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Form 990

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

2009

Open to Public
Inspection

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)

► 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

07/01, 2009, and ending

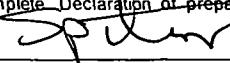
06/30, 2010

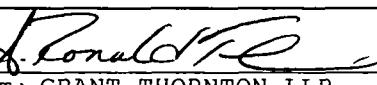
| | | | | | | |
|--|--|---------------|---|--|--------------------------|------------------------------|
| <input checked="" type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization JEV'S HUMAN SERVICES | | | D Employer identification number 23-1352118 | | |
| | Doing Business As | | | E Telephone number (215) 854-1800 | | |
| | Number and street (or P O box if mail is not delivered to street address) 1845 WALNUT STREET, 7TH FLOOR | | | Room/suite | | |
| | City or town, state or country, and ZIP + 4 PHILADELPHIA, PA 19103 | | | F Gross receipts \$ 89,217,918. | | |
| | | | | H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | | | | H(b) Are all affiliates included? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | | | If "No," attach a list (see instructions) | | | |
| | | | H(c) Group exemption number ► | | | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) ► (Insert no.) | | 4947(a)(1) or | | 527 | | |
| J Website: ► WWW.JEVSHUMANSERVICES.ORG | | | | | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation | | Trust | Association | Other ► | L Year of formation 1941 | M State of legal domicile PA |

Part I Summary

| | | |
|---|--|---|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities JEVS HUMAN SERVICES ENHANCES THE EMPLOYABILITY, INDEPENDENCE, AND QUALITY OF LIFE OF INDIVIDUALS THROUGH A BROAD RANGE OF PROGRAMS. JEVS CREATES SUSTAINABLE SOLUTIONS TO ADDRESS COMMUNITY NEEDS. | |
| | 2 Check this box ► <input type="checkbox"/> 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 25 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 25 |
| | 5 Total number of employees (Part V, line 2a) | 5 1,344 |
| | 6 Total number of volunteers (estimate if necessary) | 6 70 |
| | 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 |
| | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 33,217,842. Current Year 36,285,431. |
| | 9 Program service revenue (Part VIII, line 2g) | 48,862,842. 51,700,933. |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 84,732. 51,953. | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,122,896. 1,141,744. | |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 83,288,312. 89,180,061. | |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 37,333. 33,218. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 42,256,618. 45,885,503. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. 0. |
| | b Total fundraising expenses, Part IX, column (D), line 25 ► 883,069. | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 37,331,641. 41,641,566. |
| | 18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25) | 79,625,592. 87,560,287. |
| | 19 Revenue less expenses Subtract line 18 from line 12 | 3,662,720. 1,619,774. |
| | Net Assets or Fund Balances | 20 Total assets (Part X, line 16) |
| 21 Total liabilities (Part X, line 26) | | 26,347,633. 25,731,277. |
| 22 Net assets or fund balances. Subtract line 21 from line 20. | | 27,200,015. 28,336,535. |

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 5/10/2011 | 3-12-10 |
| ► Type or print name and title | | | |

| | | | | |
|--------------------------|---|---|---|---|
| Paid Preparer's Use Only | Preparer's signature  | Date 5/10/2011 | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions) 2005-11122 |
| | Firm's name (or yours if self-employed), address, and ZIP + 4  | GRANT THORNTON LLP 2001 MARKET STREET, SUITE 3100 PHILADELPHIA, PA 19103 | EIN 36-6055558 | Phone no 215-561-4200 |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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

Form 990 (2009)

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Part III Statement of Program Service Accomplishments1 Briefly describe the organization's mission

ATTACHMENT 2

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 \$ 32,704,471 including grants of \$ 0) (Revenue \$ 39,433,117.)

SUPPORTS FOR INDEPENDENCE PROVIDES IN-HOME SUPPORTS AND FISCAL PAYMENT AGENT SERVICES FOR ADULTS WITH LONG-TERM PHYSICAL DISABILITIES, DEVELOPMENTAL DISABILITIES AND THE FRAIL ELDERLY. THESE PROGRAMS ALLOW INDIVIDUALS TO REMAIN INDEPENDENT AND SAFE IN THEIR OWN HOMES, AVOIDING COSTLY AND OFTEN UNWANTED NURSING HOME PLACEMENTS. IN-HOME SUPPORTS COST ON AVERAGE ONE-THIRD TO ONE-HALF OF INSTITUTIONAL PLACEMENTS AND PROVIDE A LEVEL OF INDEPENDENCE NOT AVAILABLE IN SUCH SETTINGS. SCHOLARSHIPS AND GRANTS ALLOW US TO PROVIDE ASSISTIVE DEVICES AND HOME ADAPTATIONS TO IMPROVE SAFETY AND INDEPENDENCE IN EVERYDAY LIFE. THESE PROGRAMS SERVICE APPROXIMATELY 4,000 INDIVIDUALS EACH YEAR.

4b (Code:) (Expenses \$ 15,275,579 including grants of \$ 0) (Revenue \$ 949,824)

ATTACHMENT 3

4c (Code:) (Expenses \$ 12,118,277 including grants of \$ 0) (Revenue \$ 328,563)

EMPLOYMENT AND COUNSELING SERVICES INCLUDE ENGLISH LANGUAGE TRAINING, ASSESSMENT, EMPLOYMENT COUNSELING, JOB PLACEMENT, AND CASE MANAGEMENT SERVICES FOR THE UNEMPLOYED AND UNDEREMPLOYED. CLIENTS INCLUDE REFUGEES, INDIVIDUALS TRANSITIONING FROM WELFARE-TO-WORK, FORMER OFFENDERS, ADULTS WITH DISABILITIES, SENIORS, AND OTHERS WHO ARE ECONOMICALLY DISADVANTAGED, INCLUDING THOSE ADVERSELY IMPACTED BY THE DOWNTURN IN THE ECONOMY. FOR MANY SERVED BY THESE PROGRAMS, THESE ACTIVITIES ARE THE FIRST STEP TO SELF-SUFFICIENCY. THESE PROGRAMS SERVE APPROXIMATELY 7,300 INDIVIDUALS ANNUALLY.

4d Other program services. (Describe in Schedule O.) ATTACHMENT 4

(Expenses \$ 18,055,390 including grants of \$ 33,218) (Revenue \$ 12,131,173.)

