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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Demotory elementation Number T4-115267		For th	e 2009 calen	dar year,	or tax year beginning	, 200	9, and endir	ng		,		
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Preparer's signature Preparer's Use Only Only Preparer's signature NEWTON, DOWNS & BLAIR, P.C. Firm's name (or yours if self-employed), address and ZIP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) Self-employed N/A N/A N/A Self-employed N/A N/A Phone no (713) 666-1040 X Yes No			Туре огр		o tric		Data	I		Pren	arer's identifying of	ımher
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Use Only Firm's name (or yours if self-employed), address and ZiP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) REWTON, WEWTON, BOWNS & BLATK, F.C.			signature				<u> </u>			N/2	A	
Only employed), address and ZIP + 4 EIN N/A May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No			Firm's name (
address and ZIP + 4 BELLAIRE, TX 77401-4116 Phone no ► (713) 666-1040 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No		-	employed),	► 675	O WEST LOOP S., STE 60	0		EIN	<u> </u>	/A		
	J 11	,	l address and	BEL	LAIRE, TX 77401-4116			Ph	one no 🏲	(713)	666-1040)
	Mar	y the If	RS discuss th	nis return	with the preparer shown above? (se	e instructions)					X Yes	No
							uctions.		TEFADITA			

	990 (2009) JEWISH FAMILY SERVICE	74-1152607	Page 2
Par			
1	Briefly describe the organization's mission. COMPREHENSIVE SOCIAL SERVICES FOR INDIVIDUALS, FAMILIES, AND CHIL	LDREN	
2	Did the organization undertake any significant program services during the year which were not listed or Form 990 or 990-EZ?		X No
3	If 'Yes,' describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program ser	rvices? Yes	X No
_	If 'Yes,' describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants an expenses, and revenue, if any, for each program service reported	d allocations to others, the	total
4 a	a (Code) (Expenses \$ 1,547,628. including grants of \$ 349,564.)	(Revenue \$ 128	<u>,234.</u>)
41	b (Code) (Expenses \$ 652,507. including grants of \$ 240,559.) SEE SCHEDULE 0	(Revenue \$ 72	2,057.)
			-
4	c (Code) (Expenses \$ including grants of \$)	(Revenue \$)
			-
		·	
		·	
4	d Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue	\$)
4	e Total program service expenses ► 2, 200, 135.	<u> </u>	

			Yes	No					
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х						
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х						
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		<u>x</u>					
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		<u>x</u>					
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5_	-						
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х					
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II								
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III								
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х					
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10_	Х						
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11_	х						
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI								
•	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VII								
•	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII								
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX								
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X								
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X								
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х						
12/	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No								
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х					
14 8	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X					
1	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		х					
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х					
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х					
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х					
18	lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х						
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X					
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	_20	<u> </u>	X					

Form 990 (2009) JEWISH FAMILY SERVICE

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	Х	
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a	j	х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
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? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section $512(b)(13)^{9}$ If 'Yes,' complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990	(2009)

Form 990 (2009) JEWISH FAMILY SERVICE 74-1152607 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 8 1 a Information Returns Enter -0- if not applicable 0 1Ы b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c Х (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 47 calendar year ending with or within the year covered by this return 2b X 2b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by За Х b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account) 4a **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a 5b X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х 6a solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a Х provided to the payor? 7 b X b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Х 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal X 7 e benefit contract? Х 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g X h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9b

10 Section 501(c)(7) organizations. Enter

a Gross income from other members or shareholders

a Initiation fees and capital contributions included on Part VIII, line 12

b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter

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

amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

10b 11 a 11 b 12 a

10 a

Form 990 (2009)

Form 990 (2009) JEWISH FAMILY SERVICE 74-1152607 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. Section A. **Governing Body and Management** Yes No 1 a 1a Enter the number of voting members of the governing body

33 **b** Enter the number of voting members that are independent 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors or trustees, or key employees to a management company or other person? X 4 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7 a governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Х a The governing body? Х 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Х organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O

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

Reve	nue Code)			
			Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10 a		Χ_
b	olf 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10 b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	L
11 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O			
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	12 c		
13	Does the organization have a written whistleblower policy?	13	X	<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15 a	X	<u> </u>
b	Other officers of key employees of the organization SEE SCHEDULE O	15 b	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		<u>x</u>
	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16Ь		
	tion C. Disclosures			
17	List the states with which a copy of this Form 990 is required to be filed NONE			- - -
18	inspection Indicate how you make these available. Check all that apply.	vailabi	e for	public
	Own website			
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest polistatements available to the public SEE SCHEDULE O			incial
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ALAN REINGOLD 4131 S BRAESWOOD HOUSTON TX 77025 713-667-9336	ınızatı	on - – –	

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- 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

(A)	(A) (B) (c)							(D)	(E)	(F)
Name and Title	Average hours	——————————————————————————————————————						Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W 2/1099-MISC)	amount of other compensation from the organization and related organizations
DONALD FREEDMAN PRESIDENT	10	Х		Х				0.	0.	0.
DEBRA COHEN	10	^						0.	0.	
VP PROGRAM SERV	4	x		Х		ļ		o.	0.	0.
STEPHEN ROBINSON		<u> </u>	├—	^		 		0.	<u> </u>	<u> </u>
VICE PRESIDENT	1	x		Х				0.	0.	0.
ERIC MAYER			İ	 ^``		-		<u> </u>		
VP DEVELOPMENT	4	X		х				0.	0.	0.
LINDA WALTER		<u> </u>								· · · · · · · · · · · · · · · · · · ·
SECRETARY	1	Х	1	х				0.	o.	0.
MARK BROOKNER										****
DIRECTOR	3	Х		Х				0.	0.	0.
CHERYL LEVY										
ASS'T SECRETARY	8	X		Х				0.	0.	0.
JUDY ARFA										
DIRECTOR	1	Х						0.	0.	0.
RICI MILLER										
DIRECTOR	1	X	1	<u> </u>	L			0.	0.	0.
LARRY READER										
DIRECTOR	1	X						0.	0.	0.
SANDRA BLOCK										
DIRECTOR	3	X				<u> </u>	<u> </u>	0.	0.	0.
KELLI COHEN FEIN, MD					ł					
DIRECTOR	1	X	_		_		_	0.	0.	0.
LYNNE ARONOFF									_	_
DIRECTOR	3	X	_	_			_	0.	0.	0.
HENRY HOCHMAN	_									
DIRECTOR	1	X	_		ļ	ļ	<u> </u>	0.	0.	0.
PATTI_KAGAN			1							•
DIRECTOR	1	X	<u> </u>	 	<u> </u>	 	├-	0.	0.	0.
SANDRA GREENSTONE		,,			ļ		}		_	^
DIRECTOR	1	X	├			-	 	0.	0.	0.
RICHARD KAMMERMAN DIRECTOR	4	X						0.	0.	0.
	. /1	1 X					1	1 []	ı U.I	11

