses</b>								
5100	Rent	800.00	800.00	800.00	800.00	800.00	800.00	800.00
5110	Contract Services	2,345.00	370.00	995.00	580.00	435.00	2,040.00	976.95
5120	Dues & Subscriptions	577.50	1,527.03	310.00	0.00	206.42	9.33	0.00
5130	Equipment	0.00	0.00	4,784.78	0.00	153.47	0.00	0.00
5140	Liability Insurance	0.00	907.00	0.00	0.00	0.00	0.00	0.00
5150	Workers Comp Insurance	0.00	0.00	0.00	0.00	0.00	0.00	438.00
5160	Miscellaneous	0.00	199.21	101.19	230.95	403.01	144.30	117.42
5170	Annual Meeting Expense	0.00	21.50	2,118.59	6,673.04	0.00	0.00	0.00
5175	Silent Auction Expense	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5180	Nat'l Victim Rights Week Exp.	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5185	Other Training Reimbursement	0.00	0.00	0.00	0.00	3,767.70	0.00	0.00
5190	Office & Program Supplies	300.79	15.00	2,735.37	15.00	299.86	185.16	549.31
6000	Telephone Expense	273.48	349.86	351.38	250.66	263.87	260.82	268.10
6010	Travel & Training Expenses	3,101.91	405.74	1,559.10	2,148.92	641.03	1,456.14	2.40
6020	Bank Service Charges	31.00	54.00	34.00	31.00	32.00	31.00	32.00
6030	Aplos Software Expense	40.00	40.00	40.00	40.00	40.00	40.00	40.00
<b>Total Other Expenses</b>		7,469.68	4,689.34	13,829.41	10,769.57	7,042.36	4,966.75	3,224.18
<b>Total Expense</b>		<b>19,780.86</b>	<b>16,930.52</b>	<b>31,731.28</b>	<b>23,745.05</b>	<b>22,546.20</b>	<b>19,519.11</b>	<b>17,565.74</b>
<b>Net Income (Loss)</b>		<b>9,452.65</b>	<b>7,215.32</b>	<b>-28,736.98</b>	<b>24,198.01</b>	<b>1,114.15</b>	<b>-17,927.57</b>	<b>-9,266.98</b>

<b>MN Alliance on Crime</b>							
<b>Income Statement by Month</b>							
<b>7/1/17 through 6/30/18</b>							

Account #	Account Name	Feb	Mar	Apr	May	Jun	YTD Amount	
<b>Income</b>								
4000	Contributions Income	0.00	0.00	0.00	0.00	0.00	0.00	
4005	Program Income	96.20	48.10	0.00	0.00	353.47	990.56	
4010	Annual Meeting	0.00	0.00	0.00	0.00	0.00	385.33	
4020	Donations	2,008.21	0.00	0.00	7.60	0.00	3,979.07	
4030	Membership Dues	64.99	620.64	0.00	1,250.00	10,005.11	22,726.91	
4040	OJP Income	47,457.48	15,479.25	21,078.07	14,780.99	15,458.71	199,736.43	
4042	Technology Grant Income	0.00	0.00	0.00	0.00	0.00	0.00	
4044	Training Grant Income	0.00	0.00	7,456.40	0.00	487.50	39,226.90	
4049	In-Kind Donations Income	428.40	352.80	302.40	2,016.00	4,258.80	9,684.52	
4050	NITVAN Income	2,605.63	3,651.68	0.00	8,019.41	3,114.29	20,404.81	
4070	Silent Auction	0.00	0.00	0.00	0.00	0.00	2,111.76	
4090	Interest Income	3.02	3.87	3.86	4.00	3.86	41.81	
4095	Miscellaneous Income	0.00	0.00	0.00	0.00	0.00	0.00	
Total Income		52,663.93	20,156.34	28,840.73	26,078.00	33,681.74	299,288.10	
Total Income		52,663.93	20,156.34	28,840.73	26,078.00	33,681.74	299,288.10	
<b>Expense</b>								
<b>Administrative Expenses</b>								
5000	Salaries	12,152.46	18,228.69	12,152.46	12,152.46	12,152.46	150,781.98	
5010	Payroll Taxes	901.22	1,351.83	983.22	901.22	901.22	11,383.81	
5020	Health/Dental Ins Premiums	1,271.88	1,271.88	1,271.88	1,271.88	1,271.88	14,146.92	
5030	In Kind Intern/Volunteer Expens	428.40	352.80	302.40	2,016.00	4,258.80	9,109.80	
Total Administrative Expenses		14,753.96	21,205.20	14,709.96	16,341.56	18,584.36	185,422.51	
<b>Other Expenses</b>								
5100	Rent	6,844.00	1,244.00	1,244.00	1,244.00	1,244.00	17,420.00	
5110	Contract Services	365.00	616.25	385.00	350.00	3,035.00	12,493.20	
5120	Dues & Subscriptions	15.00	765.00	15.00	165.00	15.00	3,605.28	
5130	Equipment	127.50	0.00	0.00	0.00	0.00	5,065.75	
5140	Liability Insurance	0.00	0.00	0.00	575.53	0.00	1,482.53	
5150	Workers Comp Insurance	0.00	0.00	0.00	345.00	0.00	783.00	
5160	Miscellaneous	0.00	400.00	338.90	262.16	126.71	2,323.85	
5170	Annual Meeting Expense	0.00	0.00	0.00	0.00	0.00	8,813.13	
5175	Silent Auction Expense	0.00	0.00	0.00	0.00	0.00	0.00	
5180	Nat'l Victim Rights Week Exp.	0.00	0.00	0.00	0.00	0.00	0.00	
5185	Other Training Reimbursement	1,102.74	0.00	0.00	487.50	0.00	5,357.94	
5190	Office & Program Supplies	802.31	84.24	433.91	211.60	860.45	6,493.00	
6000	Telephone Expense	412.16	374.21	370.20	257.59	603.91	4,036.24	
6010	Travel & Training Expenses	6,583.69	5,545.60	1,867.11	656.29	1,721.82	25,689.75	
6020	Bank Service Charges	84.00	31.00	31.00	31.00	32.00	454.00	
6030	Aplos Software Expense	40.00	40.00	40.00	40.00	45.00	485.00	
Total Other Expenses		16,376.40	9,100.30	4,725.12	4,625.67	7,683.89	94,502.67	
Total Expense		31,130.36	30,305.50	19,435.08	20,967.23	26,268.25	279,925.18	
Net Income (Loss)		21,533.57	-10,149.16	9,405.65	5,110.77	7,413.49	19,362.92	

# Minnesota Alliance on Crime

## Balance Sheet: Compare by Fund as of 06/30/2018

Account Number	Account Name	Unrestricted	OJP	NITVAN Scholarship	Training Grant	NITVAN Grant	Amount
<b>Assets</b>							
<b>Cash</b>							
1000	Checking	249,764.73	-115,461.32	-4,960.81	-57,710.85	-18,399.90	53,231.85
1010	Savings	15,177.20	0.00	0.00	0.00	0.00	15,177.20
1050	QB Buy Back Receivable	240.00	-240.00	0.00	0.00	0.00	0.00
<b>Total Cash</b>		<b>265,181.93</b>	<b>-115,701.32</b>	<b>-4,960.81</b>	<b>-57,710.85</b>	<b>-18,399.90</b>	<b>68,409.05</b>
<b>Total Assets</b>		<b>265,181.93</b>	<b>-115,701.32</b>	<b>-4,960.81</b>	<b>-57,710.85</b>	<b>-18,399.90</b>	<b>68,409.05</b>
<b>Liabilities</b>							
<b>Payables</b>							
2000	Accounts Payable	758.32	6,049.58	0.00	-6,807.90	0.00	0.00
2010	Federal Tax Liability	-20,771.14	22,472.98	0.00	0.00	1,040.40	2,742.24
2020	State Tax Liability	502.00	0.00	0.00	0.00	0.00	502.00
2030	FUTA Liability	-55.97	55.97	0.00	0.00	0.00	0.00
2040	State Unemployment Tax Liability	-23.81	23.81	0.00	0.00	0.00	0.00
2050	Health Insurance Payable	289.98	-126.88	0.00	0.00	0.00	163.10
<b>Total Payables</b>		<b>-19,300.62</b>	<b>28,475.46</b>	<b>0.00</b>	<b>-6,807.90</b>	<b>1,040.40</b>	<b>3,407.34</b>
<b>Total Liabilities</b>		<b>-19,300.62</b>	<b>28,475.46</b>	<b>0.00</b>	<b>-6,807.90</b>	<b>1,040.40</b>	<b>3,407.34</b>
<b>Equity</b>							
<b>Fund Balances / Equity</b>							
3000	Unrestricted Fund	284,482.55	0.00	0.00	0.00	0.00	284,482.55
3001	OJP CVS Fund Balance	0.00	-144,176.78	0.00	0.00	0.00	-144,176.78
3002	NITVAN Scholarship	0.00	0.00	-4,960.81	0.00	0.00	-4,960.81
3003	Technology Grant Fund Balance	0.00	0.00	0.00	0.00	0.00	0.00
3004	Training Grant Fund Balance	0.00	0.00	0.00	-50,902.95	0.00	-50,902.95
3005	NITVAN Grant Fund Balance	0.00	0.00	0.00	0.00	-19,440.30	-19,440.30
<b>Total Fund Balances / Equity</b>		<b>284,482.55</b>	<b>-144,176.78</b>	<b>-4,960.81</b>	<b>-50,902.95</b>	<b>-19,440.30</b>	<b>65,001.71</b>
<b>Total Equity</b>		<b>284,482.55</b>	<b>-144,176.78</b>	<b>-4,960.81</b>	<b>-50,902.95</b>	<b>-19,440.30</b>	<b>65,001.71</b>
<b>Total Liabilities + Total Equity</b>		<b>265,181.93</b>	<b>-115,701.32</b>	<b>-4,960.81</b>	<b>-57,710.85</b>	<b>-18,399.90</b>	<b>68,409.05</b>