4e Total program service expenses ► 78,153,717.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|------------|-----------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | 2 X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 X | |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 X | |
| 5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 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? If "Yes," complete Schedule D, Part II | 7 X | |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 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? If "Yes," complete Schedule D, Part IV | 9 X | |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 X | |
| 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 X | |
| • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | | |
| • Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | |
| • Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | |
| • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | |
| • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | |
| • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | |
| 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. | 12 X | |
| 12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | 12A X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | 13 X | |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a X | |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b 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? If "Yes," complete Schedule F, Part II. | 15 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? If "Yes," complete Schedule F, Part III | 16 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? If "Yes," complete Schedule G, Part I | 17 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? If "Yes," complete Schedule G, Part II | 18 X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 X | |
| 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 X | |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----|--|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. | 21 | 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? If "Yes," complete Schedule I, Parts I and III. | 22 | 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? If "Yes," complete Schedule J | 23 | 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25 | 24a | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | X |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | X |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | X |
| 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? If "Yes," complete Schedule L, Part I | 25a | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | 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? If "Yes," complete Schedule L, Part II | 26 | 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? If "Yes," complete Schedule L, Part III | 27 | 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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28a | X |
| 28b | | 28b | X |
| 28c | | 28c | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | 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? If "Yes," complete Schedule R, Part I | 33 | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | 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? If "Yes," complete Schedule R, Part VI | 37 | 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. | 38 | X |

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. | 1a | 272 |
| 1b | | 1b | 0 |
| 1c | | 1c | 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. | 2a | 1,344 |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | 2b | X |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. | 3b | |
| 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)? | 4a | X |
| 4b | 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 | 4b | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | X |
| 5b | If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | X |
| 5c | | 5c | |
| 6a | | 6a | X |
| 6b | | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 7 | |
| 7a | 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? | 7a | X |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | X |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | X |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year. | 7d | |
| 7e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | X |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | X |
| 7g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| 7h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | |
| 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. | 9 | |
| 9a | Did the organization make any taxable distributions under section 4966? | 9a | |
| 9b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter | 10 | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter | 11 | |
| 11a | Gross income from members or shareholders | 11a | |
| 11b | 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 | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |

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 | 1a | 25 |
| b | Enter the number of voting members that are independent | 1b | 25 |
| 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 |
| b | 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 | 9a | 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 ► 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 |
| | <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. ► JOSEPH POWELL JR. 1845 WALNUT STREET, 7TH FLOOR PHILADELPHIA, PA 19103 215-854-1897 |

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 |
|-----------------------|-------------------------------------|--|--------------------------|---------|-----------------|------------------------|---|---|--|
| | | Or director or trustee | Institutional trustee | Officer | Key employee | Highest compensated | | | |
| LINDA J. MCALLEER | | | | | | | | | |
| CHAIR PERSON | 6.00 | X | | X | | | 0 | 0 | 0 |
| SAMUEL M. FIRST, ESQ. | | | | | | | | | |
| VICE CHAIRPERSON | 2.00 | X | | X | | | 0 | 0 | 0 |
| MARCIA J. PLOTKIN | | | | | | | | | |
| VICE CHAIRPERSON | 2.00 | X | | X | | | 0 | 0 | 0 |
| ANDREW S. PRICE, ESQ. | | | | | | | | | |
| VICE CHAIRPERSON | 2.00 | X | | X | | | 0 | 0 | 0 |
| PETER C. ROTHBERG | | | | | | | | | |
| VICE CHAIRPERSON | 6.00 | X | | X | | | 0 | 0 | 0 |
| ELLEN KRAFTSOW-KOGAN | | | | | | | | | |
| SECRETARY | 2.00 | X | | X | | | 0 | 0 | 0 |
| LEE CASPER | | | | | | | | | |
| ASSISTANT SECRETARY | 2.00 | X | | X | | | 0 | 0 | 0 |
| BJ HOFFMAN | | | | | | | | | |
| TREASURER | 2.00 | X | | X | | | 0 | 0 | 0 |
| RODGER LEVENSON | | | | | | | | | |
| ASSISTANT TREASURER | 2.00 | X | | X | | | 0 | 0 | 0 |
| JACK BIENENFELD | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 |
| STEPHEN CHANENSON | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 |
| RACHEL COHEN | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 |
| MARK DEITCHER | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 |
| BUZ EIZEN | | | | | | | | | |
| DIRECTOR | 2.00 | X | | | | | 0 | 0 | 0 |
| HEATHER FINE | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 |
| GREG GOLDMAN | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 |

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

| (A) Name and title | (B) Average hours per week | (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 |
|--|-------------------------------------|--|--------------------------|---------|-----------------|------------------------|---|---|--|
| | | Or individual trustee | Institutional trustee | Officer | Key Employee | Highest compensated | | | |
| ERNEST M. KAHN, PH.D., CHAIR BDC DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| NED J. KAPLIN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| ALLAN KRAMER DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| JEFFREY P. ORLEANS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| EDWARD RYAN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| IRA SALIGMAN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| MICHAEL SCHMELTZER DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| RICHARD WHITE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| BENJAMIN E. ZUCKERMAN, ESQ. DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| JAY SPECTOR PRESIDENT & CEO | 40.00 | | X | | | | 406,588. | 0. | 18,114. |
| JOSEPH POWELL JR CFO | 40.00 | | X | | | | 207,350. | 0. | 18,340. |
| MARIAN BALDINI COO-HOME, HEALTH, & WORK | 40.00 | | X | | | | 168,552. | 0. | 25,632. |
| GAIL ZUKERMAN COO-EMPLOYMENT & TRAINING | 40.00 | | X | | | | 188,088. | 0. | 9,623. |
| 1b Total . CONTINUED AT SCHEDULE J-2 | | | | | | ► | 1,701,983. | 0. | 144,472. |

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 ► 16

| | Yes | No |
|---|-----|----|
| 3 | | X |
| 4 | X | |
| 5 | | 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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 5 | | |
| | | |
| | | |
| | | |