Part VII Section A. Officers, Directors, Trust	tees, F	(ey	Em	ıplo	ye	es,	an	d Highest Con	pensated Em	oloyee	s (coi	$\overline{\eta}$
(A)	(B)		(c)					(D)	(E)		(F)	
Name and Title	Average hours			check	k all t	hat a	pply)	Reportable	Reportable		stimated	
	nours per week	Indi or c	ısuı	Officer	Key	Higi	Former	compensation from the organization (W 2/1099-MISC)	compensation from related organizations (W 2/1099-MISC)	cor	unt of oth opensation	
	1	vidu	ututic	GE .	en	Highest co	mer	(W 2/1099-MISC)	(M 5/1099-WISC)	organizatio		
		a) tr	Institutional trustee		Key employee	com					nd relater anızatıor	
		ıstee	trust		1 %	pens						
			ee			a e		-				
		<u> </u>			_							
RICHARD LEIBMAN	[ĺ			_			
DIRECTOR	1	Х			ļ	_		0.	0	· - -		0.
MARLA FELDMAN								_				_
DIRECTOR	1	Х				<u> </u>		0.	0	· -		0.
SHIRLEY MARKS	١.,	.,			i		ł		0	1		•
DIRECTOR	1	Х			-	 		0.	0	· 		0.
ALBERT KRAFCHECK DIRECTOR	,	v						۾ ا	0	1		^
JOY KAPLAN	3	Х			-			0.	0	· 		0.
DIRECTOR	10	X	}		1		}	0.	0	ł		Λ
ELLEN PENNER	10	^	_	-	-	\vdash		0.		-		0.
DIRECTOR	1	x						0.	0			0.
GREGORY LEWIS	 -	<u> </u>	\vdash		_					'		
DIRECTOR	1	X]	j		0.	0			0.
BENJY LEVIT						-	 			·		
DIRECTOR	1	x			ĺ			0.	0			0.
HARVEY ROSENSTOCK, MD	 -	<u> </u>		 		_	-					
DIRECTOR	1	X						0.	0	_		0.
BEN SAMUELS	 -	Ë					-					
DIRECTOR	1	X			1			0.	0	.		0.
MARSHA SCHOOLER												
DIRECTOR	1	X			İ			0.	0	.		0.
DAVID SPOLANE											-	
DIRECTOR	1	X						0.	0			0.
RABBI RANON TELLER										1		
DIRECTOR	1	X			L	<u> </u>		0.	0			0.
1 b Total							<u> </u>	144,023.	0	.]	11,8	
2 Total number of individuals (including but not limite	d to tho	se li	sted	abo	ove)	wh	o re	ceived more than	\$100,000 in repor	table co	npensa	ation
from the organization 1								·			,	
					`						Yes	No
3 Did the organization list any former officer, director	or trust	ee,	key	emp	oloy	ee,	or h	ighest compensate	ed employee			,
on line 1a ³ If 'Yes,' complete Schedule J for such in										3	 -	<u> </u>
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to											İ	
individual	4.0	,				• • • •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4	X	
5 Did any person listed on line 1a receive or accrue of	ompens	atio	n fro	om a	any	unre	elate	d organization for	services			
rendered to the organization? If 'Yes,' complete Sci	hedule .	l for	suc	h pe	erśo	n				5		<u> X</u>
Section B. Independent Contractors								 	0100.000 (
Complete this table for your five highest compensation from the organization	ed inde	pend	ient	con	itrac	tors	tha	t received more th	nan \$100,000 of			
			-					(0)			· • • • • • • • • • • • • • • • • • • •	
(A) Name and business address Description of Services) of Services	Comp	(C) ensatio	in			
					_							
2 Total number of independent contractors (including		lımı	ted t	to th	ose	lıst	ed a	bove) who receive	ed more than			
\$100,000 in compensation from the organization	0											

	C viii) Statement of Revenue	(4)	(B)		(D)
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
5, 72	1a Federated campaigns 1a 1 , 551, 284.				
A F	b Membership dues 1b				
8. Š	c Fundraising events 1c 325, 764.				
FIS	d Related organizations 1d 63,134.				
ا ا	e Government grants (contributions)				
S S					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f. \$				
ŠÄ	h Total. Add lines 1a-1f	2,942,499.			
<u></u>	Business Code	2, 342, 433.			
EN	2a COMMUNITY PROGRAM FEES 624100	200,290.	200,290.		
اي		200,230.	200,230.		
ä	" -				
ER	c				
S S	d				
¥.	f All other program service revenue	·-···			
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f	200,290.			
-		200,230.			
	3 Investment income (including dividends, interest and other similar amounts)	20,627.			20,627.
	4 Income from investment of tax-exempt bond proceeds				
ŀ	5 Royalties				
	(i) Real (ii) Personal				
1	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
}	d Net rental income or (loss)		ł		
	7 a Gross amount from sales of assets other than inventory				
	b Less cost or other basis				
	and sales expenses				
	c Gain or (loss)				
	8a Gross income from fundraising events				
OTHER REVENUE	(not including \$ 325, 764.				
Ĕ	of contributions reported on line 1c)				
8	See Part IV, line 18 a 94, 865.				
F	b Less direct expenses b 94,865.				
_	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				1
	c Net income or (loss) from gaming activities			<u> </u>	<u> </u>
	10a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b		}		
	c Net income or (loss) from sales of inventory				<u> </u>
	Miscellaneous Revenue Business Code				
	11a			····	
	b				
l	C			· · · · · · · · · · · · · · · · · · ·	
	d All other revenue				
	e Total. Add lines 11a-11d	2 162 416	000 000		
	12 Total revenue, See instructions	3,163 <u>,4</u> 16.	200,290.	0	20,627.

Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	590,123.	590,123.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	138,023.	72,876.	45,548.	19,599.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,065,865.	799,269.	175,507.	91,089.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	63,607.	42,716.	14,214.	6,677.
9	Other employee benefits	58,664.	39,397.	13,108.	6,159.
10	Payroll taxes	98,672.	71,725.	17,711.	9,236.
	Fees for services (non-employees)	<u> </u>			
ā	a Management				
ı	b Legal				
(C Accounting				
(d Lobbying		·		
	e Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
	g Other				
	Advertising and promotion	105,796.	96,751.	5,517.	3,528.
13	Office expenses	103, 190.	50, 131.	3,317.	3,320.
14	Information technology				
15	Royalties	93,774.	73,533.	13,589.	6,652.
16 17	Occupancy Travel	28,745.	26,648.	1,849.	248.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	20,143.	20,010.	1,0.5.	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			10.505	
22	Depreciation, depletion, and amortization	68,127.	48,407.	12,607.	7,113.
23 24	Insurance Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	54,553.	44,962.	8,529.	1,062.
;	PROF. FEES & CONTRACT SVCS	135,121.	103,911.	17,974.	13,236.
1	b EQUIPMENT RENTAL & MAINTENANCE	89,855.	89,587.	268.	
	c MISCELLANEOUS	47,285.	29,061.	7,473.	10,751.
	d PRINTING AND PUBLICATIONS	38,611.	28,481.	1,127.	9,003.
	e MEETINGS AND TRAINING	31,999.	26,612.	4,625.	762.
1	f All other expenses	27,346.	16,076.	4,327.	6,943.
	Total functional expenses Add lines 1 through 24f	2,736,166.	2,200,135.	343,973.	192,058.
26	Joint costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA				*	Form 990 (2009)

