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FOR STATE FILING PURPOSES

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

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

MAY 11 2011

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

OMB No 1545-0047

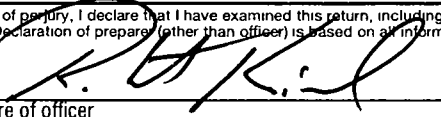
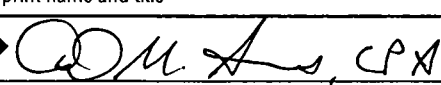
2009Open to Public
Inspection**A** For the 2009 calendar year, or tax year beginning **OCT 1, 2009** and ending **SEP 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization: JEWISH FAMILY & CHILDREN'S SERVICE OF SOUTHERN ARIZONA, INC.		D Employer identification number 86-0623896
		Doing Business As		E Telephone number (520) 795-0300
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4301 EAST FIFTH STREET		
		City or town, state or country, and ZIP + 4 TUCSON, AZ 85711-2005		
F Name and address of principal officer: SHIRA LEDMAN SAME AS C ABOVE				G Gross receipts \$ 2,513,491.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
J Website: WWW.JFCSTUCSON.ORG				H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other				L Year of formation: 1988 M State of legal domicile: AZ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: QUALITY SOCIAL AND BEHAVIORAL HEALTH SERVICES FOR THE JEWISH AND GREATER TUCSON COMMUNITY			
	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)	20	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	20	
	5	Total number of employees (Part V, line 2a)	75	
	6	Total number of volunteers (estimate if necessary)	144	
	Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.
7b		Net unrelated business taxable income from Form 990-T, line 34	0.	
8		Contributions and grants (Part VIII, line 1h)	Prior Year: 2,976,029. Current Year: 2,249,850.	
9		Program service revenue (Part VIII, line 2g)	75,567. 88,631.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-64,971. 48,948.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	235,373. 31,505.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,221,998. 2,418,934.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	105,730. 132,147.	
Expenses		14	Benefits paid to or for members (Part IX, column (A), line 4)	
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,307,330. 2,014,448.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) 162,369.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,081,790. 706,016.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,494,850. 2,852,611.	
	19	Revenue less expenses. Subtract line 18 from line 12	-272,852. -433,677.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 2,738,673. End of Year: 2,674,246.	
	21	Total liabilities (Part X, line 26)	564,780. 823,389.	
	22	Net assets or fund balances Subtract line 21 from line 20	2,173,893. 1,850,857.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here Signature of officer:  ROBERT KIVEL, TREASURER Type or print name and title	Date: 4.29.11	Preparer's identifying number (see instructions)	
Paid Preparer's signature:  Firm's name (or your self-employed address, and ZIP + 4): BEACHFLEISCHMAN PC P.O. BOX 64130 TUCSON, AZ 85728-4130	Date: 4/22/11	Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (see instructions)
EIN: 86-0623896		Phone no: (520) 321-4600	

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

932001 02-04-10

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

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SCANNED JUN 17 2011

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Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission **SEE SCHEDULE O FOR CONTINUATION**
JEWISH FAMILY & CHILDREN'S SERVICE OF SOUTHERN ARIZONA, A NON-PROFIT
AGENCY WHICH IS GUIDED BY JEWISH VALUES, PROVIDES QUALITY SOCIAL AND
BEHAVIORAL HEALTH SERVICES TO THE JEWISH AND GREATER TUCSON COMMUNITY.
JFCS HELPS PEOPLE OF ANY RELIGION OR ETHNIC ORIGIN MEET THEIR FULL
- 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.

SEE SCHEDULE O FOR CONTINUATION(S)

- 4a (Code:) (Expenses \$ 949,952. including grants of \$ 1,339.) (Revenue \$ 19,584.)
COUNSELING - JFCS OFFERS A MYRIAD OF COUNSELING AND SUPPORT PROGRAMS
THROUGHOUT METROPOLITAN TUCSON. SERVICES ARE PROVIDED AT JFCS'S MAIN
OFFICE OR IN COMMUNITY-BASED LOCATIONS.