MAC Grant Recaps  
FY18

	FY18 Beginning Balance	Income Statement Expenditures	Fund Transfers	Total Expenditures & Fund Transfers	Grant Balance Remaining	FY18 Receipts	To be received in FY19	Total Receipts
<b>OJP CVS Grant FY17</b>								
FY17 (July, 17-Sept. 17) June '17 Received in July	56556.89	56631.65	-74.76	56556.89	0.00	56556.89 13844.81	0.00	56556.89
<b>OJP CVS Grant FY18</b>								
FY18 - FY19 Total	380830.00	141359.44	2817.34	144176.78	236653.22	129334.73	14842.05	144176.78
<b>Agrees with Income Statement</b>		<u><u>197991.09</u></u>				<u><u>199736.43</u></u>		
<b>Training Grant</b>								
June '17 Received in July	37162.22	34536.67	-1471.50	33065.17	4097.05	28441.55 10785.35	4623.62	33065.17
<b>Agrees with Income Statement</b>		<u><u>34536.67</u></u>				<u><u>39226.90</u></u>		
<b>NITVAN Grant</b>								
NITVAN Scholarship	50000.00 4960.81	19712.43 4732.15	-272.13 228.66	19440.30 4960.81	30559.70 0.00	15444.00 4960.81	3996.30	19440.30 4960.81
<b>Total NITVAN Grant</b>	<b>54960.81</b>	<b>24444.58</b>	<b>-43.47</b>	<b>24401.11</b>	<b>30559.70</b>	<b>20404.81</b>	<b>3996.30</b>	<b>24401.11</b>

## Sharing Montgomery Budget Worksheet

### Minnesota Alliance on Crime

Fiscal Year Period: FY 2019

	FY2019 Budget	Previous FY18 Budget	Previous FY17 Budget
<b>Revenue</b>			
OJP CVS Grant	190,415	190,415	190,415
OJP VOCA Training Grant*	-	45,096	50,000
NITVAN OVC Grant*	30,275	50,000	
Foundations*	25,000	10,000	
Corporations*	10,000	5,000	
Individual Contributions*	2,500	1,500	963
Fundraising Events*	3,000	2,500	1,653
Membership Income*	20,000	13,000	11,800
Earned Interest Income	35	31	31
Speaking Honorariums*	300	300	300
Cash on Hand	73,839	49,260	28,183
Total Cash Revenue	\$ 355,364	\$ 367,102	\$ 283,345
Total In-Kind Revenue	\$ 25,200	\$ 25,200	\$ 9,216
<b>*Projected Revenue      Total Revenue</b>	<b>\$ 380,584</b>	<b>\$ 392,302</b>	<b>\$ 292,561</b>
<b>Expenses</b>			
Staff Salary and Wages*	137,182	137,182	134,160
Staff Salary and Wages - Unrestricted***	11,869	3,308	
Fringe Benefits & Payroll Taxes*	24,418	24,418	26,259
Fringe Benefits & Payroll Taxes - Unrestricted	1,279		
NITVAN Project Coordinator**	15,606	20,800	
NITVAN PC Fringe Benefits & Taxes**	3,249	4,334	
NITVAN Project Expenses**	11,420	24,866	
Rent*	9,600	9,600	9,300
Rent - Unrestricted***	5,328		
Contract Services*	5,200	5,200	8,800
Travel and Meetings*	1,072	1,072	2,926
ATT Office at Hand*	1,620	1,620	
ATT WebEx*	2,100	2,100	
Equipment*	500	500	1,875
General Office Supplies*	2,000	2,000	2,715
Staff Development*	750	750	315
Printing & Copying*	750	750	836
Internet Services*	429	482	
Internet Services - Unrestricted***	243		
Postage & Delivery*	800	1,000	300
Subscriptions and Memberships*	1,610	1,610	1,100
MAC Insurance Policies*	1,976	1,976	1,829
Bank Charges*	408	408	
Training - Unrestricted***	5,000	45,096	50,000
Misc. Unrestricted Expenses	-	1,500	
Total Cash Expenses	\$ 244,409	\$ 290,572	\$ 240,379
Total In-Kind Expenses	\$ 25,200	\$ 25,200	\$ 9,216
<b>Total Expenses</b>	<b>\$ 269,609</b>	<b>\$ 315,772</b>	<b>\$ 249,631</b>
<b>Revenue over Expenses</b>	<b>\$ 110,975</b>	<b>\$ 76,530</b>	<b>\$ 42,930</b>

\*Expenses Charged to OJP CVS Grant = \$190,415

\*\*Expenses Charged to NITVAN Grant = \$30,275

\*\*\*Expenses to be paid with Unrestricted funds \$23,719

Salary Allocation: Bobbi Holtberg 90% - OJP State 10% - Unrestricted

Danielle Kluz 90% - OJP State 10% - Unrestricted

Julia Tindell 45% - OJP State 50% NITVAN 5% Unrestricted

## Sharing Montgomery Budget Worksheet

## Sharing Montgomery Budget Worksheet



## Sharing Montgomery Budget Worksheet

**MN Alliance on Crime  
Financials Summary  
September, 2018**

**Income:**

Silent Auction Income	2643.55
Donations	90.00
Membership Dues	450.00
OJP Income	22880.33
Training Grant Income	0.00
In Kind Donations	0.00
NITVAN Income	2937.78
Interest Income	3.87
	<hr/>
	<b>29005.53</b>

**Expenses:**

OJP Grant Expenses	15289.50
NITVAN Scholarship Expenses	822.01
Training Grant Expenses	4049.02
NITVAN Grant Expenses	2033.52
Unrestricted Expenses	2020.99
	<hr/>
	<b>24215.04</b>

**Total Expenses:**

Personnel	12760.08
Payroll Taxes	947.70
Health Insurance Premiums	1271.88
In Kind Intern/Volunteer Expense	0.00
Rent	1244.00
Contract Services	2176.00
Workers Comp Insurance	0.00
Dues & Subscriptions	15.00
Equipment	0.00
Liability Insurance	0.00
Workers Comp Insurance	0.00
Miscellaneous	-50.00
Annual Meeting Expense	3592.05
Other Training Reimbursement	1000.00
Office & Program Supplies	0.00
Telephone Expense	328.94
Travel & Training Expenses	850.39
Bank Service Charges	34.00
Aplos Software Expense	45.00
	<hr/>
	<b>24215.04</b>

**Available Balances:**

OJP Grant	183012.09
NITVAN Scholarship	0.00
Training Grant	0.00
NITVAN Grant	23028.06
Unrestricted-Checking	63311.25
Savings Account	15189.07
	<hr/>
	<b>284540.47</b>