Part X	Balance Sheet			
`		(A) Beginning of year		(B) End of year
1	Cash — non-interest-bearing	138,790.	1	196,663.
2	Savings and temporary cash investments.	1,609,079.	2	1,556,975.
3	Pledges and grants receivable, net	494,933.	3	642,993
4	Accounts receivable, net	30,222.	4	65,193
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6			}	
	and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
7 8 9	Notes and loans receivable, net	237,908.	7	251,535
8	Inventories for sale or use		8	
1	, , , , , , , , , , , , , , , , , , ,		9	6,783
10	a Land, buildings, and equipment cost or other basis 10a 2,373,774.	1		
	Complete Part VI of Schedule D			
	b Less accumulated depreciation 10b 312,876.	2,088,325.	10 c	2,060,898
11	Investments — publicly-traded securities		11	
12	Investments — other securities See Part IV, line 11	489,637.	12	804,531
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	7,200.	15	7,200
16	Total assets Add lines 1 through 15 (must equal line 34)	5,096,094.	16	5,592,771
17	Accounts payable and accrued expenses	26,758.	17	96,185
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
	of Schedule L		22	
23			23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D	06.750	25	06.105
26	Total liabilities. Add lines 17 through 25	26,758.	26	96,185
<u> </u>	Organizations that follow SFAS 117, check here ► X and complete lines			
- 1	27 through 29 and lines 33 and 34.	0 506 310		0 700 501
5 1 -	Unrestricted net assets	2,596,310.		2,783,501
[2 8	Temporarily restricted net assets	1,221,577.	-	1,461,636
	·	1,251,449.	29	1,251,449
3	Organizations that do not follow SFAS 117, check here ▶ □ and complete			
30	lines 30 through 34.			
			30	
31	•		31	
32		F 050 005	32	5 405 505
B 31 L 32 N 33 E 34	Total net assets or fund balances	5,069,336.	33	5,496,586
s 34	Total liabilities and net assets/fund balances	5,096,094.	34	5,592,771

BAA

Form **990** (2009)

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Form 990 (2009) JEWISH FAMILY SERVICE
Part XI | Financial Statements and Reporting

Page **12**

rai	At rinancial Statements and Reporting				
			Yes	No	
1	Accounting method used to prepare the Form 990 🔲 Cash 🛛 X Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
b	Were the organization's financial statements audited by an independent accountant?	2b	_X		
С	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?	2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3 a	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?	3a		х	
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	3 b			

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Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Total

Name of the organization
JEWISH FAMTLY SERVICE

Employer identification number

		TELEVILLE DERV	100	-						. 32 00 /			
ar				s (All organizations					See ir	<u>ıstructı</u>	ions		
he c	rga	•		se it is (For lines 1 throu	-		-	•					
1	Ш	A church, convention	on of churches or asso	ociation of churches desc	ribed in	section	170(b)	(1)(A)(i)	•				
2		A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	E)								
3			•	e organization described		•		•					
4		A medical research	organization operated	d in conjunction with a ho	ospital d	escribed	d in sec	tion 17)(b)(1)(A	Xiii) Er	iter the hos	pital's	
5		name, city, and sta An organization ope 170(bX1XAXiv). (C	erated for the benefit	of a college or university	owned	or opera	ited by a	goveri	nmental	unit des	cribed in	ection	
6	\Box			novernmental unit describ	oed in s e	ection 1	70(b)(1)	(A)(v).					
7	X	An organization that in section 170(b)(1)	t normally receives a (A)(vi). (Complete Pa	substantial part of its su art II)	pport fro	om a go	vernmer	ntal unit	or from	the gen	eral public	descri	ibed
8		A community trust of	described in section 1	1 70(b)(1)(A)(vi). (Complet	e Part II)							
9		from activities related investment income	to its exempt function	more than 33-1/3 % of its s s – subject to certain exce ss taxable income (less s omplete Part III)	entions, a	and (2) n	o more t	han 33-	1/3 % of	its suppo	ort from aro	SS	fter
10		An organization org	janized and operated	exclusively to test for pul	blic safe	ty See	section	509(a)	(4).				
11		An organization org more publicly suppo describes the type	panized and operated orted organizations do of supporting organiz	exclusively for the benefi escribed in section 509(a ation and complete lines	nt of, to pay	perform section ! ough 11	the fund 509(a)(2 h	ctions o ?) See	f, or car section	ry out th 509(a)(3 —). Check ti	ne box	that
	_	a Type I	b Type II	c 🔲 Type III						d 📗	Type III-		
е		By checking this both than foundation ma 509(a)(2)	x, I certify that the org nagers and other than	ganization is not controllent one or more publicly su	ed direct ipported	tly or inc organiz	directly leading of	oy one i lescribe	or more d in sec	disqualit tion 509	fied persoi (a)(1) or se	ns othe ection	er
f		If the organization is check this box	received a written dete	ermination from the IRS	that is a	Type I,	Type II	or Type	: III supp	orting o	rganızatıor	١,	
g		Since August 17, 2	006, has the organiza	tion accepted any gift or	contrib	ution fro	m any o	of the fo	llowing	persons	?		
												Yes	No
		(i) a person who below, the go	directly or indirectly overning body of the su	controls, either alone or t upported organization?	ogether	with pe	rsons de	escribed	lın (II) a	nd (III)	11 g (i)		
		(ii) a family mem	ber of a person desc	ribed in (i) above?							11 g (ii)		
		(iii) a 35% contro	lled entity of a person	described in (i) or (ii) at	oove?						11 g (iii)		
h		Provide the following	ng information about t	he supported organizatio	ns								
	(1) Name of Supported Organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in col I in your rning ment?	the organ	ou notify ization in (i) of upport?	(vi) I organizat (i) organi U S	zed in the	(VII) Amour	it of Sup	port
					Yes	No	Yes	No	Yes	No			
			_										

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Schedule A (Form 990 or 990-EZ) 2009

Sec	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 8 of Part	1)			
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	1,597,152.	1,397,041.	2,284,356.	1,932,154.	2,942,499.	10,153,202.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-through 3	1,597,152.	1,397,041.	2,284,356.	1,932,154.	2,942,499.	10,153,202.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,679,063.
6	Public support. Subtract line 5 from line 4		_				7,474,139.
Sec	tion B. Total Support				·	T	1
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1,597,152.	1,397,041.	2,284,356.	1,932,154.	2,942,499.	10,153,202.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	34,862.	45,978.	61,216.	44,305.	20,627.	206,988.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11	Total support. Add lines 7 through 10				,		10,360,190.
12	Gross receipts from related activ	vities, etc. (see in	structions)			12	0.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section 501(c))(3) ► □
Sec	tion C. Computation of Pu					114	72.1.0/
14 15	Public support percentage for 20 Public support percentage from	2008 Schedule A	. Part II. line 14			14 15	72.1 % 82.2 %
16	a 33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pu	d not check the bo blicly supported o	ox on line 13, and organization	d the line 14 is 33	-1/3 % or more, o	check this box ► X
١	33-1/3 support test – 2008. If th and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13, or 16 irganization	a, and line 15 is 3	33-1/3% or more,	check this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-:	and-circumstance	s' test, check this	box and stop he	i re. Explain in Pai	rt IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an Private foundation. If the organ	meets the 'facts- d-circumstances'	and-circumstance test. The organi	s' test, check this ization qualifies a	s box and stop he s a publicly suppo	e re. Explain in Pai orted organization	rt IV how the
18		ization all not the	con a box on line,	10, 100, 100, 17			990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in) (c) 2007 (d) 2008 (e) 2009 (a) 2005 **(b)** 2006 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the vear c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) 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 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 16 Public support percentage from 2008 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV	Supplemental	Information Co	omplete this part	to provide the	explanations reg	ured by Part II. II	ne 10:
	Part II, line 17a	a or 17b; and P	art III, line 12. P	rovide any other	explanations req er additional infor	mation. See instr	uctions.
			-			_	
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Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