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 ► 7

Part VIII Statement of Revenue

23-1352118

| | | | (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 | 1a Federated campaigns | 1a 1,131,722 | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c 164,890 | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e 34,222,311 | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 766,508 | | | | | |
| | g Noncash contributions included in lines 1a-1f | | | | | | |
| | h Total. Add lines 1a-1f ► | | 36,285,431 | | | | |
| Program Service Revenue | | Business Code | | | | | |
| | 2a GOVERNMENT FEES | 624100 | 42,337,936 | 42,337,936 | | | |
| | b EDUCATION AND TRAINING | 624310 | 7,541,377 | 7,541,377 | | | |
| | c RESIDENTIAL SERVICES | 624310 | 1,033,757 | 1,033,757 | | | |
| | d SUPPORTS FOR INDEPENDENCE | 624310 | 648,519 | 648,519 | | | |
| | e ALL OTHER PROGRAM SERVICE REVENUE | 624100 | 139,344 | 139,344 | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f ► | | 51,700,933 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 51,953 | 0 | 0 | 51,953 | |
| | 4 Income from investment of tax-exempt bond proceeds | | 0 | | | | |
| | 5 Royalties | | 0 | | | | |
| | 6a Gross Rents | (i) Real | (ii) Personal | | | | |
| | b Less rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) | | | 0 | | | |
| | 7a 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) | | | 0 | | | | |
| 8a Gross income from fundraising events (not including \$ 164,890 of contributions reported on line 1c) See Part IV, line 18 | a 17,393 | | | | | | |
| b Less direct expenses | b 17,393 | | | | | | |
| c Net income or (loss) from fundraising events ► | | 0 | | | | 0 | |
| 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | | |
| b Less direct expenses | b | | | | | | |
| c Net income or (loss) from gaming activities ► | | 0 | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a 1,162,208 | | | | | | |
| b Less. cost of goods sold | b 20,464 | | | | | | |
| c Net income or (loss) from sales of inventory. ► | | 1,141,744 | 1,141,744 | | | | |
| Miscellaneous Revenue | Business Code | | | | | | |
| 11a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d ► | | 0 | | | | | |
| 12 Total Revenue. See instructions ► | | 89,180,061 | 52,842,677 | 0 | 51,953 | | |

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).

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (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 US See Part IV, line 21 | 0. | | | |
| 2 Grants and other assistance to individuals in the US See Part IV, line 22 | 33,218. | 33,218. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16 | 0. | | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,113,317. | 0. | 1,113,317. | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 Other salaries and wages | 35,159,408. | 31,236,127. | 3,729,665. | 193,616. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 869,796. | 791,510. | 73,380. | 4,906. |
| 9 Other employee benefits | 6,079,758. | 5,441,118. | 604,913. | 33,727. |
| 10 Payroll taxes | 2,663,224. | 2,308,710. | 340,204. | 14,310. |
| 11 Fees for services (non-employees) | | | | |
| a Management | 0. | | | |
| b Legal | 383,883. | 270,223. | 113,660. | |
| c Accounting | 98,000. | 93,500. | 4,500. | |
| d Lobbying | 72,000. | | 72,000. | |
| e Professional fundraising services See Part IV, line 17 | 0. | | | |
| f Investment management fees | 0. | | | |
| g Other | 4,281,549. | 3,590,962. | 645,970. | 44,617. |
| 12 Advertising and promotion | 0. | | | |
| 13 Office expenses | 0. | | | |
| 14 Information technology | 847,170. | 700,460. | 146,710. | |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 3,801,485. | 3,332,082. | 469,403. | |
| 17 Travel | 838,064. | 779,507. | 57,518. | 1,039. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 651,528. | 422,478. | 225,665. | 3,385. |
| 20 Interest | 624,666. | 624,016. | 650. | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 1,407,170. | 1,122,148. | 285,022. | |
| 23 Insurance | 748,130. | 699,795. | 48,335. | |
| 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 ATTENDANT CARE PAYMENTS | 20,886,793. | 20,886,793. | | |
| b SUPPLIES AND GRANT EQUI | 2,729,974. | 2,606,814. | 122,758. | 402. |
| c REPAIRS AND MAINTENANCE | 1,040,162. | 922,720. | 117,442. | |
| d TELEPHONE AND POSTAGE | 860,654. | 767,085. | 93,541. | 28. |
| e PRINTING, ARTWORK, & ADVERTI | 872,167. | 741,658. | 124,758. | 5,751. |
| f All other expenses | 1,498,171. | 782,793. | 134,090. | 581,288. |
| 25 Total functional expenses. Add lines 1 through 24f | 87,560,287. | 78,153,717. | 8,523,501. | 883,069. |
| 26 Joint Costs. Check here ► <input type="checkbox"/> 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 | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|--|---|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 32,270 | 1 | 97,669. |
| | 2 Savings and temporary cash investments | 8,670,193 | 2 | 7,098,085. |
| | 3 Pledges and grants receivable, net | 1,666,400. | 3 | 735,634. |
| | 4 Accounts receivable, net | 14,859,568. | 4 | 19,208,345. |
| | 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 | 7,158. | 7 | 900. |
| | 8 Inventories for sale or use | 1,604,586. | 8 | 2,064,922. |
| | 9 Prepaid expenses and deferred charges | | | |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 35,554,279. | | |
| | b Less accumulated depreciation | 10b 12,204,690. | 24,487,521. | 10c 23,349,589. |
| | 11 Investments - publicly traded securities | 69,601. | 11 | 649,405. |
| | 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 | 2,150,351. | 15 | 863,263. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 53,547,648. | 16 | 54,067,812. | |
| Liabilities | 17 Accounts payable and accrued expenses | 11,474,335. | 17 | 14,900,632. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 1,916,806. | 19 | 1,475,921. |
| | 20 Tax-exempt bond liabilities | 12,530,276. | 20 | 9,001,699. |
| | 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 | 426,216. | 23 | 330,933. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities Complete Part X of Schedule D | 0. | 25 | 22,092. |
| | 26 Total liabilities. Add lines 17 through 25 | 26,347,633. | 26 | 25,731,277. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 26,872,182. | 27 | 28,047,570. |
| | 28 Temporarily restricted net assets | 233,839. | 28 | 194,971. |
| | 29 Permanently restricted net assets | 93,994. | 29 | 93,994. |
| | Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> 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 | 27,200,015. | 33 | 28,336,535. |
| | 34 Total liabilities and net assets/fund balances | 53,547,648. | 34 | 54,067,812. |

