See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

CHANGE IN ACCOUNTING PERIOD

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 09/01/09 , and ending 12/31/09

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization
JEWISH FAMILY SERVICES

Number and street (or P O box, if mail is not delivered to street address) 1111 EAST BRICKYARD ROAD

Room/suite #109

City or town, state or country, and ZIP + 4 SALT LAKE CITY UT 84106-2588

D Employer identification number 87-0227089

E Telephone number 801-746-4334

F Group Exemption Number ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual Other (specify) ▶

I Website: ▶ HTTP://WWW.JFSUTAH.ORG/

H Check ▶ ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 314,951

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	95,099
	2	Program service revenue including government fees and contracts		2	21,291
	3	Membership dues and assessments		3	
	4	Investment income		4	2,223
	5a	Gross amount from sale of assets other than inventory	5a 165,309		
	b	Less cost or other basis and sales expenses	5b 273,533		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) SEE STMT 1		5c	-108,224
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			SEE STMT 2
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 31,029		
	b	Less direct expenses other than fundraising expenses	6b 13,804		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	17,225
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ _____)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	27,614
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	72,142
	13	Professional fees and other payments to independent contractors		13	5,652
	14	Occupancy, rent, utilities, and maintenance		14	15,651
	15	Printing, publications, postage, and shipping		15	1,457
	16	Other expenses (describe ▶ SEE STATEMENT 3)		16	16,286
	17	**Total expenses.** Add lines 10 through 16 ▶		17	111,188
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-83,574
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	335,066
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4		20	111,711
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	363,203

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	234,600	22	278,011
23 Land and buildings		23	
24 Other assets (describe ▶ SEE STATEMENT 5)	109,687	24	90,684
25 **Total assets**	344,287	25	368,695
26 **Total liabilities** (describe ▶ SEE STATEMENT 6)	9,221	26	5,492
27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)	335,066	27	363,203

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

SEE STATEMENT 7

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 SEE STATEMENT 8

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 81,595

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 81,595

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address		(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ED BRONSKY	SALT LAKE CITY	DIRECTOR			
111 E BRICKYARD ROAD #109	UT 84106	1.00	0	0	0
CARLA CANTOR	SALT LAKE CITY	DIRECTOR			
111 E BRICKYARD ROAD #109	UT 84106	1.00	0	0	0
ALLISON CAPLAN	SALT LAKE CITY	DIRECTOR			
111 E BRICKYARD ROAD #109	UT 84106	1.00	0	0	0
MARY JANE CICCARELLO	SALT LAKE CITY	DIRECTOR			
111 E BRICKYARD ROAD #109	UT 84106	1.00	0	0	0
DAVID DOWSETT	SALT LAKE CITY	VICE PRES.			
111 E BRICKYARD ROAD #109	UT 84106	1.00	0	0	0
DAVID GRAUER	SALT LAKE CITY	DIRECTOR			
111 E BRICKYARD ROAD #109	UT 84106	1.00	0	0	0
JULIE JACOBSON	SALT LAKE CITY	PAST PRES.			
111 E BRICKYARD ROAD #109	UT 84106	1.00	0	0	0
DEBBIE LEAMAN	SALT LAKE CITY	SECRETARY			
111 E BRICKYARD ROAD #109	UT 84106	1.00	0	0	0
KAREN LINDAU	SALT LAKE CITY	PRESIDENT			
111 E BRICKYARD ROAD #109	UT 84106	1.00	0	0	0
SHARON MANGELSON	SALT LAKE CITY	TREASURER			
111 E BRICKYARD ROAD #109	UT 84106	1.00	0	0	0
ROBIN PERLEY	SALT LAKE CITY	DIRECTOR			
111 E BRICKYARD ROAD #109	UT 84106	1.00	0	0	0
LAVINE SHAPIRO	SALT LAKE CITY	DIRECTOR			
111 E BRICKYARD ROAD #109	UT 84106	1.00	0	0	0
BARB VISKACHIL	SALT LAKE CITY	DIRECTOR			
111 E BRICKYARD ROAD #109	UT 84106	1.00	0	0	0
JOEL SHAPIRO	SALT LAKE CITY	HON. MEMBER			
111 E BRICKYARD ROAD #109	UT 84106	1.00	0	0	0
FRANK YANOWITZ	SALT LAKE CITY	HON. MEMBER			
111 E BRICKYARD ROAD #109	UT 84106	1.00	0	0	0
ELLEN SILVER	SALT LAKE CITY	EX. DIRECTOR			
111 E BRICKYARD ROAD #109	UT 84106	32.00	24,000	0	0
STEVEN ROSENBERG	SALT LAKE CITY	DIRECTOR			
111 E BRICKYARD ROAD #109	UT 84106	1.00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T SEE STATEMENT 9			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter.			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ UT

