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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2009Open to Public
Inspection

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

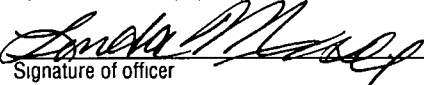
A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization JEWISH FAMILY & CHILDREN'S SERVICE OF GREATER MERCER COUNTY, INC.		D Employer identification number 21-0634563
		Doing Business As		E Telephone number 609-987-8100
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 707 ALEXANDER ROAD		
		City or town, state or country, and ZIP + 4 PRINCETON, NJ 08540		G Gross receipts \$ 1,749,412.
F Name and address of principal officer: LINDA MEISEL SAME AS C ABOVE		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶		
I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527				
J Website: ▶ WWW.JFCSONLINE.ORG				
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶				
L Year of formation: 1937 M State of legal domicile: NJ				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: JEWISH FAMILY CHILDREN'S SERVICE OF GREATER MERCER COUNTY IS A NONPROFIT COMMUNITY SERVICE AGENCY			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	29	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29	
	5 Total number of employees (Part V, line 2a)	5	67	
	6 Total number of volunteers (estimate if necessary)	6	238	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g)	1,619,469.	1,358,559.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		165,819.	242,825.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9d, 10c, and 11e)		45,924.	46,600.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,135.	45,600.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,848,347.	1,693,584.	
14 Benefits paid to or for members (Part IX, column (A), line 4)		104,008.	121,920.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,067,297.	1,068,166.	
16a Professional fundraising fees (Part IX, column (A), line 11e)				
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 49,697.		416,129.	386,135.	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,587,434.	1,576,221.	
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	260,913.	117,363.	
	19 Revenue less expenses. Subtract line 18 from line 12			
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21 Total liabilities (Part X, line 26)	2,082,557.	2,265,218.
		22 Net assets or fund balances. Subtract line 21 from line 20	255,345.	248,331.
			1,827,212.	2,016,887.

Part II Signature Block

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 		Date 12/7/10	
LINDA MEISEL, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer's Use Only	Preparer's signature 	Date 11/3/10	Check if self-employed ☐	Preparer's identifying number (see instructions) 20062953
	Firm's name (or yours if self-employed), address, and ZIP + 4 BEDARD, KUROWICKI & CO., CPA'S, PC 114 BROAD STREET FLEMINGTON, NJ 08822		EIN ▶ 22-3289874 Phone no. ▶ 908-782-7900	

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

☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

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SCANNED JAN 06 2011

JEWISH FAMILY & CHILDREN'S SERVICE
OF GREATER MERCER COUNTY, INC.

Form 990 (2009)

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Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
JEWISH FAMILY CHILDREN'S SERVICE OF GREATER MERCER COUNTY IS A
NONPROFIT COMMUNITY SERVICE AGENCY THAT STRENGTHENS INDIVIDUALS AND
FAMILIES BY EMPOWERING PEOPLE TO CARE FOR THEMSELVES AND OTHERS. THIS
IS ACCOMPLISHED THROUGH A WIDE RANGE OF HIGH QUALITY SOCIAL SERVICES
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☒ Yes ☐ No
If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses \$ 356,765. including grants of \$) (Revenue \$ 57,285.)
COMMUNITY SERVICE - MARRIAGE & FAMILY COUNSELING - COUNSELING IS
AVAILABLE FOR PERSONAL PROBLEMS INCLUDING DEPRESSION, ANXIETY AND OTHER
MENTAL HEALTH ISSUES AND RELATIONSHIP PROBLEMS INCLUDING MARITAL AND
PARENT-CHILD CONFLICTS, OR MAJOR ENVIRONMENTAL OR PERSONAL TRANSITIONS.
JFCS COUNSELORS PROVIDED 2,472 COUNSELING SESSIONS, FORTY-FIVE PERCENT
OF COUNSELING CLIENTS ARE ON A SLIDING FEE SCALE. COUNSELING AND CASE
MANAGEMENT SERVICED OVER 704 INDIVIDUALS, AND ANSWERED IN EXCESS OF 613
CALLS FOR INFORMATION AND/OR REFERRAL.