DEMISH LAWILY SEKAT	JE.		74-1152607
Part I Organizations M	aintaining Donor Advised Funds or	Other Similar Funds or Acce	ounts Complete if
the organization	answered 'Yes' to Form 990, Part IV	', line 6.	
	(a) Donor adv	vised funds (b) F	unds and other accounts
1 Total number at end of ye	ear		
2 Aggregate contributions to	o (during year)		
3 Aggregate grants from (d	uring year)		
4 Aggregate value at end o	i year		
5 Did the organization infor funds are the organization	m all donors and donor advisors in writing that's property, subject to the organization's exc	at the assets held in donor advised clusive legal control?	Yes No
6 Did the organization infor used only for charitable purpose conferring imper	m all grantees, donors, and donor advisors in urposes and not for the benefit of the donor of missible private benefit?	n writing that grant funds may be or donor advisor or for any other	☐ Yes ☐ No
	sements Complete if the organization	on answered 'Yes' to Form 99	90. Part IV. line 7.
	in easements held by the organization (check		
г 	for public use (e.g., recreation or pleasure)	Preservation of an historic	ally important land area
Protection of natural		Preservation of certified hi	• •
Preservation of open			
· ·	h 2d if the organization held a qualified conse	ervation contribution in the form of a	a conservation easement on the
			Held at the End of the Year
a Total number of conserva	tion easements	2 a	
b Total acreage restricted b	y conservation easements	2b	
c Number of conservation e	easements on a certified historic structure inc	luded in (a) 2c	
d Number of conservation e	easements included in (c) acquired after 8/17/	/06. 2d	
	easements modified, transferred, released, ex		ganization during the tax
year ►		•	
· -	property subject to conservation easement is	located ►	
5 Does the organization had and enforcement of the c	ve a written policy regarding the periodic mor onservation easement it holds?	nitoring, inspection, handling of viol	ations, Yes No
6 Staff and volunteer hours during the year ►	devoted to monitoring, inspecting, and enfor	rcing conservation easements	
7 Amount of expenses incuduring the year ►	rred in monitoring, inspecting, and enforcing	conservation easements \$	
8 Does each conservation of 170(h)(4)(B)(i) and 170(h	easement reported on line 2(d) above satisfy (4)(B)(ii)?	the requirements of section	Yes No
9 In Part XIV, describe how t include, if applicable, the conservation easements	he organization reports conservation easements text of the footnote to the organization's fina	in its revenue and expense statement ancial statements that describes the	t, and balance sheet, and organization's accounting for
Part III Organizations N Complete if the	laintaining Collections of Art, Historoganization answered 'Yes' to Form	rical Treasures, or Other Sin 990, Part IV, line 8.	nilar Assets
treasures, or other simila	d, as permitted under SFAS 116, not to repor r assets held for public exhibition, education, its financial statements that describes these	or research in furtherance of public	nce sheet works of art, historical c service, provide, in Part XIV,
treasures, or other simila amounts relating to these		its revenue statement and balance or research in furtherance of public	service, provide the following
	Form 990, Part VIII, line 1		►\$ ►\$
(ii) Assets included in Fo			
amounts required to be re	ed or held works of art, historical treasures, of eported under SFAS 116 relating to these iter	or other similar assets for financial g ms	gain, provide the following
a Revenues included in For			* \$
b Assets included in Form	990, Part X		►\$ ►\$

	H FAMILY						74-115		Page 2
Part III Organizations Maintai	ining Colle	ctions of	Art, Histo	orical	Treasures, or	Other!	Similar Ass	ets (cont	inued)
3 Using the organization's acquisiting tems (check all that apply)	on accession	and other	records, che	ck any	of the following t	that are a	significant use	e of its colle	ection
a Public exhibition			d Loan	or exc	hange programs				
b Scholarly research			e Other		_				
c Preservation for future genera	ations		_						
4 Provide a description of the organ Part XIV	nization's coll	ections and	d explain hov	v they	further the organ	ization's e	exempt purpos	e in	
5 During the year, did the organizar assets to be sold to raise funds re	ather than to	be maintai	ned as part o	of the	organization's col	lection?		Yes	No
Part IV Escrow and Custodial 9, or reported an amount	Arrangen unt on Forr	n ents Com m 990, P	mplete if cart X, line	rgan 21.	ızatıon answei	red 'Yes	' to Form 9	90, Part I	V, line
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodia	n, or other	ıntermediary	for co	ontributions or oth	er assets	not	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIV a	ind comple	te the followi	ng tab	ole				
, , , , , , , , , , , , , , , , , , , ,							·	Amount	
c Beginning balance						1 c			
d Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance						11			
2a Did the organization include an a	mount on For	m 990, Pa	rt X, line 217	,				Yes	No
b If 'Yes,' explain the arrangement	ın Part XIV						<u> </u>		
Part V Endowment Funds Con	mplete if oi	rganızatı	on a <u>nswer</u>	ed 'Y	es' to Form 99	0, Part	IV, line 10.		
	(a) Current	year	(b) Prior yea	r	(c) Two years bac	k (d)	Three years back	(e) Four	years back
1 a Beginning of year balance	1,251,	,449.	1,248,0	83.					
b Contributions			3,3	66.					
c Net Investment earnings, gains, and losses									
d Grants or scholarships									
 Other expenditures for facilities and programs 						-			
f Administrative expenses									
g End of year balance	1,251,		1,251,4	149.					
2 Provide the estimated percentage	e of the year	end balanc	e held as						
a Board designated or quasi-endow	vment ►		₺						
b Permanent endowment ▶	%								
c Term endowment ▶	8								
3a Are there endowment funds not a organization by	n the possess	sion of the	organızatıon	that a	ire held and admi	nistered fo	or the	Ye	es No
(i) unrelated organizations								3a(i)	X
(ii) related organizations								3a(ii)	X
b If 'Yes' to 3a(ii), are the related of	organizations	listed as re	equired on So	chedul	e R?			3b	X
4 Describe in Part XIV the intended	-						_		
Part VI Investments-Land, B						, line 10),		
Description of investment		(a) Cost or	other basis stment)	(b)	Cost or other pasis (other)	(c) Ac	cumulated reciation	(d) Bool	k Value
1a Land					175,000.			ī	75,000.
b Buildings					2,049,664.		247,996.	1,8	01,668.