42a The organization's books are in care of ▶ CHARLOTTE SOUTHWICK Telephone no ▶ 801-746-4334

Located at ▶ 1111 EAST BRICKYARD ROAD STE 109 SALT LAKE CITY, UT ZIP + 4 ▶ 84106

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶ _____			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ▶ _____

Sign Here

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

Signature of officer: Ellen Silver Date: 6-28-10

ELLEN G. SILVER EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Justin R. Shaw JUSTIN R. SHAW CPA CFE Date: 6-7-10 Check if self-employed ▶ ☐ Preparer's Identifying Number (See instr.) P00081558

Firm's name (or yours if self-employed), address, and ZIP + 4: SHAW MUMFORD & CO., P.C. 1564 S 500 W STE 201 BOUNTIFUL, UT 84010

EIN ▶ 84-1420542

Phone no ▶ 801-294-3155

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
JEWISH FAMILY SERVICES	87-0227089

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	443,410	812,808	296,981	220,789	94,799	1,868,787
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	443,410	812,808	296,981	220,789	94,799	1,868,787
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)						267,038
6 **Public support.** Subtract line 5 from line 4						1,601,749

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	443,410	812,808	296,981	220,789	94,799	1,868,787
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,613	5,566	17,694	5,425	2,223	34,521
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)						
11 **Total support.** Add lines 7 through 10						1,903,308

12 Gross receipts from related activities, etc (see instructions) 12 291,286

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 84.16%

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 84.59%

16a **33 1/3 % support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **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	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

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 line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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 Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

JEWISH FAMILY SERVICES

Employer identification number

87-0227089

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 SENIOR TRIBUTE (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	31,029			31,029
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	31,029			31,029
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	12,884			12,884
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	(12,884)
	11 Net income summary Combine line 3, column (d), and line 10			▶	18,145

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☒ No	☐ Yes % ☒ No	☐ Yes % ☒ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary Combine line 1, column d, and line 7			▶	

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		X
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		X
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		X

				Yes	No
13	Indicate the percentage of gaming activity operated in				
a	The organization's facility	13a	%		
b	An outside facility	13b	%		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records				
	Name ▶ CHARLOTTE SOUTHWICK 1111 EAST BRICKYARD ROAD STE 109 Address ▶ SALT LAKE CITY UT 84106				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			15a	X
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $				
c	If "Yes," enter name and address of the third party				
	Name ▶				
	Address ▶				
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 proceeds to retain the state gaming license?			17a	X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172
2009
Attachment Sequence No **67**

Name(s) shown on return: JEWISH FAMILY SERVICES
Identifying number: 87-0227089

Business or activity to which this form relates: INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8		9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562		10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13		

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,678

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	2,678
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