# Minnesota Alliance on Crime

## Comparative Income Statement by Fund for the period of 9/1/18 through 9/30/18

Account Number	Account Name	Unrestricted	OJP	NITVAN Scholarship	Training Grant	NITVAN Grant	Total Amount
<b>Income</b>							
<b>Income</b>							
4000	Contributions Income	0.00	0.00	0.00	0.00	0.00	0.00
4005	Program Income	0.00	0.00	0.00	0.00	0.00	0.00
4010	Annual Meeting	0.00	0.00	0.00	0.00	0.00	0.00
4020	Donations	90.00	0.00	0.00	0.00	0.00	90.00
4030	Membership Dues	450.00	0.00	0.00	0.00	0.00	450.00
4040	OJP Income	22,880.33	0.00	0.00	0.00	0.00	22,880.33
4042	Technology Grant Income	0.00	0.00	0.00	0.00	0.00	0.00
4044	Training Grant Income	0.00	0.00	0.00	0.00	0.00	0.00
4049	In-Kind Donations Income	0.00	0.00	0.00	0.00	0.00	0.00
4050	NITVAN Income	2,937.78	0.00	0.00	0.00	0.00	2,937.78
4070	Silent Auction	2,643.55	0.00	0.00	0.00	0.00	2,643.55
4090	Interest Income	3.87	0.00	0.00	0.00	0.00	3.87
4095	Miscellaneous Income	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total Income</b>		<b>29,005.53</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>29,005.53</b>
<b>Total Income</b>		<b>29,005.53</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>29,005.53</b>
<b>Expense</b>							
<b>Administrative Expenses</b>							
5000	Salaries	0.00	11,080.08	0.00	0.00	1,680.00	12,760.08
5010	Payroll Taxes	0.00	819.18	0.00	0.00	128.52	947.70
5020	Health/Dental Ins Premiums	0.00	1,046.88	0.00	0.00	225.00	1,271.88
5030	In Kind Intern/Volunteer Expense	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total Administrative Expenses</b>		<b>0.00</b>	<b>12,946.14</b>	<b>0.00</b>	<b>0.00</b>	<b>2,033.52</b>	<b>14,979.66</b>
<b>Other Expenses</b>							
5100	Rent	0.00	1,244.00	0.00	0.00	0.00	1,244.00
5110	Contract Services	0.00	300.00	0.00	1,876.00	0.00	2,176.00
5120	Dues & Subscriptions	0.00	15.00	0.00	0.00	0.00	15.00
5130	Equipment	0.00	0.00	0.00	0.00	0.00	0.00
5140	Liability Insurance	0.00	0.00	0.00	0.00	0.00	0.00
5150	Workers Comp Insurance	0.00	0.00	0.00	0.00	0.00	0.00
5160	Miscellaneous	-50.00	0.00	0.00	0.00	0.00	-50.00
5170	Annual Meeting Expense	2,063.29	355.74	0.00	1,173.02	0.00	3,592.05
5175	Silent Auction Expense	0.00	0.00	0.00	0.00	0.00	0.00
5180	Nat'l Victim Rights Week Exp.	0.00	0.00	0.00	0.00	0.00	0.00
5185	Other Training Reimbursement	0.00	0.00	0.00	1,000.00	0.00	1,000.00
5190	Office & Program Supplies	0.00	0.00	0.00	0.00	0.00	0.00
6000	Telephone Expense	-20.68	349.62	0.00	0.00	0.00	328.94
6010	Travel & Training Expenses	28.38	0.00	822.01	0.00	0.00	850.39
6020	Bank Service Charges	0.00	34.00	0.00	0.00	0.00	34.00
6030	Aplos Software Expense	0.00	45.00	0.00	0.00	0.00	45.00
<b>Total Other Expenses</b>		<b>2,020.99</b>	<b>2,343.36</b>	<b>822.01</b>	<b>4,049.02</b>	<b>0.00</b>	<b>9,235.38</b>
<b>Total Expense</b>		<b>2,020.99</b>	<b>15,289.50</b>	<b>822.01</b>	<b>4,049.02</b>	<b>2,033.52</b>	<b>24,215.04</b>
<b>Net Income (Loss)</b>		<b>26,984.54</b>	<b>-15,289.50</b>	<b>-822.01</b>	<b>-4,049.02</b>	<b>-2,033.52</b>	<b>4,790.49</b>

# Minnesota Alliance on Crime

## Balance Sheet: Compare by Fund as of 9/30/2018

Account Number	Account Name	Unrestricted	OJP	NITVAN Scholarship	Training Grant	NITVAN Grant	Amount
<b>Assets</b>							
<b>Cash</b>							
1000	Checking	318,467.22	-166,245.41	-1,619.41	-61,807.90	-25,483.25	63,311.25
1010	Savings	15,189.07	0.00	0.00	0.00	0.00	15,189.07
1050	QB Buy Back Receivable	240.00	-240.00	0.00	0.00	0.00	0.00
	<b>Total Cash</b>	<b>333,896.29</b>	<b>-166,485.41</b>	<b>-1,619.41</b>	<b>-61,807.90</b>	<b>-25,483.25</b>	<b>78,500.32</b>
	<b>Total Assets</b>	<b>333,896.29</b>	<b>-166,485.41</b>	<b>-1,619.41</b>	<b>-61,807.90</b>	<b>-25,483.25</b>	<b>78,500.32</b>
<b>Liabilities</b>							
<b>Payables</b>							
2000	Accounts Payable	758.32	6,049.58	0.00	-6,807.90	0.00	0.00
2010	Federal Tax Liability	-23,910.59	25,330.02	0.00	0.00	1,488.69	2,908.12
2020	State Tax Liability	541.78	0.00	0.00	0.00	0.00	541.78
2030	FUTA Liability	-55.97	55.97	0.00	0.00	0.00	0.00
2040	State Unemployment Tax Liability	-23.81	23.81	0.00	0.00	0.00	0.00
2050	Health Insurance Payable	382.95	-126.88	0.00	0.00	0.00	256.07
	<b>Total Payables</b>	<b>-22,307.32</b>	<b>31,332.50</b>	<b>0.00</b>	<b>-6,807.90</b>	<b>1,488.69</b>	<b>3,705.97</b>
	<b>Total Liabilities</b>	<b>-22,307.32</b>	<b>31,332.50</b>	<b>0.00</b>	<b>-6,807.90</b>	<b>1,488.69</b>	<b>3,705.97</b>
<b>Equity</b>							
<b>Fund Balances / Equity</b>							
3000	Unrestricted Fund	356,203.61	0.00	0.00	0.00	0.00	356,203.61
3001	OJP CVS Fund Balance	0.00	-197,817.91	0.00	0.00	0.00	-197,817.91
3002	NITVAN Scholarship	0.00	0.00	-1,619.41	0.00	0.00	-1,619.41
3003	Technology Grant Fund Balance	0.00	0.00	0.00	0.00	0.00	0.00
3004	Training Grant Fund Balance	0.00	0.00	0.00	-55,000.00	0.00	-55,000.00
3005	NITVAN Grant Fund Balance	0.00	0.00	0.00	0.00	-26,971.94	-26,971.94
	<b>Total Fund Balances / Equity</b>	<b>356,203.61</b>	<b>-197,817.91</b>	<b>-1,619.41</b>	<b>-55,000.00</b>	<b>-26,971.94</b>	<b>74,794.35</b>
	<b>Total Equity</b>	<b>356,203.61</b>	<b>-197,817.91</b>	<b>-1,619.41</b>	<b>-55,000.00</b>	<b>-26,971.94</b>	<b>74,794.35</b>
	<b>Total Liabilities + Total Equity</b>	<b>333,896.29</b>	<b>-166,485.41</b>	<b>-1,619.41</b>	<b>-61,807.90</b>	<b>-25,483.25</b>	<b>78,500.32</b>

[illegible]

		Minnesota Alliance on Crime OJP CVS Grant (Account #3001) October 1, 2017 through September 30, 2019													