4b (Code:) (Expenses \$ 221,289. including grants of \$) (Revenue \$ 4,388.)
ELDER CARE SERVICES - COUNSELING FOR THE ELDERLY IN THE COMMUNITY
(INCLUDES GOLDEN AGE, PARTNERS IN CARING AND PROJECT CONNECT) JFCS
PROVIDES SERVICES FOR OLDER ADULTS AND THEIR FAMILIES INCLUDING SINGLE
SESSION FAMILY CONSULTATIONS, COUNSELING, CARE MANAGEMENT, HOME VISITS,
INFORMATION AND REFERRALS, AND EDUCATIONAL GROUPS. SENIOR SERVICES
MADE A DIFFERENCE WITH MORE THAN 1,185 SENIORS.

4c (Code:) (Expenses \$ 115,639. including grants of \$) (Revenue \$ 12,085.)
FAMILY LIFE EDUCATION - PROVIDES COUNSELING AND SUPPORT GROUPS FOR
FAMILIES, COUPLES, AND INDIVIDUALS. (INCLUDES INTERFAITH, PARENTING
GROUPS, SPECIAL NEEDS, SIBS) JFCS HAS A WIDE RANGE OF PROGRAMS AND
SERVICES, ALONG WITH A NETWORK OF SKILLED PROFESSIONALS WHO EMPOWER
PEOPLE WITH TOOLS, RESOURCES AND OPPORTUNITIES TO MAKE THEMSELVES
STRONGER, WISER AND BETTER INDIVIDUALS REGARDLESS OF THE CHALLENGES
THEY MAY FACE. JFCS PROVIDES FAMILY LIFE EDUCATION GROUPS,
INTERFAITH/OUTREACH PROGRAMS, SIBLING SUPPORT GROUPS AS WELL AS HAND IN
HAND WHICH SERVES FAMILIES WITH SPECIAL NEEDS MEMBERS. JFCS ALSO HOLDS
PROFESSIONAL AND COMMUNITY WORKSHOPS.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 684,010. including grants of \$ 121,920.) (Revenue \$ 169,067.)

4e Total program service expenses ► \$ 1,377,703.

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**JEWISH FAMILY & CHILDREN'S SERVICE
OF GREATER MERCER COUNTY, INC.**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
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? <i>If "Yes," complete Schedule F, Part II</i>		X
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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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**JEWISH FAMILY & CHILDREN'S SERVICE
OF GREATER MERCER COUNTY, INC.**

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	7	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	67	
b	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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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)?		X
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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
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?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	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 provided to the payor?		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 Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
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?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	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 holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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**JEWISH FAMILY & CHILDREN'S SERVICE
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	29	
1b Enter the number of voting members that are independent	29	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "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?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b 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?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **► NJ, PA**

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **►**
LINDA MEISEL - 609-987-8100
707 ALEXANDER ROAD, PRINCETON, NJ 08540

Form 990 (2009)

**JEWISH FAMILY & CHILDREN'S SERVICE
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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

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

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

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

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ADELE AGIN TRUSTEE	1.00	X						0.	0.	0.
CATHY BAILEY TRUSTEE	1.00	X						0.	0.	0.
MORTON COHEN TRUSTEE	1.00	X						0.	0.	0.
EVE COULSON TRUSTEE	1.00	X						0.	0.	0.
MARK GOLDFUS TRUSTEE	1.00	X						0.	0.	0.
HAROLD HEFT TRUSTEE	1.00	X						0.	0.	0.
MARVIN B. JACOBSON TRUSTEE	1.00	X						0.	0.	0.
CARY KVITKA TRUSTEE	1.00	X						0.	0.	0.
MICHAEL LEOPOLD TRUSTEE	1.00	X						0.	0.	0.
CAROL LERNER TRUSTEE	1.00	X						0.	0.	0.
STEPHANIE LOESBERG TRUSTEE	1.00	X						0.	0.	0.
ELAINE RUBIN MOORIN TRUSTEE	1.00	X						0.	0.	0.
NAOMI RICHMAN NEUMANN TRUSTEE	1.00	X						0.	0.	0.
PHLAXY ROSENMAN TRUSTEE	1.00	X						0.	0.	0.
DAVE SALTZMAN TRUSTEE	1.00	X						0.	0.	0.
HARVEY SAMACHSON TRUSTEE	1.00	X						0.	0.	0.
RANDY SCHAFFER TRUSTEE	1.00	X						0.	0.	0.