THERE ARE NO AMOUNTS FOR PAGE 2

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities

Description							
How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
300 SHARES A-POWER EGY GENERTN							
DONATION		12/31/08	12/15/08	$ 1,278	$ 2,688	$	$ -1,410
200 SHARES AKAMAI TECHNOLOGIES							
DONATION		3/28/08	10/28/08	2,514	4,580		-2,066
400 SHARES AKAMAI TECHNOLOGIES							
DONATION		3/28/08	11/13/08	4,618	9,160		-4,542
990 SHARES ALASKA COMMUNS SYS GROUP							
DONATION		3/27/08	5/11/09	6,839	10,415		-3,576
100 SHARES ALLEGHENY TECH INC.							
DONATION		5/14/08	9/26/08	3,259	4,900		-1,641
125 SHARES ATHEROS COMMUNICATIONS							
DONATION		3/28/08	10/28/08	2,238	4,076		-1,838
400 SHARES ATHEROS COMMUNICATIONS							
DONATION		3/28/08	4/06/09	5,804	13,044		-7,240
1250 SHARES BLUEPHOENIX SOLUTIONS							
DONATION		3/28/08	9/26/08	4,373	6,700		-2,327
1025 SHARES CHINA FIRE & SEC							
DONATION		3/28/08	10/28/08	7,434	11,255		-3,821
275 SHARES CHINA MEDICAL TECH ADR							
DONATION		3/28/08	5/11/09	5,639	12,634		-6,995
375 SHARES DENTSPLY INTL							
DONATION		3/28/08	11/24/08	9,606	14,696		-5,090
525 SHARES FOCUS MEDIA HOLDING							
DONATION		3/28/08	4/06/09	3,530	17,174		-13,644
1145 SHARES FRONTIER COMMUNICATIONS							
DONATION		3/27/08	5/11/09	8,577	14,393		-5,816
170 SHARES ISHARES IBOXX INVEST							
DONATION		3/27/08	12/12/08	9,554	17,177		-7,623
150 SHARES ISHARES IBOXX INVEST							
DONATION		3/27/08	4/06/09	14,005	15,156		-1,151
250 SHARES NASDAQ OMX GROUP							
DONATION		8/06/08	4/06/09	4,615	4,904		-289
100 SHARES NATIONAL OILWELL VARCO							
DONATION		3/28/08	9/26/08	5,391	7,373		-1,982

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities (continued)

Description							
How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
150 SHARES NATIONAL OILWELL VARCO							
DONATION		3/28/08	4/06/09	$ 4,192	$ 11,060	$	$ -6,868
200 SHARES NATIONAL OILWELL VARCO							
DONATION		3/28/08	5/11/09	6,820	14,746		-7,926
325 SHARES NICE SYSTEMS LTD. ADR							
DONATION		3/28/08	5/11/09	8,300	9,942		-1,642
150 SHARES PROCTER & GAMBLE							
DONATION		3/28/08	5/11/09	7,565	10,466		-2,901
250 SHARES QUANTA SERVICES, INC.							
DONATION		12/31/08	5/11/09	5,797	6,753		-956
50 SHARES STERICYCLE INC							
DONATION		3/28/08	5/11/09	2,320	2,965		-645
125 SHARES STERICYCLE INC.							
DONATION		3/28/08	12/01/08	6,634	7,413		-779
150 SHARES THERMO FISHER SCIENTIFIC							
DONATION		3/28/08	4/06/09	5,073	9,084		-4,011
300 SHARES THERMO FISHER SCIENTIFIC							
DONATION		3/28/08	5/11/09	10,618	18,168		-7,550
1010 SHARES WINDSTREAM CORPORATION							
DONATION		3/27/08	5/11/09	8,716	12,544		-3,828
TOTAL				$ 165,309	$ 273,466	$ 0	$ -108,157

Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

Description							
How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
CHAIRS							
PURCHASE		9/01/08	9/01/09	$	$ 100	$ 33	$ -67
TOTAL				$ 0	$ 100	$ 33	$ -67

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	$
OFFICE	6,108
PROFESSIONAL EDUCATION	76
INSURANCE	137
EMERGENCY ASSISTANCE	7,787
MISCELLANEOUS	73
DUES AND FEES	665
REPAIRS	1,212
PROGRAMS	228
TOTAL	$ 16,286

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED GAINS ON INVESTMENTS	$ 111,644
LOSS ON DISPOSAL OF EQUIPMENT	67
TOTAL	$ 111,711