<b>Training Budget, 2016-2018</b>						<b>Grant Amount</b>
(A) Annual Capacity Building Training						\$18,715.00
(B) Fundamentals in Victim Services Training						\$27,694.00
(C) Quarterly Skill Building Webinar Discussion						\$3,591.00
(D) Interpreters						\$5,000.00
Total Available for 2016-2018						<b>\$55,000.00</b>
<b>Training Expenditures, 201</b>	<b>(A)</b>	<b>(B)</b>	<b>(C)</b>	<b>(D)</b>		<b>Total</b>
6/1/2016 through 6/30/2016	\$0.00	\$0.00	\$300.00			\$300.00
7/1/2016 through 7/31/2016	\$0.00	\$0.00	\$0.00			\$0.00
8/1/2016 through 8/31/2016	\$0.00	\$0.00	\$0.00			\$0.00
9/1/2016 through 9/30/2016	\$0.00	\$0.00	\$0.00			\$0.00
10/1/2016 through 10/31/2016	\$324.28	\$19.62	\$0.00			\$343.90
11/1/2016 through 11/30/2016	\$119.58	\$652.79	\$0.00			\$772.37
12/1/2016 through 12/31/2016	\$275.84	\$29.57	\$0.00			\$305.41
1/1/2017 through 1/31/2017	\$0.00	\$11.54	\$0.00			\$11.54
2/1/2017 through 2/28/2017	\$0.00	\$239.97	\$0.00			\$239.97
3/1/2017 through 3/31/2017	\$0.00	\$332.94	\$0.00			\$332.94
4/1/2017 through 4/30/2017	\$2,000.00	\$597.07	\$0.00			\$2,597.07
5/1/2017 through 5/31/2017	\$2,000.00	\$149.23	\$0.00			\$2,149.23
6/1/17 through 6/30/17	\$2,000.00	\$8,785.35	\$0.00			\$10,785.35
7/1/17 through 7/31/17	\$2,000.00	\$3,842.06	\$0.00			\$5,842.06
8/1/17 through 8/31/17	\$1,004.66	\$0.00	\$0.00			\$1,004.66
9/1/17 through 9/30/2017	\$3,141.87	\$0.00	\$0.00			\$3,141.87
10/1/17 through 10/31/17	\$5,848.77	\$392.59	\$0.00			\$6,241.36
11/1/17 through 11/30/17	\$0.00	\$3,767.70	\$0.00			\$3,767.70
12/1/17 through 12/31/17	\$0.00	\$1,200.00	\$0.00			\$1,200.00
1/1/18 through 1/31/18	\$0.00	\$0.00	\$0.00			\$0.00
2/1/18 through 2/28/18	\$0.00	\$6,957.71	\$0.00			\$6,957.71
3/1/18 through 3/31/18	\$0.00	\$715.86	\$554.33			\$1,270.19
4/1/18 through 4/30/18	\$0.00	\$0.00	\$0.00			\$0.00
5/1/18 through 5/31/18	\$0.00	\$0.00	\$487.50			\$487.50
6/1/18 through 6/30/18	\$0.00	\$1,471.50	\$2,249.17	\$902.95		\$4,623.62
7/1/18 through 7/31/18	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00

<b>Training Budget, 2016-2018</b>					<b><u>Grant Amount</u></b>
8/1/18 through 8/31/18	\$0.00	\$0.00	\$0.00	\$48.03	\$0.00
9/1/18 through 9/30/18	\$0.00	\$0.00	\$0.00	\$4,049.02	\$4,049.02
<b>Total Expenses</b>	<b>\$18,715.00</b>	<b>\$29,165.50</b>	<b>\$3,591.00</b>	<b>\$5,000.00</b>	<b>\$56,471.50</b>
<b>1/1/18 Reclass Aurora Inv #1116</b>		<b>-\$700.00</b>			<b>-\$700.00</b>
<b>4/30/18 Reclass Accred. Fee from 3/14 to NITVAN</b>		<b>-\$21.50</b>			<b>-\$21.50</b>
<b>4/30/18 Reclass SurveyGizmo</b>		<b>-\$750.00</b>			<b>-\$750.00</b>
<b>Total Training Grant Expenses to date</b>	<b>\$18,715.00</b>	<b>\$27,694.00</b>	<b>\$3,591.00</b>	<b>\$5,000.00</b>	<b>\$55,000.00</b>
<b>Available Balance</b>					<b>\$0.00</b>
<b><u>Training Payments Received on Grant</u></b>					
June, 2016			\$300.00		
July, 2016 through June, 2017			\$17,537.78		
July, 2017			\$5,842.06		
August-September, 2017			\$4,146.53		
October, 2017			\$6,241.36		
November-December, 2017			\$4,267.70		
January-March, 2018			\$7,456.40		
April-May, 2018			\$487.50		
June, 2018			\$4,623.62		
<b>Total Reimbursement to Date</b>			<b>\$50,902.95</b>		

# Minnesota Alliance on Crime

## Transaction List by Account for the period of 9/1/2018 through 9/30/2018

Name	Transaction Date	Check Number	Contact	Note	Fund	Amount
<b>Asset</b>						
<b>Cash</b>						
1000 - Checking						
	09/01/2018		Electric Embers	September 2018 Invoice	OJP	-15.00
	09/01/2018		Aplos	September 2018 Invoice	OJP	-45.00
	09/01/2018	1704	UpTech Partners	Internet Service Sept., 2018 Inv #15470	OJP	-55.80
	09/01/2018		Preferred One	September '18 Insurance	Unrestricted	-402.66
					OJP	-1,046.88
					NITVAN Grant	-225.00
	09/01/2018		Costco	Annual Meeting snacks/supplies	Unrestricted	-204.10
	09/03/2018		Lyft	Transportation NITVAN Conference 9/3 to 9/7	NITVAN Scholar:	-31.09
	09/03/2018		Hard Rock Cafe Orlando	Dinner NITVAN Conference 9/3 to 9/7	Unrestricted	-6.00
					NITVAN Scholar:	-27.59
	09/03/2018		Java's	Breakfast NITVAN Conference 9/3 to 9/7	Unrestricted	-1.56
					NITVAN Scholar:	-10.38
	09/04/2018		Caribou Coffee	Coffee for Annual Meeting	Unrestricted	-179.84
	09/04/2018		Calypso	Lunch NITVAN Conference 9/3 to 9/7	Unrestricted	-3.24
					NITVAN Scholar:	-21.57
	09/04/2018		Frontera Cocina	Dinner NITVAN Conference 9/3 to 9/7	Unrestricted	-4.60
					NITVAN Scholar:	-23.43
	09/04/2018		Java's	Breakfast NITVAN Conference 9/3 to 9/7	Unrestricted	-0.79
					NITVAN Scholar:	-7.93
	09/04/2018	1590	Heidi Hachfeld	Inv #155 (Aug, 2018)	OJP	-300.00
	09/05/2018		Java's	Breakfast NITVAN Conference 9/3 to 9/7	Unrestricted	-0.43
					NITVAN Scholar:	-4.26
	09/05/2018		Caribe Royale	Room Service NITVAN Conference 9/3 to 9/7	NITVAN Scholar:	-34.36
	09/05/2018		Costco	Annual Meeting snacks/supplies	Unrestricted	-155.02
	09/06/2018	1589	Affordable Best Catering	Annual Meeting Lunch	Unrestricted	-946.00
	09/06/2018		Cafe 24	Lunch NITVAN Conference 9/3 to 9/7	Unrestricted	-1.36
					NITVAN Scholar:	-13.58
	09/06/2018		Cafe 24	Breakfast NITVAN Conference 9/3 to 9/7	Unrestricted	-0.80
					NITVAN Scholar:	-7.99
	09/06/2018		T-Rex	Dinner NITVAN Conference 9/3 to 9/7	Unrestricted	-6.60
					NITVAN Scholar:	-21.28
	09/07/2018		Lyft	Transportation NITVAN Conference 9/3 to 9/7	NITVAN Scholar:	-21.65
	09/07/2018		Outback Steak House	Dinner NITVAN Conference 9/3 to 9/7	Unrestricted	-3.00
					NITVAN Scholar:	-16.38
	09/08/2018		Square Deposit	Silent Auction Sales	Unrestricted	441.17
	09/10/2018		Deposit	Silent Auction Sales	Unrestricted	50.00
					Unrestricted	1,731.00
	09/10/2018		Caribe Royale	Lodging NITVAN Conf 9/3 to 9/7	NITVAN Scholar:	-580.52
	09/12/2018	1703	Paragon Printing	Inv #113180 Annual Report	OJP	-355.74
	09/14/2018		Bobbi Holtberg	09/14/2018 Payroll	Unrestricted	623.34
					OJP	-2,671.44
	09/14/2018		Danielle Kluz	09/14/2018 Payroll	Unrestricted	443.16
					OJP	-2,028.60
	09/14/2018		Julia Tindell	09/14/2018 Payroll	Unrestricted	370.45
					OJP	-840.00
					NITVAN Grant	-840.00
	09/14/2018		AT&T TeleConference Services	Inv 809003633 (Sept'18)	OJP	-144.06
	09/15/2018		EFTPS	08/2018 Fed Tax WH	Unrestricted	-4,362.18
	09/15/2018		MN Dept of Rev	08/2018 MN Tax WH	Unrestricted	-812.67
	09/17/2018	1591	Human Inspiration works, LLC	Speaker Fee for 9/6/18	Training Grant	-1,000.00
	09/17/2018		Square Deposit	Silent Auction Sales	Unrestricted	168.72
	09/17/2018		Square Deposit	Silent Auction Sales	Unrestricted	9.50
	09/17/2018	1592	Cook co Attorney's Office	Annual Mtg Reimbursement	Training Grant	-192.00
	09/17/2018	1593	Mahnomen Co Victim Services	Annual Mtg Reimbursement	Training Grant	-204.76