THIS PROGRAM OFFERS THE HIGHEST QUALITY COUNSELING AND PSYCHOTHERAPY
FOR CHILDREN, ADOLESCENTS, ADULTS, INDIVIDUALS, COUPLES, FAMILIES AND
GROUPS. THE ORGANIZATION PROVIDES A BROAD ARRAY OF THERAPEUTIC
PROGRAMS TO MEET A WIDE RANGE OF BEHAVIORAL HEALTH NEEDS ONSITE AND AT
COMMUNITY-BASED LOCATIONS. JFCS ALSO COLLABORATES WITH OTHER
ORGANIZATIONS WITHIN THE COMMUNITY SUCH AS SCHOOLS, GOVERNMENT, AND
SOCIAL SERVICE AGENCIES TO PROVIDE BEHAVIORAL HEALTH SERVICES. SOME
CLIENTS MAY BE UNABLE TO PAY FOR COUNSELING SERVICES AND THEREFORE,

- 4b (Code:) (Expenses \$ 1,016,356. including grants of \$ 130,808.) (Revenue \$ 93,344.)
CASE MANAGEMENT - THE CASE MANAGEMENT PROGRAM PROVIDES A VARIETY OF
SPECIALIZED SERVICES AND PROGRAMS TO ASSIST OLDER AND DISABLED
INDIVIDUALS WITH THE COMPLETION OF DAILY AND LIFE TASKS, IN MAINTAINING
THE HIGHEST LEVEL OF HEALTH AND INDEPENDENCE POSSIBLE. BASED ON
INDIVIDUAL REQUIREMENTS, JFCS OFFERS A FULL ARRAY OF IN-HOME AND
SUPPORTIVE SERVICES AND ONGOING MONITORING. ALSO UNDER THE UMBRELLA OF
THIS PROGRAM ARE SERVICES TO HOLOCAUST SURVIVORS THAT GENERATE HOPE,
BUILD RESILIENCY AND FOSTER DIGNITY. TUCSON LOAN CHEST PROVIDES A WIDE
VARIETY OF DURABLE MEDICAL EQUIPMENT TO LOW INCOME, UNINSURED AND
UNDERINSURED INDIVIDUALS AND FAMILIES WHO WOULD OTHERWISE HAVE NO
ACCESS TO AFFORDABLE, MEDICALLY NECESSARY EQUIPMENT.

- 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

- 4e Total program service expenses ► \$ 1,966,308.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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	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	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	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.	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		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		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		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		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		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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**JEWISH FAMILY & CHILDREN'S SERVICE OF
SOUTHERN ARIZONA, INC.**

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Part IV Checklist of Required Schedules (continued)

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

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Part V	Statements Regarding Other IRS Filings and Tax Compliance
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		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.	15	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	75	
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization	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?		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?		

Section C. Disclosure

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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **►**
LOUIS A. CIURCA - (520) 795-0300
4301 EAST FIFTH STREET, TUCSON, AZ 85711

**JEWISH FAMILY & CHILDREN'S SERVICE OF
SOUTHERN ARIZONA, INC.**

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

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

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

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

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM ADDISON, JR. DIRECTOR	0.60	X						0.	0.	0.
BRUCE BEYER DIRECTOR	9.60	X						0.	0.	0.
HAROLD BONGARTEN DIRECTOR	1.40	X						0.	0.	0.
SARA COHEN DIRECTOR	1.20	X						0.	0.	0.
LANIE CONSTABLE DIRECTOR	3.00	X						0.	0.	0.
BERT FALBAUM DIRECTOR	1.50	X						0.	0.	0.
ARTHUR GOLDBERG DIRECTOR	1.70	X						0.	0.	0.
SOOZIE HAZAN DIRECTOR	1.20	X						0.	0.	0.
RONALD H. KOLKER, M.D. DIRECTOR	1.20	X						0.	0.	0.
LOIS MANOWITZ DIRECTOR	2.30	X						0.	0.	0.
PETER MARCUS DIRECTOR	0.60	X						0.	0.	0.
FERN MARMIS DIRECTOR	2.00	X						0.	0.	0.
EDMUND MARQUEZ DIRECTOR	0.50	X						0.	0.	0.
NANCY ROBERTSON DIRECTOR	3.90	X						0.	0.	0.
HENRY RUTH DIRECTOR	2.50	X						0.	0.	0.
GERRY SAPIN DIRECTOR	1.20	X						0.	0.	0.
HOLLY SHENITZER DIRECTOR	1.20	X						0.	0.	0.