Form 990 (2009)

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 | X | |

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

JEVS HUMAN SERVICES

Employer identification number

23-1352118

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 | <input type="checkbox"/> A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). |
| 2 | <input type="checkbox"/> A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) |
| 3 | <input type="checkbox"/> A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). |
| 4 | <input type="checkbox"/> 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 | <input type="checkbox"/> 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 | <input type="checkbox"/> A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). |
| 7 | <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) |
| 9 | <input type="checkbox"/> An organization that normally receives: (1) more than 3 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 3 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 | <input type="checkbox"/> An organization organized and operated exclusively to test for public safety. See section 509(a)(4). |
| 11 | <input type="checkbox"/> 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. |
| e | <input type="checkbox"/> a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Other |
| e | <input type="checkbox"/> 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 <input type="checkbox"/> |
| 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? <input type="checkbox"/> |
| (ii) | A family member of a person described in (i) above? <input type="checkbox"/> |
| (iii) | A 35% controlled entity of a person described in (i) or (ii) above? <input type="checkbox"/> |
| h | Provide the following information about the supported organization(s) |

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") | 43,832,527 | 34,732,909 | 33,697,089 | 33,217,842 | 36,285,431 | 181,765,798 |
| 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. | 43,832,527 | 34,732,909 | 33,697,089 | 33,217,842 | 36,285,431 | 181,765,798 |
| 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. | | | | | | 181,765,798 |

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 | 43,832,527 | 34,732,909 | 33,697,089 | 33,217,842 | 36,285,431 | 181,765,798 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 102,852 | 59,870 | 212,245 | 84,732 | 51,953 | 511,652 |
| 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 | | | | | | 182,277,450 |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | 208,912,731 |
| 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 ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---------|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.72 % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 99.73 % |
| 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 ► <input checked="" type="checkbox"/> | | |
| 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 ► <input type="checkbox"/> | | |
| 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 ► <input type="checkbox"/> | | |
| 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 ► <input type="checkbox"/> | | |
| 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 ► <input type="checkbox"/> | | |

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

Section A. Public Support

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

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

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

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

Political Campaign and Lobbying Activities

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- Complete if the organization is described below.
- Attach to Form 990 or Form 990-EZ. ► See separate instructions

2009

Open to Public
Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

| | |
|----------------------|--------------------------------|
| Name of organization | Employer identification number |
| JEVS HUMAN SERVICES | 23-1352118 |

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ► \$

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$

3 Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► \$

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|----------|-------------|---------|--|---|
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Schedule C (Form 990 or 990-EZ) 2009

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
 (The term "expenditures" means amounts paid or incurred.)

| | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|---|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">If the amount on line 1e, column (a) or (b) is:</td> <td style="width: 60%;">The lobbying nontaxable amount is:</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a If zero or less, enter -0 | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0 | | | | | | | | | | | | | | |
| j | If these is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
| 2a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | (a) | | (b) |
|--|-----|----|--------|
| | Yes | No | |
| | | | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | X | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 72,000 |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? If "Yes," describe in Part IV | | X | |
| j Total Add lines 1c through 1i | | | 72,000 |
| 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | X | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

| | | |
|--|----|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 4 | |
| | 5 | |

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1i.

Also, complete this part for any additional information

SEE PAGE 4

Part IV Supplemental Information (continued)**EXPLANATION OF OTHER LOBBYING ACTIVITIES****SCHEDULE C, PART II-B, LINE 1G**

JEVS IS COMMITTED TO MITIGATING QUALITY OF LIFE BARRIERS FOR THOSE IT

SERVES. IN DOING SO, THE AGENCY ENGAGES THE SERVICES OF A PAID LOBBYIST

TO ASSIST IN THE DEVELOPMENT OF STRATEGIES TO REDUCE THOSE BARRIERS. PAID

LOBBYISTS IDENTIFY OPPORTUNITIES FOR ELECTED AND APPOINTED OFFICIALS TO

LEARN MORE ABOUT JEVS' PROGRAMS AND SERVICES. IN ADDITION, THE LOBBYIST

IDENTIFIES FUNDING SOURCES THAT MAY SUPPORT THE JEVS MISSION AND SERVICES

AND WORKS TO IDENTIFY POTENTIAL COLLABORATIONS WITHIN THE COMMUNITIES WE

SERVE.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

2009**Open to Public
Inspection**► 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.

Name of the organization
JEVS HUMAN SERVICESEmployer identification number
23-1352118**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? | <input type="checkbox"/> | Yes <input type="checkbox"/> 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? | <input type="checkbox"/> | Yes <input type="checkbox"/> 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) | <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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. | |
| a Total number of conservation easements | Held at the End of the Year |
| b Total acreage restricted by conservation easements | 2a _____ |
| c Number of conservation easements on a certified historic structure included in (a) | 2b _____ |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2c _____ |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____ | 2d _____ |
| 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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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 170(h)(4)(B)(ii)? | <input type="checkbox"/> Yes <input type="checkbox"/> 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 ► \$ _____ |

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

Schedule D (Form 990) 2009

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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 <input type="checkbox"/> | Public exhibition | d <input type="checkbox"/> | Loan or exchange programs |
| b <input type="checkbox"/> | Scholarly research | e <input type="checkbox"/> | Other _____ |
| c <input type="checkbox"/> | Preservation for future generations | | |

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 the 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

| | Amount |
|----|----------|
| 1c | 200,908. |
| 1d | 332,006. |
| 1e | 294,251. |
| 1f | 238,663. |

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 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 | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

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

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

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

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

| Yes | No |
|--------|----|
| 3a(i) | |
| 3a(ii) | |
| 3b | |

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 | 0 | 681,837 | | 681,837. |
| b Buildings | 0 | 27,796,004 | 6,902,386 | 20,893,618. |
| c Leasehold improvements | 0 | 335,770 | 207,257 | 128,513. |
| d Equipment | 0 | 6,740,668 | 5,095,047 | 1,645,621. |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► | | | | 23,349,589. |

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets. See Form 990, Part X, line 15.