# Minnesota Alliance on Crime

## Transaction List by Account for the period of 9/1/2018 through 9/30/2018

Name	Transaction Date	Check Number	Contact	Note	Fund	Amount
	09/17/2018	1594	Mid MN Women's Center	Annual Mtg Reimburment	Training Grant	-204.76
	09/17/2018	1595	New Horizons Crisis Center	Annual Mtg Reimburment	Training Grant	-192.00
	09/17/2018	1597	Someplace Safe	Annual Mtg Reimburment	Unrestricted	-192.00
	09/17/2018	1598	Watsonwan County Victim V	Annual Mtg Reimburment	Unrestricted	-192.00
	09/17/2018	1596	Redwood Co. Attorney's Off	Annual Mtg Reimburment	Unrestricted	-194.33
					Training Grant	-10.43
	09/20/2018		Ring Central Office Standar	October Charges	OJP	-149.76
	09/24/2018		Bremer Bank	Bank Charges 08/18	OJP	-34.00
	09/25/2018	1601	Keystone Interpreting Soluti	Services for Annual Meeting	Training Grant	-1,876.00
	09/25/2018	1600	Brown Co Probation	Annual Mtg Reimburment	Training Grant	-192.00
	09/25/2018	1599	Kanabec Co. Victim/Witnes	Annual Mtg Reimburment	Training Grant	-177.07
	09/26/2018	1705	James Miller Investment Re	Oct. 18 Rent	OJP	-1,244.00
	09/27/2018		Square Deposit	Silent Auction Sales	Unrestricted	253.16
	09/27/2018		MMB	OJP Reimbursement	Unrestricted	22,880.33
	09/28/2018		Bobbi Holtberg	09/28/2018 Payroll	Unrestricted	623.34
					OJP	-2,671.44
	09/28/2018		Danielle Kluz	09/28/2018 Payroll	Unrestricted	443.16
					OJP	-2,028.60
	09/28/2018		Julia Tindell	09/28/2018 Payroll	Unrestricted	370.45
					OJP	-840.00
					NITVAN Grant	-840.00
	09/28/2018		Deposit	Deposit	Unrestricted	20.68
					Unrestricted	90.00
					Unrestricted	2,937.78
					Unrestricted	40.00
					Unrestricted	450.00
	09/30/2018			Transfer: To reclass Sept '18 Constant (	Unrestricted	49.00
					OJP	-49.00
					<b>Total for 1000 - Checking</b>	<b>3,030.71</b>
1010 - Savings	09/30/2018			To record September, 2018 Interest Inc	Unrestricted	3.87
					<b>Total for 1010 - Savings</b>	<b>3.87</b>
<b>Liability</b>						
<b>Payables</b>						
2010 - Federal Tax Liability						
	09/14/2018		Bobbi Holtberg	09/14/2018 Payroll	Unrestricted	395.19
	09/14/2018		Danielle Kluz	09/14/2018 Payroll	Unrestricted	298.46
	09/14/2018		Julia Tindell	09/14/2018 Payroll	Unrestricted	286.56
	09/14/2018			To record 0 9/14/2018 Employer PR Ta	OJP	409.59
					NITVAN Grant	64.26
	09/15/2018		EFTPS	08/2018 Fed Tax WH	Unrestricted	-4,362.18
	09/28/2018		Bobbi Holtberg	09/28/2018 Payroll	Unrestricted	395.19
	09/28/2018		Danielle Kluz	09/28/2018 Payroll	Unrestricted	298.46
	09/28/2018		Julia Tindell	09/28/2018 Payroll	Unrestricted	286.56
	09/28/2018			To record 0 9/28/2018 Employer PR Ta	OJP	409.59
					NITVAN Grant	64.26
					<b>Total for 2010 - Federal Tax Liability</b>	<b>-1,454.06</b>
2020 - State Tax Liability						
	09/14/2018		Bobbi Holtberg	09/14/2018 Payroll	Unrestricted	108.66
	09/14/2018		Danielle Kluz	09/14/2018 Payroll	Unrestricted	78.34
	09/14/2018		Julia Tindell	09/14/2018 Payroll	Unrestricted	83.89
	09/15/2018		MN Dept of Rev	08/2018 MN Tax WH	Unrestricted	-812.67
	09/28/2018		Bobbi Holtberg	09/28/2018 Payroll	Unrestricted	108.66
	09/28/2018		Danielle Kluz	09/28/2018 Payroll	Unrestricted	78.34
	09/28/2018		Julia Tindell	09/28/2018 Payroll	Unrestricted	83.89
					<b>Total for 2020 - State Tax Liability</b>	<b>-270.89</b>

# Minnesota Alliance on Crime

## Transaction List by Account for the period of 9/1/2018 through 9/30/2018

Name	Transaction Date	Check Numbe	Contact	Note	Fund	Amount
2050 - Health Insurance Payable						
	09/01/2018	Preferred One	September '18 Insurance		Unrestricted	-402.66
	09/14/2018	Bobbi Holtberg	09/14/2018 Payroll		Unrestricted	119.49
	09/14/2018	Danielle Kluz	09/14/2018 Payroll		Unrestricted	66.36
	09/28/2018	Bobbi Holtberg	09/28/2018 Payroll		Unrestricted	119.49
	09/28/2018	Danielle Kluz	09/28/2018 Payroll		Unrestricted	66.36
<b>Total for 2050 - Health Insurance Payable</b>						-30.96
<b>Equity</b>						
<b>Fund Balances / Equity</b>						
3000 - Unrestricted Fund						
	09/30/2018		Transfer: To reclass Sept '18 Constant ( Unrestricted			49.00
<b>Total for 3000 - Unrestricted Fund</b>						49.00
3001 - OJP CVS Fund Balance						
	09/30/2018		Transfer: To reclass Sept '18 Constant ( OJP			-49.00
<b>Total for 3001 - OJP CVS Fund Balance</b>						-49.00
<b>Income</b>						
<b>Income</b>						
4020 - Donations						
	09/28/2018	Deposit	Deposit		Unrestricted	90.00
<b>Total for 4020 - Donations</b>						90.00
4030 - Membership Dues						
	09/28/2018	Deposit	Deposit		Unrestricted	450.00
<b>Total for 4030 - Membership Dues</b>						450.00
4040 - OJP Income						
	09/27/2018	MMB	OJP Reimbursement		Unrestricted	22,880.33
<b>Total for 4040 - OJP Income</b>						22,880.33
4050 - NITVAN Income						
	09/28/2018	Deposit	Deposit		Unrestricted	2,937.78
<b>Total for 4050 - NITVAN Income</b>						2,937.78
4070 - Silent Auction						
	09/08/2018	Square Deposit	Silent Auction Sales		Unrestricted	441.17
	09/10/2018	Deposit	Silent Auction Sales		Unrestricted	1,731.00
	09/17/2018	Square Deposit	Silent Auction Sales		Unrestricted	168.72
	09/17/2018	Square Deposit	Silent Auction Sales		Unrestricted	9.50
	09/27/2018	Square Deposit	Silent Auction Sales		Unrestricted	253.16
	09/28/2018	Deposit	Deposit		Unrestricted	40.00
<b>Total for 4070 - Silent Auction</b>						2,643.55
4090 - Interest Income						
	09/30/2018		To record September, 2018 Interest Inc Unrestricted			3.87
<b>Total for 4090 - Interest Income</b>						3.87
<b>Expense</b>						
<b>Administrative Expenses</b>						
5000 - Salaries						
	09/14/2018	Bobbi Holtberg	09/14/2018 Payroll		OJP	2,671.44
	09/14/2018	Danielle Kluz	09/14/2018 Payroll		OJP	2,028.60
	09/14/2018	Julia Tindell	09/14/2018 Payroll		OJP	840.00
					NITVAN Grant	840.00
	09/28/2018	Bobbi Holtberg	09/28/2018 Payroll		OJP	2,671.44
	09/28/2018	Danielle Kluz	09/28/2018 Payroll		OJP	2,028.60
	09/28/2018	Julia Tindell	09/28/2018 Payroll		OJP	840.00
					NITVAN Grant	840.00
<b>Total for 5000 - Salaries</b>						12,760.08
5010 - Payroll Taxes						
	09/14/2018		To record 0 9/14/2018 Employer PR Ta OJP			409.59