**JEWISH FAMILY & CHILDREN'S SERVICE
OF GREATER MERCER COUNTY, INC.**

Form 990 (2009)

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RONALD N. SCHNUR TRUSTEE	1.00	X						0.	0.	0.
LISA SMUKLER TRUSTEE	1.00	X						0.	0.	0.
ELAINE SUSSMAN TRUSTEE	1.00	X						0.	0.	0.
TODD WACHTEL TRUSTEE	1.00	X						0.	0.	0.
LINDA F. MEISEL EXECUTIVE DIRECTOR	50.00			X				100,172.	0.	10,215.
NORMA S. SAKS PRESIDENT	5.00			X				0.	0.	0.
JOYCE KALSTEIN FIRST VICE PRESIDENT	5.00			X				0.	0.	0.
LOIS MILLER VICE PRESIDENT	5.00			X				0.	0.	0.
DANIEL WAGNER VICE PRESIDENT	5.00			X				0.	0.	0.
AUDREY D. WISOTSKY VICE PRESIDENT	5.00			X				0.	0.	0.
1b Total								100,172.	0.	10,215.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

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

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form **990** (2009)

**JEWISH FAMILY & CHILDREN'S SERVICE
OF GREATER MERCER COUNTY, INC.**

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Part VII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 404,205.					
	b Membership dues	1b 18,467.					
	c Fundraising events	1c 55,079.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 265,986.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 614,822.					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		1358559.				
	Program Service Revenue	2 a <u>PROGRAM FEES</u>	<u>Business Code</u> 900099	124,110.	124,110.		
b <u>COUNSELING/SERVICE FEE</u>		624100	118,715.	118,715.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			242,825.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		46,600.			46,600.
		4 Income from investment of tax-exempt bond proceeds					
	5 Royalties						
	6 a Gross Rents	(i) Real (ii) Personal					
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 55,079. of contributions reported on line 1c). See Part IV, line 18	a 101428.					
	b Less: direct expenses	b 55,828.					
	c Net income or (loss) from fundraising events		45,600.			45,600.	
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue See instructions.		1693584.	242,825.	0.	92,200.		

**JEWISH FAMILY & CHILDREN'S SERVICE
OF GREATER MERCER COUNTY, INC.**

Form 990 (2009)

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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	121,920.	121,920.		
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	100,172.	80,137.	10,949.	9,086.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	823,256.	733,835.	56,744.	32,677.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	62,286.	54,352.	6,217.	1,717.
10 Payroll taxes	82,452.	72,528.	6,058.	3,866.
11 Fees for services (non-employees):				
a Management				
b Legal	2,250.	2,250.		
c Accounting	15,000.		15,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	27,300.	27,300.		
12 Advertising and promotion	9,802.	9,431.	11.	360.
13 Office expenses	37,193.	36,358.	835.	
14 Information technology	27,110.	25,891.	1,219.	
15 Royalties				
16 Occupancy	38,499.	36,747.	1,752.	
17 Travel	6,826.	6,503.	222.	101.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,276.	15,672.	267.	337.
20 Interest	5,710.		5,710.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,943.	2,463.	16,480.	
23 Insurance	20,150.		20,150.	
24 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.)				
a SPECIAL PROGRAM ACTIVITIES	106,431.	106,431.		
b TELEPHONE	12,224.	11,171.	836.	217.
c REPAIRS AND MAINTENANCE	11,038.	10,769.	269.	
d OUTSIDE PRINTING	10,526.	8,946.	511.	1,069.
e DUES	9,849.	9,413.	171.	265.
f All other expenses	11,008.	5,586.	5,420.	2.
25 Total functional expenses. Add lines 1 through 24f	1,576,221.	1,377,703.	148,821.	49,697.
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				