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
GRANTS RECEIVABLE	$	$ 44,980
ACCOUNTS RECEIVABLE	70,885	11,438
PREPAID EXPENSES AND DEFERRED CHARGES	5,278	3,519
FURNITURE & FIXTURES	39,405	39,306
LESS ACCUMULATED DEPRECIATION	21,708	24,386
ARTWORK	10,715	10,715
DEPOSITS	5,112	5,112
	109,687	90,684

Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 9,221	$ 5,492
	9,221	5,492

Statement 7 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description
TO PROMOTE THE WELL-BEING AND SOCIAL WELFARE FOR FAMILIES AND INDIVIDUALS IN ACCORDANCE WITH JEWISH CUSTOM AND TRADITION.

Statement 8 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description
THIS HAS BEEN A CHALLENGING YEAR FOR JFS. THE ECONOMY HAS AFFECTED OUR ABILITY TO RAISE FUNDS TO SUPPORT PROGRAMS AND THE ABILITY FOR CLIENTS TO PAY FEES FOR SERVICES. THE GOOD NEWS IS THAT ALL FUNDERS (FOUNDATION AND CORPORATE WHO WE HAVE HAD RELATIONSHIPS WITH IN THE PAST) ARE CONTINUING TO BE VERY SUPPORTIVE OF JFS FINANCIALLY. OUR CHALLENGES ARE IN FINDING NEW SOURCES OF FUNDING, IN ORDER TO KEEP EXPENSES DOWN, THIS YEAR WE MOVED TO A SMALLER OFFICE SPACE IN THE SAME BUILDING AND FOR A WHILE REDUCED STAFF HOURS. THIS RESULTED IN NOT HAVING TO USE ANY RESERVE FUNDS FOR 2009. IN THE COMING YEAR WE INTEND TO BEGIN A COLLABORATION WITH THE PEOPLE'S HEALTH CLINIC IN PARK CITY THAT WILL ENABLE US TO EXPAND SERVICES TO THAT AREA. IN 2009 JFS STAFF PROVIDED COUNSELING AND CARE MANAGEMENT SERVICES TO OVER 700 INDIVIDUALS. WE HAVE AN ACTIVE CORPS OF VOLUNTEERS THAT HELP TO SUPPORT OUR PROGRAMS AS FRIENDLY VISITORS FOR THE ELDERLY AS WELL AS OFFICE HELP AND FUNDRAISING. WE ARE CURRENTLY AWAITING NOTIFICATION OF A LARGE GRANT THAT WOULD INCREASE SERVICES TO FAMILY CAREGIVERS. THIS PAST YEAR WE WERE DESIGNATED BY UNITED JEWISH FEDERATION TO BE THE AGENCY TO DISBURSE EMERGENCY FUNDS AND HAVE HELPED OVER 75 PEOPLE WITH RENTAL AND UTILITY ASSISTANCE. JFS HELD A VERY SUCCESSFUL TRIBUTE DINNER THIS SEPTEMBER, WHERE 21 INDIVIDUALS IN THEIR NINETIES WERE RECOGNIZED FOR THEIR SERVICE TO THE COMMUNITY. IN NOVEMBER WE ELECTED NEW OFFICERS AND ORGANIZED BOARD COMMITTEES FOR THE COMING YEAR. THE GOVERNANCE COMMITTEE HAS REVIEWED AND UPDATED BY-LAWS AND POLICIES AND THE DEVELOPMENT COMMITTEE IS ALREADY AT WORK ON FUNDRAISING IDEAS.

Statement 9 - Form 990-EZ, Part V, Line 35 - Income From Business Activities not Reported on Form 990-T

Description
THE AMOUNTS ON LINE 2 ARE DERIVED FROM PROGRAM SERVICE REVENUE IN CONJUCTION WITH THE ORGANIZATION'S MISSION. THE AMOUNT ON LINE 6A IS FROM A SPECIAL EVENT THAT HAS AN EXCLUSION CODE OF "1" FOR AN ACTIVITY THAT IS NOT REGULARLY CARRIED ON.