# Minnesota Alliance on Crime

## Transaction List by Account for the period of 9/1/2018 through 9/30/2018

Name	Transaction Date	Check Number	Contact	Note	Fund	Amount
	09/28/2018			To record 0 9/28/2018 Employer PR Ta	NITVAN Grant	64.26
					OJP	409.59
					NITVAN Grant	64.26
					<b>Total for 5010 - Payroll Taxes</b>	<b>947.70</b>
5020 - Health/Dental Ins Premiums	09/01/2018	Preferred One	September '18 Insurance		OJP	1,046.88
					NITVAN Grant	225.00
					<b>Total for 5020 - Health/Dental Ins Premiums</b>	<b>1,271.88</b>
<b>Other Expenses</b>						
5100 - Rent	09/26/2018	1705	James Miller Investment Re Oct. 18 Rent		OJP	1,244.00
					<b>Total for 5100 - Rent</b>	<b>1,244.00</b>
5110 - Contract Services	09/04/2018	1590	Heidi Hachfeld	Inv #155 (Aug, 2018)	OJP	300.00
	09/25/2018	1601	Keystone Interpreting Soluti	Services for Annual Meeting	Training Grant	1,876.00
					<b>Total for 5110 - Contract Services</b>	<b>2,176.00</b>
5120 - Dues & Subscriptions	09/01/2018		Electric Embers	September 2018 Invoice	OJP	15.00
					<b>Total for 5120 - Dues &amp; Subscriptions</b>	<b>15.00</b>
5160 - Miscellaneous	09/10/2018		Deposit	Silent Auction Sales	Unrestricted	-50.00
					<b>Total for 5160 - Miscellaneous</b>	<b>-50.00</b>
5170 - Annual Meeting Expense	09/01/2018		Costco	Annual Meeting snacks/supplies	Unrestricted	204.10
	09/04/2018		Caribou Coffee	Coffee for Annual Meeting	Unrestricted	179.84
	09/05/2018		Costco	Annual Meeting snacks/supplies	Unrestricted	155.02
	09/06/2018	1589	Affordable Best Catering	Annual Meeting Lunch	Unrestricted	946.00
	09/12/2018	1703	Paragon Printing	Inv #113180 Annual Report	OJP	355.74
	09/17/2018	1592	Cook co Attorney's Office Vi	Annual Mtg Reimburment	Training Grant	192.00
	09/17/2018	1593	Mahnomen Co Victim Servic	Annual Mtg Reimburment	Training Grant	204.76
	09/17/2018	1594	Mid MN Women's Center	Annual Mtg Reimburment	Training Grant	204.76
	09/17/2018	1595	New Horizons Crisis Center	Annual Mtg Reimburment	Training Grant	192.00
	09/17/2018	1597	Someplace Safe	Annual Mtg Reimburment	Unrestricted	192.00
	09/17/2018	1598	Watonwan County Victim V	Annual Mtg Reimburment	Unrestricted	192.00
	09/17/2018	1596	Redwood Co. Attorney's Off	Annual Mtg Reimburment	Unrestricted	194.33
					Training Grant	10.43
	09/25/2018	1600	Brown Co Probation	Annual Mtg Reimburment	Training Grant	192.00
	09/25/2018	1599	Kanabec Co. Victim/Witnes	Annual Mtg Reimburment	Training Grant	177.07
					<b>Total for 5170 - Annual Meeting Expense</b>	<b>3,592.05</b>
5185 - Other Training Reimbursement	09/17/2018	1591	Human Inspiration works, LI	Speaker Fee for 9/6/18	Training Grant	1,000.00
					<b>Total for 5185 - Other Training Reimbursement</b>	<b>1,000.00</b>
6000 - Telephone Expense	09/01/2018	1704	UpTech Partners	Internet Service Sept., 2018 Inv #1547	OJP	55.80
	09/14/2018		AT&T TeleConference Serv	Inv 809003633 (Sept'18)	OJP	144.06
	09/20/2018		Ring Central Office Standar	October Charges	OJP	149.76
	09/28/2018		Deposit	Deposit	Unrestricted	-20.68
					<b>Total for 6000 - Telephone Expense</b>	<b>328.94</b>
6010 - Travel & Training Expenses	09/03/2018		Lyft	Transportation NITVAN Conference 9/3 to 9/7	NITVAN Scholar:	31.09
	09/03/2018		Hard Rock Cafe Orlando	Dinner NITVAN Conference 9/3 to 9/7	Unrestricted	6.00
					NITVAN Scholar:	27.59
	09/03/2018		Java's	Breakfast NITVAN Conference 9/3 to 9/7	Unrestricted	1.56
					NITVAN Scholar:	10.38
	09/04/2018		Calypso	Lunch NITVAN Conference 9/3 to 9/7	Unrestricted	3.24
					NITVAN Scholar:	21.57
	09/04/2018		Frontera Cocina	Dinner NITVAN Conference 9/3 to 9/7	Unrestricted	4.60

# Minnesota Alliance on Crime

## Transaction List by Account for the period of 9/1/2018 through 9/30/2018

Name	Transaction Date	Check Numbe	Contact	Note	Fund	Amount
	09/04/2018	Java's		Breakfast NITVAN Conference 9/3 to 9, Unrestricted	NITVAN Scholar:	23.43
						0.79
	09/05/2018	Java's		Breakfast NITVAN Conference 9/3 to 9, Unrestricted	NITVAN Scholar:	7.93
						0.43
	09/05/2018	Caribe Royale		Room Service NITVAN Conference 9/3 to 9, Unrestricted	NITVAN Scholar:	4.26
	09/06/2018	Cafe 24		Lunch NITVAN Conference 9/3 to 9/7	NITVAN Scholar:	34.36
					Unrestricted	1.36
					NITVAN Scholar:	13.58
	09/06/2018	Cafe 24		Breakfast NITVAN Conference 9/3 to 9, Unrestricted	NITVAN Scholar:	0.80
						7.99
	09/06/2018	T-Rex		Dinner NITVAN Conference 9/3 to 9/7	Unrestricted	6.60
					NITVAN Scholar:	21.28
	09/07/2018	Lyft		Transportation NITVAN Conference 9/3 to 9/7	NITVAN Scholar:	21.65
	09/07/2018	Outback Steak House		Dinner NITVAN Conference 9/3 to 9/7	Unrestricted	3.00
					NITVAN Scholar:	16.38
	09/10/2018	Caribe Royale		Lodging NITVAN Conf 9/3 to 9/7	NITVAN Scholar:	580.52
				<b>Total for 6010 - Travel &amp; Training Expenses</b>		<b>850.39</b>
6020 - Bank Service Charges	09/24/2018	Bremer Bank		Bank Charges 08/18	OJP	34.00
				<b>Total for 6020 - Bank Service Charges</b>		<b>34.00</b>
6030 - Aplos Software Expense	09/01/2018	Aplos		September 2018 Invoice	OJP	45.00
				<b>Total for 6030 - Aplos Software Expense</b>		<b>45.00</b>

**MN Alliance on Crime  
Bank Reconciliation  
September, 2018**

**Bank Balance September 30, 2018** 67208.08

**Outstanding Deposits** 0.00  

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67208.08

**Outstanding Checks/Payments**

1441	7/13/2018 Community University HCC	11.00
1594	9/17/2018 Mid MN Women's Center	204.76
1595	9/17/2018 New Horizons Crisis Center	192.00
1601	9/25/2018 Keystone Interpreting Solutions	1876.00
1600	9/25/2018 Brown Co. Probation	192.00
1599	9/25/2018 Kanabec Co. Victim/Witness Service	177.07
1705	9/25/2018 James Miller Investment Realty	1244.00

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\$3,896.83

**Agrees with Checking Account Balance September 30, 2018** **63311.25**  

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**Checking Account**

**Checkbook Balance September 1, 2018** 60280.54

**Total Deposits for September, 2018** 29072.34

**Total Checks and Payments September, 2018** 26041.63

**Checkbook Balance September 30, 2018** **63311.25**  

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**Savings Account**

**Beginning Balance September 1, 2018** 15185.20

**Interest Income September, 2018** 3.87  

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**Ending Savings Balance September 30, 2018** **15189.07**  