**JEWISH FAMILY & CHILDREN'S SERVICE
OF GREATER MERCER COUNTY, INC.**

Form 990 (2009)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	251,809.	1	42,937.
	2 Savings and temporary cash investments	157,000.	2	517,535.
	3 Pledges and grants receivable, net	58,328.	3	23,281.
	4 Accounts receivable, net		4	82,478.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	52,160.	7	45,260.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	17,898.	9	13,602.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	461,562.		
	b Less: accumulated depreciation	240,847.		
		237,325.	10c	220,715.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	1,308,037.	15	1,319,410.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,082,557.	16	2,265,218.	
Liabilities	17 Accounts payable and accrued expenses	86,482.	17	57,734.
	18 Grants payable		18	
	19 Deferred revenue		19	31,762.
	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 Secured mortgages and notes payable to unrelated third parties	115,000.	23	115,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	53,863.	25	43,835.
	26 Total liabilities. Add lines 17 through 25	255,345.	26	248,331.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	100,922.	27	181,909.
	28 Temporarily restricted net assets	1,708,554.	28	1,817,242.
	29 Permanently restricted net assets	17,736.	29	17,736.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,827,212.	33	2,016,887.
34 Total liabilities and net assets/fund balances	2,082,557.	34	2,265,218.	

Form 990 (2009)

**JEWISH FAMILY & CHILDREN'S SERVICE
OF GREATER MERCER COUNTY, INC.**

Form 990 (2009)

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Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ 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?

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

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

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2009)

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 **JEWISH FAMILY & CHILDREN'S SERVICE
OF GREATER MERCER COUNTY, INC.**

Employer identification number
21-0634563

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?
- h ☐ Provide the following information about the supported organization(s).

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

(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									

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

Schedule A (Form 990 or 990-EZ) 2009

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.")						
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						
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)						
6 Public support. Subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
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 ☐		

Schedule A (Form 990 or 990-EZ) 2009

JEWISH FAMILY & CHILDREN'S SERVICE

Schedule A (Form 990 or 990-EZ) 2009 **OF GREATER MERCER COUNTY, INC.**

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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.")	870,649.	1,078,227.	2,411,603.	1,619,469.	1,358,559.	7,338,507.
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	268,429.	383,818.	364,062.	259,789.	242,825.	1,518,923.
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	1,139,078.	1,462,045.	2,775,665.	1,879,258.	1,601,384.	8,857,430.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						8,857,430.

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	1,139,078.	1,462,045.	2,775,665.	1,879,258.	1,601,384.	8,857,430.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,066.	15,191.	19,050.	45,924.	46,600.	134,831.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	8,066.	15,191.	19,050.	45,924.	46,600.	134,831.
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)	1,000.	900.			45,600.	47,500.
13 Total support (Add lines 9, 10c, 11, and 12)	1,148,144.	1,478,136.	2,794,715.	1,925,182.	1,693,584.	9,039,761.
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	97.98 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.87 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.49 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.10 %

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 ▶ ☐

Schedule A (Form 990 or 990-EZ) 2009

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **JEWISH FAMILY & CHILDREN'S SERVICE
OF GREATER MERCER COUNTY, INC.**

Employer identification number
21-0634563

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|---|--|
| ☐ Preservation of land for public use (e.g., recreation or pleasure) | ☐ Preservation of an historically important land area |
| ☐ Protection of natural habitat | ☐ Preservation of a certified historic structure |
| ☐ Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____
- 4 Number of states where property subject to conservation easement is located ► _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- | | |
|--|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ► \$ _____ |
| (ii) Assets included in Form 990, Part X | ► \$ _____ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- | | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ► \$ _____ |
| b Assets included in Form 990, Part X | ► \$ _____ |

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	14,760.				
b Contributions					
c Net investment earnings, gains, and losses	1,103.				
d Grants or scholarships					
e Other expenditures for facilities and programs	593.				
f Administrative expenses	155.				
g End of year balance	15,115.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► 100.00 %
 c Term endowment ► _____ %

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		301,777.	116,746.	185,031.
c Leasehold improvements				
d Equipment		117,170.	99,949.	17,221.
e Other		42,615.	24,152.	18,463.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				220,715.

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,693,584.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,576,221.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	117,363.
4	Net unrealized gains (losses) on investments	4	72,312.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	72,312.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	189,675.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,821,724.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	72,312.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	72,312.
3	Subtract line 2e from line 1	3	1,749,412.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	<55,828.>
c	Add lines 4a and 4b	4c	<55,828.>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,693,584.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,632,049.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	55,828.
e	Add lines 2a through 2d	2e	55,828.
3	Subtract line 2e from line 1	3	1,576,221.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,576,221.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

PART V, LINE 4: SCHOLARSHIPS

PART XII LINE 4B - OTHER ADJUSTMENTS:

DIRECT EXPENSES - SPECIAL EVENTS: \$-55,828

PART XIII LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES - SPECIAL EVENTS: \$55,828

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

OMB No. 1545-0047

2009

Open To Public Inspection

Employer identification number	21-0634563
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Part I

Fundraising Activities.