Total. (Column (b) must equal Form 990, Part X, col (B) line 15)

Part X Other Liabilities. See Form 990, Part X, line 25.

| 1. | (a) Description of liability | (b) Amount |
|----|------------------------------|------------|
| | Federal income taxes | |
| | DUE TO AFFILIATE | 22,092. |
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2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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 |
| 2 Total expenses (Form 990, Part IX, column (A), line 25) | 2 |
| 3 Excess or (deficit) for the year Subtract line 2 from line 1 | 3 |
| 4 Net unrealized gains (losses) on investments | 4 |
| 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 |
| 10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 | 10 |

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 |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 | |
| a Net unrealized gains on investments | 2a |
| 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 |
| 3 Subtract line 2e from line 1 | 3 |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a |
| b Other (Describe in Part XIV) | 4b |
| c Add lines 4a and 4b | 4c |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 |

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

| | |
|---|----|
| 1 Total expenses and losses per audited financial statements | 1 |
| 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 |
| e Add lines 2a through 2d | 2e |
| 3 Subtract line 2e from line 1 | 3 |
| 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 |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 |

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.

SEE PAGE 5

Part XIV Supplemental Information (continued)**· ESCROW AND CUSTODIAL ARRANGEMENTS****SCHEDULE D, PART IV, LINE 1A**

JEVS HUMAN SERVICES SERVES AS A REPRESENTATIVE PAYEE FOR SOME CLIENTS.

BENEFIT PAYMENTS ARE RECEIVED ON BEHALF OF THE CLIENT AND JEVS IS RESPONSIBLE FOR THE ADMINISTRATION AND MANAGEMENT OF SUCH FUNDS. THIS INCLUDES RECORDING RECEIPTS, REVIEW OF EXPENDITURES, MAKING DISBURSEMENTS, AND RECONCILIATION OF ACCOUNT BALANCES.

INCOME TAXES**FORM 990, SCHEDULE D, PART X, LINE 2**

A TAX POSITION IS RECOGNIZED OR DERECOGNIZED BY THE ORGANIZATION BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION DOES NOT BELIEVE THE COMBINED FINANCIAL STATEMENTS INCLUDE ANY MATERIAL UNCERTAIN TAX POSITIONS.

Department of the Treasury
Internal Revenue Service

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

organization entered more than \$15,000 on Form 990-EZ, line 6a

organization entered more than \$15,000 on Form 990-EZ, line 6a

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

See separate instructions

Name of the organization

JEVS HUMAN SERVICES

Employer identification number

23-1352118

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

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

| | | | |
|----------|---|----------|--|
| a | <input type="checkbox"/> Mail solicitations | e | <input type="checkbox"/> Solicitation of non-government grants |
| b | <input type="checkbox"/> Internet and email solicitations | f | <input type="checkbox"/> Solicitation of government grants |
| c | <input type="checkbox"/> Phone solicitations | g | <input type="checkbox"/> Special fundraising events |
| d | <input type="checkbox"/> In-person solicitations | | |

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

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

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

PA,

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 LUNCHEON (event type) | (b) Event #2 (event type) | (c) Other Events 0 (total number) | (d) Total events (add col. (a) through col. (c)) |
|-----------------|--|------------------------------|---|---|
| Revenue | 1 Gross receipts | 182,283. | | 182,283. |
| | 2 Less: Charitable contributions | 164,890. | | 164,890. |
| | 3 Gross income (line 1 minus line 2) | 17,393. | | 17,393. |
| Direct Expenses | 4 Cash prizes | | | |
| | 5 Noncash prizes | | | |
| | 6 Rent/facility costs | | | |
| | 7 Food and beverages | | | |
| | 8 Entertainment | | | |
| | 9 Other direct expenses | 17,393. | | 17,393. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | ► (17,393.) |
| | 11 Net income summary. Combine line 3, column (d), and line 10 | | | ► |

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

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

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

| | | |
|-----|-----|----|
| 9a | Yes | No |
| 10a | | |
| 11 | | |
| 12 | | |

10 a 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?

13. Indicate the percentage of gaming activity operated in

a. The organization's facility 13a %

b. An outside facility 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? 17a

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 ► \$ _____

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on 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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| TUITION PAYMENTS | 4 | 33,218 | | APPROVED TUITION RATE | TUITION PAYMENTS |
| | | | | | |
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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

ALL HIGH SCHOOL GRADUATING SENIORS ARE ELIGIBLE FOR THE OTI SCHOLARSHIPS.

ON AN ANNUAL BASIS TWO FULL TUITION SCHOLARSHIPS ARE OFFERED FOR HIGH

SCHOOL SENIORS WHO WOULD LIKE TO GO THROUGH THE ACRH OR RCE PROGRAM AND

ONE HALF TUITION SCHOLARSHIP FOR THE COURT REPORTING PROGRAM. THEREFORE,

"THE AMOUNTS ARE BASED ON OUR TUITION FOR THE CURRENT YEAR. THE SELECTION

CRITERIA ARE AS FOLLOWS:

1) ACADEMIC ACHIEVEMENT,

2) HIGH SCHOOL TRANSCRIPT,

3) ATTENDANCE,

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

- 4) TEACHER AND COUNSELOR RECOMMENDATIONS,
- 5) AN ESSAY FROM THE APPLICANT STATING WHY HE OR SHE FEELS ELIGIBLE FOR THE SCHOLARSHIP,
- 5) RESULTS OF THE CAREER PROGRAM ASSESSMENT TEST (EVALUATES APPLICANT'S LANGUAGE; READING, AND MATH SKILLS),
- 7) ENROLLMENT AT OTI IN PROGRAM THEY WOULD LIKE TO PURSUE.
- 7) THERE IS A PROGRAM ADVISORY COUNCIL THAT EVALUATES THE APPLICATIONS AND MAKES A SELECTION. ALL OF THIS INFORMATION IS FOUND IN THE SCHOOL

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Part IV Supplements Complete this part to provide the information required in Part I, line 2 and on other additional lines.