40,700. 81,998. 40,700. c Leasehold improvements 59,476. 22,522. **d** Equipment 26,412. 5,404. 21,008. e Other 2,060,898. Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

BAA

Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 JEWISH FAMILY SERV	VICE	74-11	52607 Page 3
Part VII Investments—Other Securities See Fo	orm 990, Part X, Iir	ne 12.	
 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation irket value
Financial derivatives			
Closely-held equity interests			
Other CERTIFICATES OF DEPOSIT	804,531.	END OF YEAR MARKET VALU	E
	·		
		 	
	<u> </u>	 	
		 	
		<u> </u>	
			
Total. (Column (b) must equal Form 990 Part X, col (B) line 12)	804,531.		
Part VIII Investments-Program Related (See I			
(a) Description of investment type	(b) Book value	(c) Method of valu	ation
		Cost or end-of-year ma	irket value
			
			
			·
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)			
Part IX Other Assets (See Form 990, Part X,	line 15) N/A	1	
(a) De	scription		(b) Book value
	 		
			
			
			
			
			
	· 		
Total. (Column (b) must equal Form 990, Part X, col (B), I	ıne 15)	>	
Part X Other Liabilities (See Form 990, Part	X, line 25)		
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
2. FIN 48 Footnote In Part XIV, provide the text of the foot	note to the organization	n's financial statements that reports the	e organization's liability

	edule D (Form 990) 2009 JEWISH FAMILY SERVICE	74-1152607	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)	3,	163,416.
2	Total expenses (Form 990, Part IX, column (A), line 25)		736,166.
3	Excess or (deficit) for the year Subtract line 2 from line 1		427,250.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		427,250.
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements		163,416.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		·
	Net unrealized gains on investments		
	Donated services and use of facilities 2b		
	Recoveries of prior year grants		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		163,416.
_	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	O Other (Describe in Part XIV)	-	
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		163,416.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
	Total expenses and losses per audited financial statements	1 2.	736,166.
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities 2a		
	Prior year adjustments 2b		
	C Other losses 2c	\dashv \mid	
	d Other (Describe in Part XIV)		
		2e	
	Add lines 2a through 2d Subtract line 2e from line 1		736,166.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-	Investments expenses not included on Form 990, Part VIII, line 7b		
		4c	
	C Add lines 4a and 4b		736,166.
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18) 1 XIV Supplemental Information	1 3 1 2	, 730, 100.
Ь			
line -	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this mation	IV, lines 1b and 2 s part to provide ar	b, Part V, ny additional
	·		
	·		
			
	~		
	~		
BAA	TEEA3304L 02/02/10	Schedule D (F	orm 990) 2009

Schedule D (Form 990) 2009 JEWISH FAM	ILY SERVICE	74-1152607	Page 5
Part XIV Supplemental Information	(continued)		
		_	
			-
			-
			- -
			_
			 -
			_ _
BAA	TEEA3305L 07/10/09	Schedule D (Form 9	990) 2009

TEEA3305L 07/10/09

BAA

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization						Employer identifica	
JEWISH FAMILY SERVICE						74-115260	7
Part I Fundraising Activities. Compl Form 990EZ filers are not requ	ured to comple	te this pai	rt				
1 Indicate whether the organization r	aised funds thr	ough any	of the folk	owing activities Check	all that a	pply	
Mail solicitations		_ •		Solicitation of non-			
Internet and email solicitations				Solicitation of gove			
Phone solicitations						grants	
				Special fundraising	events		
In-person solicitations							
2a Did the organization have written o employees listed in Form 990, Part	r oral agreeme	ent with an	iy individu: ion with n	al (including officers, di rofessional fundraising	rectors,	trustees or key	Yes X No
b If 'Yes,' list the ten highest paid inc compensated at least \$5,000 by the	dividuals or ent						
	c organization				(v) An	nount paid to	
(i) Name of individual or entity (fundraiser)	(ii) Activity	have custoo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	or r	etained by) aiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		_	-	
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Total			>				0.
3 List all states in which the organiza	ation is register	red or lice	nsed to so	licit funds or has been	notified i	it is exempt fro	
or licensing	•					,	J
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		- -					
							
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Page 2

<u>. u.</u>	····	reported more than \$15,000 on F	orm 990-EZ, line 6	a List events with	gross receipts great	ater than \$5,000.
R	•		(a) Event #1 GALA (event type)	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
E				(event type)	(total number)	
REVENUE	1	Gross receipts	420,629.			420,629.
	2	Less Charitable contributions	325,764.			325,764.
	3	Gross income (line 1 minus line 2)	94,865.			94,865.
	4	Cash prizes				
	5	Noncash prizes				:
DIRECT	6	Rent/facility costs	20,134.			20,134.
	7	Food and beverages	15,598.			15,598.
E X P	8	Entertainment	7,500.			7,500.
EXPESSES	9	Other direct expenses	51,633.		·	51,633.
\$	10	Direct expense summary Add lines 4- tl	nrough 9 in column (d)		•	94,865.
	11	Net income summary Combine lines 3, of	column (d) and line 10		▶	
Par	t III	Gaming. Complete if the organize \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye _i .	s' to Form 990, Pai	rt IV, line 19, or re	ported more than
R			(a) Bingo	(b) Pull tabs/Instant bingo/progressive	(c) Other gaming	(d) Total gaming (Add col (a) through
RH>HZJH				bingo		col. (c))
Ü	1	Gross revenue				
	•	dross revenue				
D X	2	Cash prizes				<u> </u>
DIRECT	3	Non-cash prizes				
' Š	4	Rent/facility costs				
	5	Other direct expenses				
	_	Not reduced to be a	Yes%	Yes%	Yes%	
	6	Volunteer labor		11 140	11 110	
	7	Direct expense summary Add lines 2 thi	rough 5 in column (d)		•	-
	8	Net gaming income summary Combine	lines 1, column (d) and	line 7		<u> </u>
9	Ent	er the state(s) in which the organization o	nerates gaming activitie	es.		YES NO
		he organization licensed to operate gamin				9a
ŧ) If 'N	No,' explain				
		re any of the organization's gaming license	es revoked, suspended	or terminated during the	e tax year?	10 a
	ץ דו כ	'es,' explain				
11		es the organization operate gaming activiti	es with nonmembers?			
		es the organization operate gaming activition he organization a grantor, beneficiary or transfer charitable gaming?		ember of a partnership of	or other entity formed t	
BAA		ninister charitable gaming?	TEFA 37021		Schodulo C (F	12 orm 990 or 990-FZ) 2009

Schedule-G (Form 990 or 990-EZ) 2009 JEWISH FAMILY SERVICE	74-1152607		age 3
ı	, ,	YES	NO
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	 		
b An outside facility	8		
14 Enter the name and address of the person who prepares the organization's gaming/special events bor	oks and records		
Name •			
Address •			
15a Does the organization have a contact with a third party from whom the organization receives gaming	revenue? 1	5a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$a	ind the amount		
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address of the third party			
Name •			
			ļ
Address			ŀ
16 Gaming manager information			
Name. •			
Gaming manager compensation • \$			
Description of services provided			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceed state gaming license?	<u> </u>	17a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizate	ions or spent in the		
organization's own exempt activities during the tax year ►\$			
BAA TEEA3703L 02/05/10 S	chedule G (Form 990 c	or 990-EZ	2009