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

- 2 a** 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

[illegible]

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

JEWISH FAMILY & CHILDREN'S SERVICE

Schedule G (Form 990 or 990-EZ) 2009

OF GREATER MERCER COUNTY, INC.

21-0634563 Page 2

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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SPRING EVENT (event type)	FALL EVENT (event type)	NONE (total number)	
Revenue	1	Gross receipts	144,762.	11,745.	156,507.
	2	Less: Charitable contributions	53,313.	1,766.	55,079.
	3	Gross income (line 1 minus line 2)	91,449.	9,979.	101,428.
Direct Expenses	4	Cash prizes	0.	0.	
	5	Noncash prizes	1,891.	0.	1,891.
	6	Rent/facility costs	13,261.	6,605.	19,866.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	31,840.	2,231.	34,071.
	10	Direct expense summary Add lines 4 through 9 in column (d)			(55,828)
	11	Net income summary Combine line 3, column (d), and line 10			45,600.

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			
	2	Cash prizes			
Direct Expenses	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?		
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?		
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?		

**JEWISH FAMILY & CHILDREN'S SERVICE
OF GREATER MERCER COUNTY, INC.**

Schedule G (Form 990 or 990-EZ) 2009

21-0634563 Page 3

13 Indicate the percentage of gaming activity operated in

- a** The organization's facility
- b** An outside facility

13a	%
13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

- 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?
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

17a

Schedule G (Form 990 or 990-EZ) 2009

**JEWISH FAMILY & CHILDREN'S SERVICE
OF GREATER MERCER COUNTY, INC.**

21-0634563

Page 2

Schedule I (Form 990) 2009

Part III 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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HOUSING-RENT OR MORTGAGE ASSISTANCE PAID DIRECTLY TO THE LANDLORD OR MORTGAGE COMPANY.	16	0.	11,663.	FAIR MARKET VALUE	RENT OR MORTGAGE ASSISTANCE PAID DIRECTLY TO THE LANDLORD OR MORTGAGE COMPANY.
CHILDCARE - CHILDCARE COSTS PAID DIRECTLY TO THE CHILDCARE PROVIDER OR REMBURSED TO THE CLIENT.	1	0.	910.	FAIR MARKET VALUE	CHILDCARE COSTS PAID DIRECTLY TO THE CHILDCARE PROVIDER.
MEDICAL - MEDICATION, DOCTORS VISITS, ETC.	9	0.	2,874.	FAIR MARKET VALUE	MEDICATION, DOCTORS VISITS
TRANSPORTATION - GAS PURCHASES, CAR PAYMENT ASSISTANCE, CAR REPAIR ASSISTANCE.	7	0.	359.	FAIR MARKET VALUE	GAS PURCHASES, CAR PAYMENTS, CAR REPAIRS
UTILITIES - GAS & ELECTRIC ASSISTANCE AND PHONE CARDS.	19	0.	12,486.	FAIR MARKET VALUE	GAS & ELECTRIC BILL ASSISTANCE

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION'S MAIN METHOD OF MONITORING

THE USE OF THESE FUNDS IS DISTRIBUTING NON CASH ASSISTANCE. VERY FEW FUNDS ARE DISTRIBUTED USING CASH. WHEN CASH IS USED, MOSTLY FOR HOLIDAY ASSISTANCE, THE CLIENT MUST HAVE QUALIFIED FOR FOOD PANTRY ASSISTANCE. THE CLIENT'S CASE MANAGER REVIEWS THEIR CLIENTS NEEDS AND THEN THE EXECUTIVE DIRECTOR REVIEWS AND APPROVES THE FINAL LIST OF HOLIDAY ASSISTANCE CHECKS. THE CLIENT MUST SHOW A FINANCIAL NEED, THEY MUST COMPLETE A BUDGET EVALUATION FORM DOCUMENTING THEIR INCOME AND EXPENSES.