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**Mail To:**

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

**STATE OF MINNESOTA**  
**CHARITABLE ORGANIZATION**  
**ANNUAL REPORT FORM**

(Pursuant to Minn. Stat. ch. 309)

**Website Address:**

[www.ag.state.mn.us/charity](http://www.ag.state.mn.us/charity)

**SECTION A: Organization Information**

**Legal Name of Organization** MINNESOTA ALLIANCE ON CRIME

**Federal EIN:** \*\* - \*\*\*1338

**Fiscal Year-End:** 06/30/2018

mm/dd/yyyy

Did the organization's fiscal year-end change? ☐ Yes ☒ No

**Mailing Address:**

ROBERTA HOLTBERG

Contact Person

155 SOUTH WABASHA STREET

Street Address

ST PAUL MN 55107

City, State, and Zip Code

612-940-8090

Phone Number

bobbi@mnaallianceoncrime.org

Email Address

**Physical Address:**

ROBERTA HOLTBERG

Contact Person

155 SOUTH WABASHA STREET

Street Address

ST PAUL MN 55107

City, State, and Zip Code

612-940-8090

Phone Number

bobbi@mnaallianceoncrime.org

Email Address

1. Organization's website: MNALLIANCEONCRIME.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).

MN GENERAL CRIME VICTIM COALITION

☐ Alternate ☒ Former

☐ Alternate ☐ Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? ☒ Yes ☐ No

5. Total amount of contributions the organization received from Minnesota donors: \$ 260,095

6. Has the organization's tax-exempt status with the IRS changed?

☐ Yes ☒ No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?

☐ Yes ☒ No If yes, attach explanation.

## CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

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. 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 organization or its related organization(s) receive total compensation\* of more than \$100,000? ☐ Yes ☒ No

If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation

\*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.

## CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

### 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	\$	21,132	1
2. Government Grants	\$	238,965	2
3. Program Service Revenue	\$	30,194	3
4. Other Revenue	\$	42	4
<b>5. TOTAL INCOME</b>	<b>\$</b>	<b>290,333</b>	<b>5</b>

#### EXPENSES

6. Program Expenses	\$	164,920	6
7. Management & General Expenses	\$	76,436	7
8. Fund-raising Expenses	\$	29,459	8
<b>9. TOTAL EXPENSES</b>	<b>\$</b>	<b>270,815</b>	<b>9</b>
<b>10. EXCESS or DEFICIT</b>	<b>\$</b>	<b>19,518</b>	<b>10</b>
(Line 5 minus Line 9)			

#### ASSETS

11. Cash	\$	68,409	11
12. Land, Buildings & Equipment	\$		12
13. Other Assets	\$		13
<b>14. TOTAL ASSETS</b>	<b>\$</b>	<b>68,409</b>	<b>14</b>

#### LIABILITIES

15. Accounts Payable	\$	3,405	15
16. Grants Payable	\$		16
17. Other Liabilities	\$		17
<b>18. TOTAL LIABILITIES</b>	<b>\$</b>	<b>3,405</b>	<b>18</b>

#### FUND BALANCE/NET WORTH

(Line 14 minus Line 18)

**\$** 65,004

## CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

### **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.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization,  
being the TREASURER (Title) and \_\_\_\_\_ (Title) respectively, and that  
we execute this document on behalf of the organization pursuant to the resolution of the

BOARD OF DIRECTORS (Board of Directors, Trustees, or Managing Group) adopted on the \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_, approving the contents of the document, and do hereby certify that the

BOARD OF DIRECTORS (Board of Directors, Trustees or Managing Group) has assumed, and  
will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue  
to supervise, the operations and finances of the organization. We further state that the information supplied is  
true, correct and complete to the best of our knowledge.

CHRIS JENSEN

Name (Print)

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

TREASURER

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Form **990**  
Department of the Treasury  
Internal Revenue Service

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

**Do not enter social security numbers on this form as it may be made public.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

**A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18**

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

**MINNESOTA ALLIANCE ON CRIME**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**155 SOUTH WABASHA STREET**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**ST PAUL**

**MN 55107**

**D** Employer identification number

**\*\* - \*\*\*1338**

**E** Telephone number

**612-940-8090**

**G** Gross receipts \$

**290,333**

**F** Name and address of principal officer:

**ROBERTA HOLTBERG**

**155 SOUTH WABASHA STREET**

**ST. PAUL**

**MN 55107**

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

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

**J** Website: **u MNALLIANCEONCRIME.ORG**

**H(c)** Group exemption number **u**

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **u**

**L** Year of formation:

**M** State of legal domicile: **MN**

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:		
	THE MINNESOTA ALLIANCE ON CRIME CONNECTS SYSTEMS, SERVICE PROVIDERS, AND VICTIMS TO ADVANCE THE RESPONSE FOR VICTIMS OF ALL CRIME.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	9	
	4	4	
	5	3	
	6	4	
Revenue	7a	0	
	7b	0	
	8	207,523	260,097
	9	16,465	30,194
	10	30	42
Expenses	11	0	
	12	224,018	290,333
	13	0	
	14	0	
	15	130,559	176,312
	16a	0	
	b	29,459	
	17	74,055	94,503
	18	204,614	270,815
	19	19,404	19,518
Net Assets or Fund Balances	20	48,504	68,409
	21	3,018	3,405
	22	45,486	65,004

**Part II Signature Block**

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

Sign Here	Signature of officer	Date			
	<b>CHRIS JENSEN</b> Type or print name and title	<b>TREASURER</b>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>NICHOLE FAIRBANKS</b>	<b>NICHOLE FAIRBANKS</b>	<b>10/05/18</b>		<b>*****</b>
	Firm's name } <b>HARRINGTON LANGER &amp; ASSOCIATES</b>	Firm's EIN } <b>** - ***2347</b>			
	Firm's address } <b>563 PHALEN BLVD</b> <b>SAINT PAUL, MN 55130</b>	Phone no. <b>651-481-1128</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:**THE MINNESOTA ALLIANCE ON CRIME CONNECTS SYSTEMS, SERVICE PROVIDERS, AND VICTIMS TO ADVANCE THE RESPONSE FOR VICTIMS OF ALL CRIME.****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ **17,916** including grants of \$ ) (Revenue \$ **22,727** )**MAINTAIN THREE LISTSERVS WITH NEARLY 600 SUBSCRIBERS, MAC'S MONTHLY E-NEWSLETTER IS SENT TO ALL SUBSCRIBERS. UPDATE AND MAINTAIN WEBSITE.****4b** (Code: ) (Expenses \$ **117,241** including grants of \$ ) (Revenue \$ **991** )**PROVIDE TRAINING TO DIRECT SERVICE PROVIDERS, PROSECUTORS, LAW ENFORCEMENT, AND ALLIED PROFESSIONALS AND STAKEHOLDERS.****4c** (Code: ) (Expenses \$ **29,763** including grants of \$ ) (Revenue \$ **6,476** )**RAISED AWARENESS ABOUT CRIME VICTIM'S RIGHTS THROUGH ADVOCACY, MESSAGING, AND COLLABORATION WITH ALLIED PARTNERS AND STAKEHOLDERS.****4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **164,920**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<b>X</b>
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	



**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> <b>2</b>		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> <b>0</b>		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>		<b>X</b>
<b>2a</b> 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	<b>2a</b> <b>3</b>		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	<b>X</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		<b>X</b>
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>		
<b>4a</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 account)?	<b>4a</b>		<b>X</b>
<b>b</b> If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		<b>X</b>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		<b>X</b>
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		<b>X</b>
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> <b>9</b> If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> <b>4</b>		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... <b>2</b>		<b>X</b>
<b>3</b> 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? ..... <b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>		<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... <b>7a</b>		<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	<b>X</b>	
<b>9</b> 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 ..... <b>9</b>		<b>X</b>