		(A				OMB No 1545-0047
CHEDULE I		Gove Sove	ants and Oth ernments an	Grants and Other Assistance to Organizations, Governments and Individuals in the United States	the United State	es les		2009
epartment of the Treasury		Complete if the or	if the organization	ganization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. Attatch to Form 990.	m 990, Part IV, lines 2' '.	1 or 22.		Open to Public Inspection
I ∼	SERVICE						Employer identification number 74-1152607	stron number 7
Part General In	General Information on Grants and Assistance	ınd Assistaı	nce					
1	Does the organization maintain records to substantiate the amount the selection criteria used to award the grants or assistance?	bstantiate the s or assistance	amount of the gran	of the grants or assistance, the grantees' eligibility for the grants or assistance, and	antees' eligibility for the	e grants or assistance	, and	X Yes No
Part II Grants and 990, Part I Part IV and	Describe in Part IV the organization's procedures for monitoring the use of grain barres in the United States. Complete if the organization answered 'Yes' to F. [1] Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to F. 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV, and Schedille 1-1 (Form 990) if additional space is needed	Governmer pient that re	nts and Organization of the control	Organizations in the United States. Complete if the organization answered 'Yes' to Form more than \$5,000. Check this box if no one recipient received more than \$5,000. Use pace is needed	ed States. Completed States on the control of the c	e if the organizati ecipient received i	on answered 'Ye more than \$5,00	ss' to Form 0. Use
1 (a) Name and address of organization or government	sss of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	Enter total number of section 501(c)(3) and government organizations	government or	ganızatıons				•	0 0
BAA For Privacy Act	S Enter total number of other organizations BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Act Notice, se	e the Instructions	for Form 990.	TEEA3901L 02/10/10	02/10/10	Sched	Schedule I (Form 990) 2009

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 74-1152607 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 590,123. (c) Amount of cash grant 496 (b) Number of recipients JEWISH FAMILY SERVICE SPECIFIC ASSISTANCE TO INDIVIDUALS (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III

	Schedule I (Form 990) 2009
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

JEWISH FAMILY SERVICE

Employer identification number

74-1152607

Part I	Questions Regarding Compensation			
	ı		Yes	No
1 a C	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part /II, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b if	f any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or eimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1b		
2 D	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, rustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3 Ir	ndicate which, if any, of the following the organization uses to establish the compensation of the organization's DEO/Executive Director Check all that apply			1
[]	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
2	Form 990 of other organizations X Approval by the board or compensation committee			
4 E	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			.,
_	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
j·	f 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5 F	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a∃	The organization?	5 a	ļ	X
	Any related organization?	5 b	ļ. —	Х
l.	If 'Yes' to line 5a or 5b, describe in Part III			
6 F	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a٦	The organization?	<u>6a</u>		X
	Any related organization?	6 b	_	Х
ŀ	If 'Yes' to line 6a or 6b, describe in Part III	1		
7 F	For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 62 lf 'Yes,' describe in Part III	7		_x_
8 V	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If 'Yes,' describe in Part III	8_		Х
9 s	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		x

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

Schedule J (Form 990) 2009

74-1152607

Page 2

Schedule J (Form 990) 2009 JEWISH FAMILY SERVICE

Part II | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(I) Base compensation	(ii) Bonus and incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	Form 990 or Form 990-EZ
LINDA BURGER				0.	11,824.	155,847.	
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	()			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1
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ВАА			TEEA4102L 02	02/02/10		Schec	Schedule J (Form 990) 2009

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545 0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See instructions for Form 990.

Employler Identification number

JEWISH FAMILY SERVICE 74-1152607 Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees (A)	(B)				C)			(D)	(E)	(F)
(A) Name and Title	(B)	Posi	tion (hat app	ly)	(D)	(E)	
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
DAN TRACHTENBERG DIRECTOR	3	Х						0.	0.	0.
EVE LAPIN DIRECTOR	1	х						0.	0.	0.
GERALD MERFISH DIRECTOR	1	х						0.	0.	0.
LINDA BURGER EXECUTIVE DIRECTOR	40				х			144,023.	0.	11,824.
						_				

SCHEDULE R (Form 990)

JEWISH FAMILY SERVICE

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. P See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number 74-1152607 Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.)

	•				
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ons (Complete if the or	ganization answere	d 'Yes' to Form 990), Part IV, line 34 b	ecause it had
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(rection 501(c)(3))	(F) Direct controlling entity
HOUSTON JEWISH FAMILY FOUNDATION 4131 SOUTH BRAESWOOD	SUPPORTING ORGANIZATION OF				
HOUSTON, TX 77025	JEWISH FAMILY SERVICE	XI	501 (C) 3	11 (B)	N/A
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	nstructions for Form 990.	H H	TEEA5001L 02/05/10	Schedu	Schedule R (Form 990) (2009)

Page 2 74-1152607

Schedule R (Form 990) 2009 JEWISH FAMILY SERVICE

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

חברמחפם וו וומח		מנים הואפ	חוולמווסווס חכמו	יום מושל א כא אי	Decause It Had One of Hillipie Felated organizations alcated as a partitional attitude that the	, ,			
(A)	(B)	(2)	(a)	(E)	Ē	(5)	Ξ	(C)	3
Name, address, and EIN of	Primary Activity	Legal	Direct	Predominant	Share of total income	Share of total income Share of end-of-year	Dispropor-	amount in box	General or managing
related organization		(state or	(state or				allocations?	20 of Schedule	partner?
	_	foreign		from tax under			L	1 VE 0.77	\perp
		country)					Yes No	(5001 11100)	Yes No
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Yes" to Form 990, Part IV, Inne 34 because of had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Cor	poration or Trustreated as a cor	st (Complete	of the organizations the	ation answered 'Ye tax year.)	s' to Form 990, Pa	rt IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	Legal domicile (state or foreign cc country)	(D) Direct ontrolling entity	(E) Type of entity (C corp, S corp, or trust)	(C) (D) (Egal domicile Direct Type of entity (State or foreign controlling entity (C corp., S corp, country) (F) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(G) Share of end-of-year assets	(H) Percentage ownership
1							
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Page 3

Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	ŝ
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		-a		×
b Gift, grant, or capital contribution to other organization(s)		1 b	×	
c Giff grant or capital contribution from other organization(s)		10	×	
d loans or loan guarantees to or for other organization(s)		19		×
		1		×
e Loans or loan guarantees by other organization(s)		ַב	1	4
f Sale of assets to other organization(s)		11		×
a Purchase of assets from other organization(s)		19		×
b Exchange of assets		٦ ۲		×
: Localistic of the state of th		=	-	×
Lease of facilities, equipment, or other assets to other organization(s)				
j Lease of facilities, equipment, or other assets from other organization(s)		ij		×
k Performance of services or membership or fundraising solicitations for other organization(s)		ᆂ		×
l Performance of services or membership or fundraising solicitations by other organization(s)		=		×
m Sharing of facilities, equipment, mailing lists, or other assets		_ E	×	ļ
n Sharing of paid employees		=		\times
				>
o Reimbursement paid to other organization for expenses		2 .	Ì	< >
p Reimbursement paid by other organization for expenses		d		<
a Other transfer of cash or property to other organization(s)		1		×
d Other transfer of cash or property from other organization(s)		-		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	and transaction thres	holds		
וו ווופ מושאבו נס מוץ טו נוופ מסטיב וז ביש, שבם נוופ וושנית ביוטו ו		İ		
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	it involve	pg
CD HOUSTON JEWISH FAMILY FOUNDATION	æ		1, (1,000.
	ľ			,
(2) HOUSTON JEWISH FAMILY FOUNDATION	U		63,	63, 134.
(3) HOUSTON JEWISH FAMILY FOUNDATION	Σ		1,(1,000.
(4)				
(3)				
(9)				
BAA TEEA5003L 02/05/10	Schedu	Schedule R (Form 990) (2009)	2) (066	2009)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

(State of control of country) Name, address, and EIN of entity (State of control of co	(B) Primary activity	(C) domicile or foreign untry)	(D) Icile Are all partners section 501(c)(3) Organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount In box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	al or ging er?
			Yes No		Yes No		Yes	S.
			-				·	
							-	
	-							
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545 0047

2009

Open to Public Inspection

Employer identification number

74-1152607

Department of the Treasury Internal Revenue Service

JEWISH FAMILY SERVICE

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

> Attach to Form 990.

_FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS COMPREHENSIVE SOCIAL SERVICES TO INDIVIDUALS, FAMILIES AND CHILDREN: THIS SERVICE HAS BEEN A CORE PROGRAM OF JFS FOR MANY DECADES. IT PROVIDES PSYCHOTHERAPY/COUNSELING TO INDIVIDUALS, COUPLES AND FAMILIES, FOR THE PURPOSE OF IMPROVING BOTH THE OUTLOOK AND FUNCTIONING OF CLIENTS. JFS ALSO OFFERS EMERGENCY AND ON-GOING FINANCIAL ASSISTANCE, INCLUDING STUDENT LOANS, GRANTS FOR BASIC LIVING EXPENSES, AND A BURIAL SUBSIDY PROGRAM. LIFE EDUCATION COURSES AND WORKSHOPS, EMPLOYMENT WORKSHOPS AND ASSISTANCE, MARRIAGE AND PARENTING CLASSES, AND EDUCATIONAL CONSULTING ARE OFFERED TO BOTH INSTITUTIONS AND TO THE PUBLIC. SPIRITUAL COUNSELING AND PRACTICAL ASSISTANCE TO PATIENTS IN AREA HOSPITALS IS SERVICED BY BOTH PROFESSIONALS AND VOLUNTEERS. AN ACTIVE VOLUNTEER CORPS, INCLUDING THE INVOLVEMENT OF TEENS, SERVICES MANY PROGRAMS OF THE AGENCY. SENIORS RECEIVE COUNSELING IN THE FAMILY AND CHILDREN DEPARTMENT, BUT RECEIVE CASE MANAGEMENT AND OTHER SERVICES IN THE SECOND CORE PROGRAM OF THE JFS, SENIOR ADULT SERVICES DEPARTMENT. FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS SENIOR ADULT SERVICES: THE CORE OF THE PROGRAM IS CASE MANAGEMENT AND INFORMATION AND REFERRAL FOR BOTH SENIORS AND THEIR FAMILY MEMBERS. THE GOAL IS TO KEEP CLIENTS SAFE AND INDEPENDENT AS LONG AS POSSIBLE, AND TO OFFER GUIDANCE AND ASSISTANCE IN TRANSITION TO OTHER LIVING ARRANGEMENTS IF NECESSARY. CASE MANAGEMENT INCLUDES HOME VISITS AND ASSESSMENT, ASSISTANCE WITH HOUSEKEEPING, POST HOSPITAL CARE, COUNSELING AND A VARIETY OF SERVICES. IN ADDITION TO JFS CASE MANAGERS, JFS PROVIDES ONGOING ASSISTANCE THROUGH ADDITIONAL JFS PROFESSIONALS TO TWO SENIOR FACILITIES, GOLDBERG TOWERS AND PINEMONT APARTMENTS, BOTH HUD HOUSING. ONGOING FINANCIAL ASSISTANCE TO THE NEEDIEST IS PROVIDED THROUGH GRANTS FROM THE PAULINE STERN WOLFF MEMORIAL FOUNDATION. A FUND FOR HOLOCAUST SURVIVORS PROVIDES BASIC LIVING EXPENSES AS WELL AS EMERGENCY EXPENSES. SPOUSES AND CHILDREN OF CLIENTS WHO FACE CARETAKING ISSUES

JEWISH FAMILY SERVICE	74-1152607
FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)
ARE OFTEN SERVICED AS PART OF THE WORK OF THIS DEPARTMENT.	COMMUNITY WORKSHOPS AND
PROGRAMS HELP SENIORS AND THEIR FAMILIES ADDRESS RELATED ISS	SUES.
THE JFS ALEXANDER INSTITUTE FOR JEWISH FAMILIES WITH SPECIAL	L NEEDS, ESTABLISHED IN
2007, IS DEDICATED TO ADDRESSING THE CHALLENGES OF SPECIAL N	NEEDS INDIVIDUALS AND
THEIR FAMILIES. IN ADDITION TO EMPLOYMENT SERVICES, COUNSEL	LING, PARENTAL RESPITE,
INFORMATION AND REFERRAL, SOCIAL ACTIVITIES, AND RESIDENTIAL	L ASSESSMENT, THE
INSTITUTE COORDINATES A COALITION OF EDUCATIONAL AND SOCIALI	ZATION ORGANIZATIONS
THAT ADDRESS SPECIAL NEEDS IN THE COMMUNITY. PROJECT SHALON	4, A COUNSELING AND
SOCIALIZATION PROGRAM SERVING ADULTS WHO SUFFER FROM CHRONI	IC MENTAL ILLNESS, IS THE
LONGEST RUNNING PROGRAM OF JFS ALEXANDER INSTITUTE. MEDIATI	ION MANAGEMENT AND
PSYCHIATRIC COUNSELING IS OFFERED THROUGH THE PSYCHIATRIC PR	ROGRAM OF THE FAMILIES
AND CHILDREN DEPARTMENT. IN 2009, JFS OPENED A SHELTERED EN	MPLOYMENT THREE DAY A
WEEK PROGRAM, WITH A TRANSPORTATION COMPONENT, WHICH PROVIDE	ES_WORK_AND_LIFE_SKILLS
FOR ADULTS REQUIRING A HIGHLY SUPERVISED ENVIRONMENT. JFS A	ALSO SPEARHEADED A
COMMUNITY WIDE PROGRAM TO RAISE THE LEVEL OF SENSITIVITY TO	THE NEED FOR FULL
INCLUSION OF ALL INDIVIDUALS IN COMMUNAL LIFE.	
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
THE FORM 990 IS FIRST PRESENTED TO THE AUDIT COMMITTEE, WHICH	CH THEN APPROVES AND
SENDS TO BOARD OF DIRECTORS. THE BOARD, AFTER FIELDING ANY	QUESTIONS FROM THE
PREPARER, WHO ATTENDS THIS MEETING, APPROVES IF THERE ARE NO	CHANGES TO THE RETURN.
IF CHANGES, THIS PROCESS IS REPEATED.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCE	CEMENT OF CONFLICTS
BOARD OF DIRECTORS MEMBERS SIGN A CONFLICT OF INTEREST STATE	EMENTS ANNUALLY. THE
STATEMENTS ARE REVIEWED ANNUALLY. NO CONFLICTS HAVE BEEN FO	OUND.