**JEWISH FAMILY & CHILDREN'S SERVICE
OF GREATER MERCER COUNTY, INC.**

Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III)					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD	348.	8,630.	51,595.	FAIR MARKET VALUE	MEALS ON WHEELS, GROCERY GIFT CARDS, FOOD FROM FOOD PANTRY
HOME HEALTH CARE	3.	0.	2,337.	FAIR MARKET VALUE	HOME HEALTH CARE
CAMP SCHOLARSHIPS	28.	0.	19,365.	FAIR MARKET VALUE	CAMP SCHOLARSHIPS
COLLEGE SCHOLARSHIPS	2.	0.	3,500.	FAIR MARKET VALUE	COLLEGE SCHOLARSHIPS
OTHER - INCLUDES MOVING ASSISTANCE, INSURANCE ASSISTANCE ETC.	16.	0.	8,201.	FAIR MARKET VALUE	MOVING AND INSURANCE ASSISTANCE

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

**JEWISH FAMILY & CHILDREN'S SERVICE
OF GREATER MERCER COUNTY, INC.**

Employer Identification number
21-0634563

(A)

and title

(B)
Average
hours
per
week

(C)
Position
(check all that apply)

individual trustee or director
institutional trustee
Officer
Key employee
highest compensated employee
former

(D)
Reportable
compensation
from
the
organization
(W-2/1099-MISC)

(E)
Reportable
compensation
from related
organizations
(W-2/1099-MISC)

(F)
Estimated
amount of
other
compensation
from the
organization
and related
organizations

NEDDA POLLACK
TREASURER

5.00

X

0.

0.

0.

ROBERT RUBINSTEIN
SECRETARY

5.00

X

0.

0.

0.

JERI SCHAEFER

1.00

X

0.

0.

0.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ 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 & CHILDREN'S SERVICE
OF GREATER MERCER COUNTY, INC.**

Employer identification number
21-0634563

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
CURRENT BOARD MEM		X	3,000.	2,900.		X	X		X	
Total				▶ \$ 2,900.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ROBERT FAMILANT	BROTHER OF JFCS EXE	0.	ROBERT WORK		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	JEWISH FAMILY & CHILDREN'S SERVICE OF GREATER MERCER COUNTY, INC.	Employer identification number 21-0634563
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THAT STRENGTHENS INDIVIDUALS AND FAMILIES BY EMPOWERING PEOPLE TO CARE
FOR THEMSELVES AND OTHERS. THIS IS ACCOMPLISHED THROUGH A WIDE RANGE OF
HIGH QUALITY SOCIAL SERVICES AND PROGRAMS INCLUDING THERAPY,
INFORMATION AND REFERRAL, SUPPORT, EDUCATION AND ADVOCACY. BY COMBINING
CONTEMPORARY CLINICAL SKILLS WITH VALUES OF CHARITY, RIGHTEOUSNESS AND
COMPASSION, JFCS SEEKS TO ASSIST FAMILIES WITH MANY OF LIVES TOUGHEST
CHALLENGES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND PROGRAMS INCLUDING THERAPY, INFORMATION AND REFERRAL, SUPPORT,
EDUCATION AND ADVOCACY. BY COMBINING CONTEMPORARY CLINICAL SKILLS WITH
VALUES OF CHARITY, RIGHTEOUSNESS AND COMPASSION, JFCS SEEKS TO ASSIST
FAMILIES WITH MANY OF LIVES TOUGHEST CHALLENGES.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE ORGANIZATION CEASED CONDUCTING THE CAROUSEL PROGRAM WHICH PROVIDED
A SOCIALIZATION OPPORTUNITY FOR INDIVIDUALS WITH DEVELOPMENTAL
DISABILITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROJECT SARAH - STANDS FOR STOP ABUSIVE RELATIONSHIPS AT HOME,
COMMUNITY OUTREACH PROJECT ON DOMESTIC VIOLENCE IN THE JEWISH
COMMUNITY. PROVIDES EDUCATIONAL AND COMMUNITY AWARENESS.