CONTINUOUS ON DANCE 13

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

2009

Open to Public
Inspection

Name of the organization

JEVS HUMAN SERVICES

Employer identification number

23-1352118

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

First-class or charter travel
 Travel for companions
 Tax indemnification and gross-up payments
 Discretionary spending account

Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
Personal services (e.g., maid, chauffeur, chef)

| Yes | No |
|-----|----|
| | |
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|-----|--|
| 1 b | |
| 2 | |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

Compensation committee
 Independent compensation consultant
 Form 990 of other organizations

Written employment contract
Compensation survey or study
Approval by the board or compensation committee

| | |
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|-----|---|
| 4 a | X |
| 4 b | X |
| 4 c | X |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.

a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

| | |
|--|--|
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Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?
b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

| | |
|-----|---|
| 5 a | X |
| 5 b | X |

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

| | |
|-----|---|
| 6 a | X |
| 6 b | X |

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

| | |
|---|---|
| 7 | X |
| 8 | X |

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2009

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

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

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

Part III Supplemental Information

23-1352118

Page 3

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 4B

JAY SPECTOR, JOSEPH POWELL, MARIAN BALDINI, GAIL ZUKERMAN, DIANE

POSTERNACK, AND STEPHANIE FINE PARTICIPATE IN A SUPPLEMENTAL

NON-QUALIFIED RETIREMENT PLAN. THERE WERE NO DISTRIBUTIONS FROM THE

PLAN. CONTRIBUTIONS TO THE PLAN ARE INCLUDED ON SCHEDULE J.

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.

Name of the Organization

JEVS HUMAN SERVICES

Employer identification number

23-1352118

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Schedule J-2 (Form 990) 2009

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
JEVS HUMAN SERVICES

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

► Attach to Form 990. See separate instructions.

Name of the organization
JEVS HUMAN SERVICES

Open to Public
Inspection

Employer identification number
23-1352118

OMB No. 1545-0047
2009

Open to Public
Inspection

Part I Bond Issues

| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | (h) On behalf of issuer |
|---|----------------|-------------|-----------------|-----------------|----------------------------|--------------|-------------------------|
| A PHILADELPHIA INDUSTRIAL DEVELOPMENT CORPORATION | 23-2237287 | 717818X94 | 07/01/2007 | 22,460,000 | CONSTRUCTION OF BUILDING | X | X |
| B | | | | | | | |
| C | | | | | | | |
| D | | | | | | | |
| E | | | | | | | |

Part II Proceeds

| | A | B | C | D | E | | | |
|--|-------------|----|-----|----|-----|----|-----|----|
| 1 Total proceeds of issue | 12,000,000. | | | | | | | |
| 2 Gross proceeds in reserve funds | 0. | | | | | | | |
| 3 Proceeds in refunding or defeasance escrows | 0. | | | | | | | |
| 4 Other unspent proceeds | 0. | | | | | | | |
| 5 Issuance costs from proceeds | 0. | | | | | | | |
| 6 Working capital expenditures from proceeds | 0. | | | | | | | |
| 7 Capital expenditures from proceeds | | | | | | | | |
| 8 Year of substantial completion | | | | | | | | |
| 9 Were the bonds issued as part of a current refunding issue? | Yes | No | Yes | No | Yes | No | Yes | No |
| 10 Were the bonds issued as part of an advance refunding issue? | | X | | | | | | |
| 11 Has the final allocation of proceeds been made? | | X | | | | | | |
| 12 Does the organization maintain adequate books and records to support the final allocation of proceeds? | | X | | | | | | |
| Part III Private Business Use | A | B | C | D | E | | | |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | Yes | No | Yes | No | Yes | No | Yes | No |
| 2 Are there any lease arrangements with respect to the financed property which may result in private business use? | | | | | | | | |

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

JSAs

Part III Private Business Use (Continued)

| | A | | B | | C | | D | | E | |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts with respect to the financed property which may result in private business use? | | | | | | | | | | |
| b Are there any research agreements with respect to the financed property which may result in private business use? | | | | | | | | | | |
| c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? | | | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | | | | | | | | | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | | | | | | | | | |
| 6 Total of lines 4 and 5 | | | | | | | | | | |
| 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | | | | | | | | | | |
| Part IV Arbitrage | | | | | | | | | | |
| | A | | B | | C | | D | | E | |
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | | | | | | | | | | |
| 2 Is the bond issue a variable rate issue? | | | | | | | | | | |
| 3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? | | | | | | | | | | |
| b Name of provider | | | | | | | | | | |
| c Term of hedge | | | | | | | | | | |
| 4a Were gross proceeds invested in a GIC? | | | | | | | | | | |
| b Name of provider | | | | | | | | | | |
| c Term of GIC | | | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | | | |
| 5 Were any gross proceeds invested beyond an available temporary period? | | | | | | | | | | |
| 6 Did the bond issue qualify for an exception to rebate? | | | | | | | | | | |

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.

2009

**Open to Public
Inspection**

Name of the organization

JEVS HUMAN SERVICES

Employer identification number

23-1352118

ATTACHMENT 1

ORGANIZATION'S MISSION

FORM 990, PART I, LINE 1

JEVS HUMAN SERVICES ENHANCES THE EMPLOYABILITY, INDEPENDENCE, AND QUALITY OF LIFE OF INDIVIDUALS THROUGH A BROAD RANGE OF PROGRAMS. CONSISTENT WITH OUR CORE PRINCIPLES AND ENTREPRENEURIAL SPIRIT JEVS CREATES INNOVATIVE AND SUSTAINABLE SOLUTIONS TO ADDRESS COMMUNITY NEEDS

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

EDUCATION AND TRAINING PROGRAMS OFFER CAREER SKILLS TRAINING IN A VARIETY OF HIGH-DEMAND INDUSTRIES TO INDIVIDUALS WHO ARE ECONOMICALLY DISADVANTAGED, UNEMPLOYED, AND UNDEREMPLOYED OR HAVE A VARIETY OF OTHER BARRIERS TO OCCUPATIONAL SUCCESS. PARTICIPANTS IN THESE PROGRAMS INCLUDE INDIVIDUALS TRANSITIONING FROM WELFARE-TO-WORK, FORMER OFFENDERS AND OUT-OF-SCHOOL YOUTH. FOR INDIVIDUALS SERVED BY THESE PROGRAMS, THESE SKILLS TRAINING OPPORTUNITIES ARE OFTEN THE FIRST STEP IN A CAREER PATH. THESE PROGRAMS SERVE APPROXIMATELY 6,400 STUDENTS EACH YEAR.