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**

**MINNESOTA ALLIANCE ON CRIME****155 SOUTH WABASHA STREET****ST PAUL****MN 55107****612-940-8090**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERTA HOLTBERG	40.00									
EXECUTIVE DIRECTOR	0.00			X				63,618	0	5,400
(2) DIANNA UMIDON	5.00									
PRESIDENT	0.00	X		X				0	0	0
(3) KELLY NICHOLSON	1.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(4) DRESDEN JONES	1.00									
SECRETARY	0.00	X		X				0	0	0
(5) CHRIS JENSEN	1.00									
TREASURER	0.00	X		X				0	0	0
(6) SHANE BAKER	1.00									
BOARD MEMBER	0.00	X						0	0	0
(7) SHAWN BECKER	1.00									
BOARD MEMBER	0.00	X						0	0	0
(8) DENISE LOY	1.00									
BOARD MEMBER	0.00	X						0	0	0
(9) KARLA BAUER	1.00									
BOARD MEMBER	0.00	X						0	0	0
(10) MELISSA CORNELIUS	1.00									
BOARD MEMBER	0.00	X						0	0	0
(11) EMILY DOUGLAS	1.00									
BOARD MEMBER	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) DIANE HOMA	1.00									
BOARD MEMBER	0.00	X						0	0	0
(13) PAMELA HIGGINS-MALDONADO	1.00									
BOARD MEMBER	0.00	X						0	0	0
(14) RACHAEL JOSEPH	1.00									
BOARD MEMBER	0.00	X						0	0	0
<b>1b Sub-total</b>								<b>63,618</b>		<b>5,400</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>63,618</b>		<b>5,400</b>

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<b>X</b>

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	238,965			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	21,132			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....					
	<b>h Total.</b> Add lines 1a-1f .....	<b>u</b>	260,097			
<b>Program Service Revenue</b>		<b>Busn. Code</b>				
	<b>2a</b> MEMBERSHIP DUES .....		22,727	22,727		
	<b>b</b> ANNUAL MEETING .....		6,476	6,476		
	<b>c</b> PROGRAM INCOME .....		991	991		
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....	<b>u</b>	30,194			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	<b>u</b>	42	42		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	<b>u</b>				
	<b>5</b> Royalties .....	<b>u</b>				
		(i) Real	(ii) Personal			
	<b>6a</b> Gross rents .....					
	<b>b</b> Less: rental exps. ....					
	<b>c</b> Rental inc. or (loss) .....					
	<b>d</b> Net rental income or (loss) .....	<b>u</b>				
	<b>7a</b> Gross amount from sales of assets .....	(i) Securities	(ii) Other			
	other than inventory .....					
	<b>b</b> Less: cost or other basis & sales exps. ....					
	<b>c</b> Gain or (loss) .....					
	<b>d</b> Net gain or (loss) .....	<b>u</b>				
	<b>8a</b> Gross income from fundraising events (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events .....	<b>u</b>				
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>				
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....	<b>u</b>				
	<b>10a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>				
<b>b</b> Less: cost of goods sold .....	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory .....	<b>u</b>					
Miscellaneous Revenue		<b>Busn. Code</b>				
<b>11a</b> .....						
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....	<b>u</b>					
<b>12 Total revenue.</b> See instructions. ....	<b>u</b>	290,333	30,236	0	0	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>71,550</b>	<b>14,310</b>	<b>42,930</b>	<b>14,310</b>
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>84,631</b>	<b>59,242</b>	<b>16,926</b>	<b>8,463</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	<b>8,747</b>	<b>6,123</b>	<b>1,749</b>	<b>875</b>
<b>10</b> Payroll taxes	<b>11,384</b>	<b>5,796</b>	<b>4,015</b>	<b>1,573</b>
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>12,493</b>	<b>12,493</b>		
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	<b>20,139</b>	<b>14,748</b>	<b>3,873</b>	<b>1,518</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>17,420</b>	<b>8,869</b>	<b>6,144</b>	<b>2,407</b>
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>34,503</b>	<b>34,503</b>		
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	<b>2,266</b>	<b>1,154</b>	<b>799</b>	<b>313</b>
<b>24</b> 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.)				
<b>a</b> <b>OTHER TRAINING</b>	<b>5,358</b>	<b>5,358</b>		
<b>b</b> <b>MISCELLANEOUS</b>	<b>2,324</b>	<b>2,324</b>		
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>270,815</b>	<b>164,920</b>	<b>76,436</b>	<b>29,459</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing .....	<b>48,504</b>	<b>1</b>	<b>68,409</b>
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments—publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	<b>48,504</b>	<b>16</b>	<b>68,409</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	<b>3,018</b>	<b>17</b>	<b>3,405</b>
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	<b>3,018</b>	<b>26</b>	<b>3,405</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	<b>45,486</b>	<b>27</b>	<b>65,004</b>
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33 Total net assets or fund balances .....</b>	<b>45,486</b>	<b>33</b>	<b>65,004</b>
<b>34 Total liabilities and net assets/fund balances .....</b>	<b>48,504</b>	<b>34</b>	<b>68,409</b>	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>290,333</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>270,815</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>19,518</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>45,486</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>65,004</b>

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>3a</b> 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>X</b>
<b>b</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.		



**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

u Attach to Form 990 or Form 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Name of the organization

**MINNESOTA ALLIANCE ON CRIME**

Employer identification number

**\*\*-\*\*\*1338****Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	35,596	55,690	67,212	207,523	238,963	604,984
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	35,596	55,690	67,212	207,523	238,963	604,984
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> Public support. Subtract line 5 from line 4.						604,984

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4	35,596	55,690	67,212	207,523	238,963	604,984
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1	28	29	30	42	130
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						605,114
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	30,236

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.98 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14	15	99.98 %
<b>16a 33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> 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.		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>1</b>		
<b>2</b> 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.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

	Yes	No
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those 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.		
<b>2a</b>		
<b>b</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.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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.		
<b>3a</b>		
<b>b</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.		
<b>3b</b>		

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

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

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

  

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

  

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

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

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b>	Distributable amount for 2017 from Section C, line 6	
<b>10</b>	Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b>	Distributable amount for 2017 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2017:			
<b>a</b>				
<b>b</b>	From 2013			
<b>c</b>	From 2014 .....			
<b>d</b>	From 2015 .....			
<b>e</b>	From 2016 .....			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2017 distributable amount			
<b>i</b>	Carryover from 2012 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2017 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2017 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b>	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2013			
<b>b</b>	Excess from 2014 .....			
<b>c</b>	Excess from 2015 .....			
<b>d</b>	Excess from 2016 .....			
<b>e</b>	Excess from 2017 .....			

**Part VI**

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



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors****u** Attach to Form 990, Form 990-EZ, or Form 990-PF.**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017****Name of the organization****Employer identification number****MINNESOTA ALLIANCE ON CRIME****\*\* - \*\*\*1338****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( **3** ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- ☒
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- <sup>1</sup>
- /
- <sub>3</sub>
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

MINNESOTA ALLIANCE ON CRIME

Employer identification number

\*\*-\*\*\*1338

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MINNESOTA OFFICE OF JUSTICE PROGRAMS 445 MINNESOTA STREET #2300 ST. PAUL MN 55101-1515	\$ 238,965	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	IDENTITY THEFT RESOURCE CENTER 3625 RUFFIN RD #204 SAN DIEGO CA 92123	\$ 20,405	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Name of the organization

**MINNESOTA ALLIANCE ON CRIME**

Employer identification number

**\*\*\_\*\*\*1338****Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

A COPY OF THE RETURN IS DISTRIBUTED TO THE BOARD AND REVIEWED PRIOR TO  
FILING.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

The executive committee and the executive director diligently review the  
annual disclosure forms submitted by covered persons, and compiles and  
maintains a list of potentially conflicted entities and individuals.

Proposed transactions are then matched against the list as a means of  
identifying possible conflicts

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

The executive committee of the board of directors conducts a "comparability  
review." The executive committee looks at comparable salary and benefits  
data, such as data available from salary and benefit surveys, to learn what  
nonprofit employers with similar missions, and of a similar budget size,  
that are located in our region pay their senior leaders. The executive  
committee then makes a recommendation to the full board of directors, who  
then votes to approve.

**Form 990, Part VI, Line 15b - Compensation Process for Officers**

The executive director conducts a "comparability review" to look at salary  
and benefits data, such as data available from salary and benefit surveys,  
to learn what nonprofit employers with similar missions, and of a similar  
budget size, that are located in our region pay their staff. The executive

Name of the organization

Employer identification number

**MINNESOTA ALLIANCE ON CRIME**

**\*\*\_\*\*\*1338**

director then makes a recommendation to the executive committee, who then takes it to the full board of directors to approve.

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

We will send either an electronic or hard copy of our bylaws and conflict of interest policy to anyone who requests them.