EXPENSES: \$19,237 INCLUDING GRANTS OF: \$0 REVENUE: \$3,250

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization

**JEWISH FAMILY & CHILDREN'S SERVICE
OF GREATER MERCER COUNTY, INC.**

Employer identification number
21-0634563

**PROJECT HIGHGATE - FUNDED BY PRIVATE DONATIONS TO PROVIDE SOCIAL
INTERACTION.**

EXPENSES: \$18,289 INCLUDING GRANTS OF: REVENUE: \$13,229

**OTHER PROGRAMS (GESHER LE KESHER, MIMI CAMP SCHOLARSHIP, GAIL LOOMER
CARE, KOSHER PANTRY, CENTERPIECES FOR TZEDAKAH, ABRAMS HEBREW ACADEMY,
HEBREW FREE LOAN, PROJECT CHAI, WOLIN AND KUSHNER SCHOLARSHIPS ETC.)**

EXPENSES: \$92,084 INCLUDING GRANTS OF: \$3,880 REVENUE: \$87,209

**FINANCIAL ASSISTANCE - FUNDS ARE USED FOR TEMPORARY EMERGENCY
ASSISTANCE FOR FAMILIES. EXAMPLES: RENTAL/UTILITY ASSISTANCE, FOOD
VOUCHERS, ETC.**

EXPENSES: \$118,040 INCLUDING GRANTS OF: \$118,040 REVENUE: \$535

**PROJECT RE-EMPLOYMENT - FUNDED BY THE UNITED WAY TO RE-TRAIN AND ASSIST
THOSE IN THE COMMUNITY WHO HAVE BEEN UNEMPLOYED FOR A LENGTHY PERIOD OF
TIME.**

EXPENSES: \$4,249 INCLUDING GRANTS OF: \$0 REVENUE: \$975

**PROYECTO SALUD MENTAL - OUTPATIENT MENTAL HEALTH COUNSEL IN LATINO
COMMUNITY.**

EXPENSES: \$99,910 INCLUDING GRANTS OF: \$0 REVENUE: \$0

**KOSHER CAFE - FUNDED BY MERCER COUNTY TO PROVIDE KOSHER MEALS AND
SOCIAL INTERACTION TO JEWISH ELDERLY VIA GROUP DISCUSSION, PROJECTS,
AND ACTIVITIES. 4,513 MEALS WERE SERVED AT THE KOSHER CAFE.**

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

**JEWISH FAMILY & CHILDREN'S SERVICE
OF GREATER MERCER COUNTY, INC.**

Employer identification number

21-0634563

EXPENSES: \$35,863 INCLUDING GRANTS OF: \$0 REVENUE: \$8,675

**JEWISH COMMUNITY YOUTH FOUNDATION - THE PURPOSE OF THE PROGRAM IS TO
DEVELOP IN TEENAGERS A PHILANTHROPIC SPIRIT ROOTED IN JEWISH VALUES.**

EXPENSES: \$117,227 INCLUDING GRANTS OF: \$0 REVENUE: \$6,190

**SECURE AT HOME - MEMBERSHIP-BASED SENIOR SERVICES PROGRAM TO HELP
SENIORS STAY IN THIER HOMES.**

EXPENSES: \$154,353 INCLUDING GRANTS OF: \$0 REVENUE: \$49,004

UNITED WAY INITIATIVE

EXPENSES: \$24,758 INCLUDING GRANTS OF: \$0 REVENUE: \$0

EXPENSES \$ 684010. INCLUDING GRANTS OF \$ 121920. REVENUE \$ 169067.

**FORM 990, PART VI, SECTION A, LINE 6: EVERY PERSON WHO CONTRIBUTES AT
LEAST SUCH SUM AS HAS BEEN DESIGNATED BY THE BOARD OF DIRECTORS AS THE
ANNUAL MEMBERSHIP DUES FOR ANY FISCAL YEAR SHALL BE A MEMBER OF THE AGENCY
FOR THE FISCAL YEAR OF SUCH CONTRIBUTION. FROM TIME TO TIME, THE BOARD OF
DIRECTORS MAY DESIGNATE DIFFERENT CATEGORIES OR MEMBERSHIP, DEPENDING ON
LEVEL OF CONTRIBUTION.**

**FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE AGENCY SHALL
MEET AT LEAST ONCE A YEAR OF AS SOON THEREAFTER AS IN THE DISCRETION OF THE
BOARD OF DIRECTORS MAY BE PRACTICABLE, AT SUCH TIME AND PLACE AS THE BOARD
OF DIRECTORS SHALL DETERMINE TO ELECT DIRECTORS AND OFFICERS, RECEIVE
REPORTS, AND TRANSACT ANY OTHER BUSINESS PRESENTED.**

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization

**JEWISH FAMILY & CHILDREN'S SERVICE
OF GREATER MERCER COUNTY, INC.**

Employer identification number
21-0634563

FORM 990, PART VI, SECTION B, LINE 11: A PAPER COPY OF THE FORM 990 IS
GIVEN TO THE BOARD OF DIRECTORS ANNUALLY. ANY QUESTIONS OR CHANGES ARE
ADDRESSED AT THAT TIME.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST IS ADDRESSED
ON PAGE 9, ARTICLE XIII, SECTION 1 OF THE ORGANIZATION'S BYLAWS. THE
BY-LAWS ARE REVIEWED AT EVERY NEW BOARD MEMBER ORIENTATION. IT IS EXPECTED
THAT ALL BOARD MEMBERS WILL DISCLOSE ANY CONFLICT THAT MAY ARISE THROUGHOUT
THEIR TERM OF OFFICE. THE AGENCY IS CURRENTLY WORKING TO IMPLEMENT A MORE
FORMAL PROCESS. ALL BOARD MEMBERS SIGN A CONFLICT OF INTEREST STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15A: THE ORGANIZATION USES THE ANNUAL
AJFCA STAFF COMPENSATION SURVEY AND THE JFS OF NEW JERSEY STAFF
COMPENSATION SURVEY TO DETERMINE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C
THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND
THE SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED SINCE LAST
YEAR.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

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**JEWISH FAMILY & CHILDREN'S SERVICE
OF GREATER MERCER COUNTY, INC.**

Employer identification number

21-0634563

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: CURRENT BOARD MEMBER

(A) PURPOSE OF LOAN: TERMS REQUIRE CONFIDENTIALITY

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ROBERT FAMILANT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BROTHER OF JFCS EXECUTIVE DIRECTOR

(D) DESCRIPTION OF TRANSACTION: ROBERT WORKS FOR PROGRESSIVE CREDIT

**UNION. JFCS PURCHASED CD'S WITH PROGRESSIVE CREDIT UNION. PROGRESSIVE
HAD THE BEST RATES AVAILABLE.**

Form **4562****Depreciation and Amortization 990**
(Including Information on Listed Property)

OMB No 1545-0172

2009Attachment
Sequence No **67**Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**JEWISH FAMILY & CHILDREN'S SERVICE
OF GREATER MERCER COUNTY, INC.****FORM 990 PAGE 10****21-0634563****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	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	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.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	18,802.

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	
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		592.	5 YRS.	MQ	SL	59.
c 7-year property		574.	7 YRS.	MQ	SL	82.
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 instr.	22	18,943.
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	

**JEWISH FAMILY & CHILDREN'S SERVICE
OF GREATER MERCER COUNTY, INC.**

Form 4562 (2009)

21-0634563 Page 2

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

26 Property used more than 50% in a qualified business use:

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%			S/L -		
		%			S/L -		
		%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If you answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2009 tax year:

43 Amortization of costs that began before your 2009 tax year

43

44 Total. Add amounts in column (f). See the instructions for where to report

44

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	JEWISH FAMILY & CHILDREN'S SERVICE OF GREATER MERCER COUNTY, INC.	21-0634563
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	707 ALEXANDER ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	PRINCETON, NJ 08540	

Check type of return to be filed (file a separate application for each return).

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

LINDA MEISEL

- The books are in the care of ▶
- 707 ALEXANDER ROAD - PRINCETON, NJ 08540**

Telephone No. ▶ **609-987-8100**

FAX No. ▶

- 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 ☐. If it is for part of the 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
- FEBRUARY 15, 2011**
- , to file the exempt organization return for the organization named above. The extension is for the organization's return for.

▶ ☐ calendar year _____ or▶ ☒ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.

- 2 If this tax year is for less than 12 months, check reason.
- ☐
- Initial return
- ☐
- Final return
- ☐
- Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application 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.	3b	\$
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.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)