DRUG AND ALCOHOL REHABILITATION OFFERS SOLUTIONS TO ADULTS SEEKING TREATMENT FOR OPIATE ADDICTION, INCLUDING GROUP, INDIVIDUAL AND FAMILY THERAPY IN AN OUTPATIENT METHADONE MAINTENANCE PROGRAM SETTING. PATIENTS ALSO RECEIVE PHYSICAL, MEDICATION EVALUATION, AND PSYCHIATRIC EVALUATIONS AND HIV COUNSELING, TESTING AND EDUCATION. THESE PROGRAMS SERVE

Name of the organization

JEVS HUMAN SERVICES

Employer identification number

23-1352118

ATTACHMENT 1 (CONT'D)

APPROXIMATELY 2,300 INDIVIDUALS EACH YEAR.

WORK AND RECOVERY PROGRAMS OFFER VOCATIONALLY-ORIENTED SERVICES TO INDIVIDUALS WITH EMOTIONAL AND DEVELOPMENTAL DISABILITIES. RECOVERY PROGRAMS UTILIZE PSYCHIATRIC EVIDENCE-BASED PRACTICES TO EQUIP INDIVIDUALS TO BETTER MANAGE THEIR ILLNESS OR DISABILITY WHILE WORKING TOWARD THEIR PERSONAL AND VOCATIONAL GOALS. WORK SERVICES INCLUDE VOCATIONAL EVALUATION, JOB EXPLORATION, JOB FINDING ASSISTANCE AND JOB RETENTION SERVICES. THESE PROGRAMS SERVE APPROXIMATELY 250 INDIVIDUALS EACH YEAR.

VOCATIONAL ASSESSMENT MATERIALS DISTRIBUTION DEVELOPS AND DISTRIBUTES VOCATIONAL ASSESSMENT MATERIALS TO A VARIETY OF SETTINGS INCLUDING PUBLIC SCHOOLS, WORKFORCE DEVELOPMENT CENTERS, CORRECTIONAL FACILITIES, REHABILITATION AND SOCIAL SERVICE AGENCIES SERVING PEOPLE WITH PHYSICAL, EMOTIONAL AND DEVELOPMENTAL DISABILITIES, AND COMMUNITY COLLEGES. THESE MATERIALS PROVIDE A VOCATIONALLY-ORIENTED INTEREST AND APTITUDE ASSESSMENT.

FAMILY OR BUSINESS RELATIONSHIPS

FORM 990, PART VI, SECTION A, LINE 2

DIRECTOR PAUL BRACAGLIA AND VICE CHAIRPERSON PETER ROTHBERG HAVE A BUSINESS RELATIONSHIP.

SIGNIFICANT CHANGES

Name of the organization

JEVS HUMAN SERVICES

Employer identification number

23-1352118

ATTACHMENT 1 (CONT'D)

. FORM 990, PART VI, SECTION A, LINE 4

THE ORGANIZATION CHANGED ITS NAME TO JEVS HUMAN SERVICES.

RETURN REVIEW

FORM 990, PART VI, SECTION B, LINE 11

THE SENIOR MANAGEMENT TEAM AND THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS COMPLETE THE INITIAL REVIEW OF THE FORM 990. THE FORM 990 IS SUBSEQUENTLY PRESENTED TO THE FULL BOARD OF DIRECTORS FOR COMMENT, DISCUSSION, AND REVIEW. BOARD APPROVAL IS RECORDED IN THE MEETING MINUTES AND THE FORM 990 IS RELEASED FOR FILING.

CONFLICT OF INTEREST

FORM 990, PART VI, SECTION B, LINE 12C

ALL BOARD MEMBERS, SENIOR MANAGEMENT, KEY, AND HIGHLY COMPENSATED EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT. THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS WILL REVIEW ANY CONFLICTS AND THE AFFECTED MEMBER MUST REMOVE THEMSELVES FROM INVOLVEMENT IN ANY RELATED DECISION.

TOP MANAGEMENT COMPENSATION

FORM 990, PART VI, SECTION B, LINE 15A

THE COMPENSATION OF THE CEO IS REVIEWED BY THE PERFORMANCE REVIEW AND COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. THE PROCESS INVOLVES COMPARABILITY OF THE ORGANIZATION'S COMPENSATION BENEFITS TO OTHER NONPROFIT ORGANIZATIONS PUBLIC FILINGS ON A PERIODIC BASIS AS WELL AS A REVIEW OF THE CEO'S PERFORMANCE GOALS AND PERFORMANCE OUTCOMES. OTHER COMPENSATION IS REVIEWED BY THE CEO IN CONSULTATION WITH THE BOARD CHAIR.

Name of the organization

JEVS HUMAN SERVICES

Employer identification number

23-1352118

ATTACHMENT 1 (CONT'D)**. KEY EMPLOYEE COMPENSATION**

FORM 990, PART VI, SECTION B, LINE 15B

COMPENSATION FOR SENIOR MANAGEMENT IS REVIEWED BY THE COMPENSATION

COMMITTEE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19

JEVS MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICES AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. REQUESTS CAN BE PLACED VIA TELEPHONE, EMAIL OR IN WRITING. COPIES OF REQUESTED DOCUMENTS ARE SENT TO THE PUBLIC VIA EMAIL OR REGULAR MAIL.

JEVS FOUNDATION (FORMERLY JEVS HOLDING CO)

SCHEDULE R, PART II

JEVS FOUNDATION (FORMERLY JEVS HOLDING CO.) ("HOLDING CO.") WAS INCORPORATED FOR THE EXCLUSIVE PURPOSE OF HOLDING TITLE TO PROPERTY RENTED BY JEVS, COLLECTING REVENUE THEREFROM, AND RETURNING THE REVENUE, NET OF EXPENSES, TO JEVS. HOLDING CO. WAS REGISTERED AS AN IRS SECTION 501(C)(2). EFFECTIVE JANUARY 20, 2010, THE HOLDING COMPANY WAS APPROVED AS AN IRC SECTION 501(C)(3) AND WAS RENAMED THE JEVS FOUNDATION ("JEVS FOUNDATION"), A PUBLIC-SUPPORTED CHARITY. THESE CHANGES WERE MADE IN ORDER TO FOCUS THE JEVS FOUNDATION RESOURCES AND ACTIVITIES ON RAISING FUNDS TO SUPPORT AND FURTHER THE CHARITABLE MISSION OF JEVS, AS WELL AS TO CONTINUE TO HOLD TITLE TO PROPERTY ON BEHALF OF JEVS, AND RETURNING THE REVENUES, NET OF EXPENSES, TO JEVS.