Schedule O (Form 990) 2009	Page 2
Name of the organization JEWISH FAMILY SERVICE	Employer identification number 74-1152607
OBAISH LANIBL SERVICE	174 1102001
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS	FOR OFFICERS & KEY EMPLOYEES
COMPENSATION COMMITTEE REVIEWS SALARIES OF THE CEO AND OTHER TO	DP_MANAGEMENT
OFFICIALS OF THE ORGANIZATION, WITH REFERENCE TO AVAILABLE COMP	PARABLE DATA FOR
SIMILAR POSITIONS IN THE NON-PROFIT COMMUNITY.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	VAILABLE
UPON REQUEST JEWISH FAMILY SERVICE WILL PROVIDE COPIES OF GOVER	RNING DOCUMENTS,
POLICIES AND FINANCIAL STATEMENTS TO THE PUBLIC.	

Schedule 0 (Form 990) 2009	Page 2
Name of the organization JEWISH FAMILY SERVICE	Employer identification number 74-1152607
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Form **8868**

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545 1709

**Ply you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part III (on page 2 of this form) on concember Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8668 **Part I	nternal Revenue	Service	File a Separa	ite application for ea	ich return.				
Ply ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) on accomplete Part II unless you have a braded been granted an automatic 3-month extension on a previously filed Form 8868 Part I	If you are	filing for an Automatic 3-M	onth Extension, comple	ete only Part I and cl	neck this box			► X	
Part Automatic 3-Month Extension of Time. Only submit original (no copies needed).						page 2 of the	s form)		
Automatic 3-Month Extension of Time. Only submit original (no copies needed). Corporation required to file Form 990.T and requesting an automatic 6-month extension — check this box and complete Part Lonly If other corporations (including 1120.C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file come tax returns Lectronic Filing (e-file). Generally, you can electronically tile Form 8868 if you want a 3-month automatic series on of time to file one of the earth of the development of the property of the promession of the come of the earth of the development of the come of the earth of the come of the earth of the come of the earth of the come of the earth of the come of the earth of the come of the earth of the come of the earth of the come of the earth of the come of the earth of the come of the earth of the come of the earth of the come of the earth of the come of the earth of the come of the earth of the come of the earth of the come of the earth of the come of the earth of the come of the form 990.T (Part II) of Form 8868 For more details on the electronic lining of the total transmittening the come of the									
Corporation required to file Form 990.T and requesting an automatic 6-month extension — check this box and complete Part Lonly In other corporations (including 1120.C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file tectronic Filing (e-file). Generally, you can electronically file Form 9868 if you want a 3-month automatic extension of time to file tectronic Filing (e-file). Generally, you can electronically file Form 990-T). However, you are cadditional (not automatic) amonth extension or (2) you file Form 990-T). However, you great prefer in additional (not automatic) amonth extension of (2) you file Form 990-T). However, you great prefer in additional (not automatic) and the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of its form, you will be form you great the file for Charities & Nonprofits. Page									
Il other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file come tax refurns certonic Filing (e-file). Generally, you can electronically file Form 8688 if you want a 3-month automatic extension of time to file extension like from 8688 electronically if (1) you want to a corporation required to file Form 990-11. However, you cannot like Form 8688 electronically if (1) you want to a color of the form 590-12. However, you cannot like Form 8688 electronically if (1) you want to a color of the form 590-12. However, you cannot like Form 8688 electronically if (1) you want to a color of the form 590-12. However, you cannot like Form 8688 electronically if (1) you want to addition to a composite or consolidated to consolidated to a composite or consolidated to consolidated to a composite or consolidated to a consolidated to a consolidated to a consolidated to a consolidated	<u> </u>	Automatic 5-Month Ext	ension of Time. Of	ny submit origina	ar (no copies	riceded).			
Exercise Filips Care Form Section Form Sect	corporation	required to file Form 990-T	and requesting an auto	matic 6-month exter	ision – check t	his box and c	complete Part I only	▶ [
the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6696, or 8870, group returns, or a composite or consolidated in 15 form. 990-T its feather was represented by our must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filling of its form, visit www.ris.gov/efile and click on e-file for Charities & Nonprofits Name of Exempt Organization PA-1152607			ilers), partnerships, REI	MICS, and trusts mu	st use Form 70	04 to request	an extension of tim	e to file	
JEWISH FAMILY SERVICE Number, street, and room or sulte number if a PO box, see instructions 74-1152607	he additiona form 990-T	l (not automatic) 3-month ex Instead, vou must submit the	tension or (2) you file F e fully completed and si	orms 990-BL, 6069, aned page 2 (Part II	or 8870 group	returns or a	composite or consc	dudated	
Sew Sew		Name of Exempt Organization					Employer identification number		
Number, street, and room or sure number. If a P O box, see instructions 413 S RAESWOOD	ype or print	JEWISH FAMILY SERVICE					74-1152607		
City town or post office, state, and ZiP code For a foreign address, see instructions	ile by the			ctions		· · ·	1		
City town or post office, state, and ZIP code. For a foreign address, see instructions. HOUSTON, TX 77025	ling your	4131 S BRAESWOOD							
Neck type of return to be filed (file a separate application for each return).	eturn See Istructions		ZIP code For a foreign address,	see instructions					
Neck type of return to be filed (file a separate application for each return).		HOUSTON TY 77025							
Form 990.BL Form 990.T (corporation) Form 4720 Form 990.BL Form 990.T (section 401(a) or 408(a) trust) Form 5227 Form 990.PF Form 990.PF Form 990.T (trust other than above) Form 6069 Form 8870 The books are in the care of ALAN REINGOLD Telephone No 713-667-9336 FAX No 713-667-3619 If the organization does not have an office or place of business in the United States, check this box If this is for the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box and attach a list with the names and EINs of all members the extension will cover 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15	heck type o			ach return)					
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Form 990-EZ Form 990-PF Form 990-PF Form 990-PF Form 990-PF Form 1041-A Form 990-PF Form 8870 The books are in the care of ALAN REINGOLD Telephone No 713-667-9336 FAX No 713-667-3619 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for the organization of time until 8/15 20 10, to file the exempt organization return for the organization named above The extension is for the organization's return for If calendar year 20 09 or It ax year beginning 20, and ending 21 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period The initial return organization is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions The initial return organization is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit C Balance Due, Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	⊣		<u> </u>	•	\	\square	_		
Form 990-PF Form 1041-A Form 8870 The books are in the care of ALAN REINGOLD Telephone No 713-667-9336 FAX No 713-667-3619 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box and attach a list with the names and EINs of all members the extension will cover If request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15 . 20 10 to file the exempt organization return for the organization named above The extension is for the organization's return for 20 . and ending . 20 . and ending . 20 . and ending . 20 . and ending . 20 . and ending . 20 . and ending . 20 . and ending . 20 . and ending . 20 . and ending . 3 . and it has application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions . and ending			` ·) irusi)	\vdash			
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Telephone No ▶ 713-667-9336 FAX No ▶ 713-667-3619 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) if this is for the whole group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until	Form 990)-PF	Form 1041-A		· ·	Form 887	<u> </u>		
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deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 0					l estimated tax	payments	3ь\$	0	
aution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for	deposit	with FTD coupon or, if requi	line 3a Include your pa ired, by using EFTPS (E	lyment with this form lectronic Federal Ta	n, or, if required x Payment Sys	i, tem)	3c \$	0.	
	Caution. If vo	ou are going to make an elec	ctronic fund withdrawal	with this Form 8868,	see Form 8453	B-EO and Fori	m 8879-EO for		

Form 8868 (Rev 4-2009)