BUSINESS TRANSACTIONS WITH INTERESTED PERSONS

SCHEDULE L, PART IV

DIRECTOR EDWARD RYAN IS EMPLOYED BY CITIZENS BANK, THE PRIMARY PROVIDER

Name of the organization

JEVS HUMAN SERVICES

Employer identification number

23-1352118

ATTACHMENT 1 (CONT'D)

OF BANKING SERVICES TO JEVS HUMAN SERVICES.

ATTACHMENT 2FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

JEVS HUMAN SERVICES (FORMERLY JEWISH EMPLOYMENT AND VOCATIONAL SERVICE) ("JEVS") IS A NONPROFIT, NONSECTARIAN AGENCY PROVIDING A RANGE OF SERVICES, EVALUATION TOOLS AND RESEARCH PROGRAMS TO THE VOCATIONAL AND REHABILITATION COMMUNITY PRIMARILY IN THE PHILADELPHIA, PENNSYLVANIA AREA. JEVS HUMAN SERVICES ENHANCES THE EMPLOYABILITY, INDEPENDENCE, AND QUALITY OF LIFE OF INDIVIDUALS THROUGH A BROAD RANGE OF PROGRAMS. CONSISTENT WITH ITS CORE PRINCIPLES AND ENTREPRENEURIAL SPIRIT, JEVS HUMAN SERVICES CREATES INNOVATIVE AND SUSTAINABLE SOLUTIONS THROUGH A BROAD RANGE OF PROGRAMS INCLUDING EMPLOYMENT AND COUNSELING, IN-HOME SUPPORTS, TREATMENT, REHABILITATION AND RESIDENTIAL SERVICE TO THE DEVELOPMENTALLY DISABLED AND MENTALLY ILL, DRUG REHABILITATION, REFUGEE ASSISTANCE AND OTHER PROGRAMS.

ATTACHMENT 34B PROGRAM SERVICE

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACTIVITY #2
COMMUNITY LIVING AND HOME SUPPORTS PROVIDES COMMUNITY-BASED RESIDENTIAL AND DAY PROGRAM OPTIONS FOR INDIVIDUALS WITH DEVELOPMENTAL AND EMOTIONAL DISABILITIES. PROGRAMS ARE PERSON-CENTERED AND PROVIDE CUSTOMIZED SUPPORTS DEPENDING UPON

| | |
|---|--|
| Name of the organization JEVS HUMAN SERVICES | Employer identification number 23-1352118 |
|---|--|

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

NEED. THESE RESIDENTIAL OPTIONS ARE AN ALTERNATIVE TO MORE COSTLY AND MORE RESTRICTIVE INSTITUTIONAL SETTINGS AND ALLOW INDIVIDUALS TO LIVE AS INDEPENDENTLY AS POSSIBLE AND TO PARTICIPATE FULLY IN THE LIFE OF THEIR COMMUNITIES. DAY PROGRAMS PROVIDE ENRICHING, COMMUNITY-INTEGRATED SOCIAL AND RECREATIONAL ACTIVITIES. LIFE SHARING, A SERVICE SIMILAR TO FOSTER CARE BUT DESIGNED TO BE PERMANENT, PROVIDES A UNIQUE OPPORTUNITY FOR INDIVIDUALS AND FAMILIES TO SHARE THEIR HOMES AND EVERYDAY LIVES WITH A PERSON IN NEED. THESE PROGRAMS SERVE OVER 200 INDIVIDUALS EACH YEAR.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICESATTACHMENT 4

| <u>DESCRIPTION</u> | <u>GRANTS</u> | <u>EXPENSES</u> | <u>REVENUE</u> |
|-----------------------------------|-----------------------|-------------------------|-------------------------|
| EDUCATION AND TRAINING | 33,218. | 9585014. | 4877758. |
| DRUG AND ALCOHOL | 0. | 3983034. | 4057108. |
| WORK AND RECOVERY | 0. | 3400676. | 2054563. |
| VOCATIONAL ASSESSMENT MATERIALS D | 0. | 1086666. | 1141744. |
| TOTALS | <u>33,218.</u> | <u>18055390.</u> | <u>12131173.</u> |

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORSATTACHMENT 5

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| HBFS PROPERTIES LP 3103 PHILMONT AVE, STE 301 HUNTINGDON VALLEY, PA 19006 | RENT | 373,698. |

Name of the organization

JEVS HUMAN SERVICES

Employer identification number

23-1352118

ATTACHMENT 5 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|---|-------------------------|-----------------|
| SVM, LP 200 E HOWARD AVE, STE 220 DES PLAINES, IL 60018 | CLIENT INCENTIVES | 151,663. |
| STEPHEN J CORDANO 28 E 3RD ST NEW CASTLE, DE 19720 | CONSULTING SERVICES | 132,811. |
| AMPER, POLITZINER & MATTIA, LLP 101 WEST AVE JENKINTOWN, PA 19046 | ACCOUNTING/AUDITING | 128,850. |
| DUANE MORRIS LLP 30 S 17TH ST PHILADELPHIA, PA 19103-4196 | ATTORNEY | 128,303. |
| TOTAL COMPENSATION | | <u>915,325.</u> |

Related Organizations and Unrelated Partnerships

- Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
 - Attach to Form 990.
 - See separate instructions.

Name of the organization
JEVS HUMAN SERVICES

Part

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990 Part IV, line 33.)

10

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it

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

Schedule R (Form 990) 2009

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

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)

- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)

- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees

- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses

- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| | (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved |
|-----|--|-------------------------------|------------------------|
| (1) | JEVS FDN (FORMERLY JEVS HOLDING COMPANY) | J | 39,600. |
| (2) | JEVS FDN (FORMERLY JEVS HOLDING COMPANY) | B | 1,500,000. |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VI

Related Organizations Taxable as a Partnership / Complain if the organization announced "Non" on Form 2025 D-1-N-1

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

Schedule R (Form 990) 2009