**JEWISH FAMILY & CHILDREN'S SERVICE OF
SOUTHERN ARIZONA, INC.**

Form 990 (2009)

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LORETTA SOWERS DIRECTOR	1.20	X						0.	0.	0.
STUART ULANOFF DIRECTOR	1.20	X						0.	0.	0.
WENDY WEISS DIRECTOR	0.90	X						0.	0.	0.
ELIZABETH WEINER-SCHULMAN PRESIDENT	8.50	X		X				0.	0.	0.
JILL ROSENZWEIG CHAIR ELECT	1.20	X		X				0.	0.	0.
LARRY LEIKEN VICE CHAIR	2.90	X		X				0.	0.	0.
GLORIA ALVILLAR SECRETARY	1.20	X		X				0.	0.	0.
BOB KIVEL TREASURER	1.40	X		X				0.	0.	0.
SHIRA LEDMAN CEO	40.00			X				129,676.	0.	12,312.
LOUIS CIURCA CFO	40.00			X				81,972.	0.	4,254.
1b Total								211,648.	0.	16,566.

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

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	0	

Form **990** (2009)

**JEWISH FAMILY & CHILDREN'S SERVICE OF
SOUTHERN ARIZONA, INC.**

Form 990 (2009)

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Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 181,489.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 1319060.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 749,301.				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		2249850.			
	Program Service Revenue	2 a PROGRAM FEES	Business Code 624100	88,631.	88,631.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			88,631.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		35,038.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real 7,208. (ii) Personal 24,297.				
	b Less: rental expenses					
	c Rental income or (loss)	7,208. 24,297.				
	d Net rental income or (loss)		31,505.	24,297.		7,208.
	7 a Gross amount from sales of assets other than inventory	(i) Securities 81,712. (ii) Other 26,755.				
	b Less: cost or other basis and sales expenses	94,557.				
	c Gain or (loss)	-12845. 26,755.				
	d Net gain or (loss)		13,910.			13,910.
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		2418934.	112,928.	0.	56,156.	

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Form **990** (2009)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	132,147.	132,147.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	233,741.	53,815.	136,853.	43,073.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,519,664.	1,178,454.	285,851.	55,359.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	121,203.	89,469.	26,853.	4,881.
10 Payroll taxes	139,840.	99,257.	32,870.	7,713.
11 Fees for services (non-employees)				
a Management				
b Legal	9,821.	6,089.	3,732.	
c Accounting	32,100.		32,100.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	10,979.		10,979.	
g Other	219,051.	146,343.	67,097.	5,611.
12 Advertising and promotion	7,305.	40.	4,348.	2,917.
13 Office expenses	59,663.	36,246.	9,911.	13,506.
14 Information technology	6,329.	4,172.	1,529.	628.
15 Royalties				
16 Occupancy	139,305.	100,249.	35,448.	3,608.
17 Travel	17,077.	15,842.	874.	361.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,752.	7,175.	7,364.	213.
20 Interest	3,975.		3,975.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45,169.	36,282.	7,168.	1,719.
23 Insurance	41,689.	33,489.	6,615.	1,585.
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 EQUIPMENT RENT & REPAIR	34,757.	15,163.	18,938.	656.
b MISCELLANEOUS	34,584.	2,785.	13,837.	17,962.
c MEMBERSHIP & DUES	14,975.	594.	11,804.	2,577.
d BAD DEBT	8,697.	8,697.		
e RECRUITMENT	5,788.		5,788.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,852,611.	1,966,308.	723,934.	162,369.
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	50,623.	1	80,557.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	6,838.	3	2,200.
	4 Accounts receivable, net	239,847.	4	162,824.
	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	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	56,973.	9	20,554.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,457,540.		
	b Less: accumulated depreciation	10b 600,852.	10c 901,857.	856,688.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,198,264.	12	1,249,386.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	284,271.	15	302,037.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,738,673.	16	2,674,246.	
Liabilities	17 Accounts payable and accrued expenses	218,227.	17	291,811.
	18 Grants payable		18	
	19 Deferred revenue	4,747.	19	65,708.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	284,271.	21	302,037.
	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		23	145,205.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	57,535.	25	18,628.
	26 Total liabilities. Add lines 17 through 25	564,780.	26	823,389.
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	802,663.	27	484,899.
	28 Temporarily restricted net assets	65,457.	28	60,185.
	29 Permanently restricted net assets	1,305,773.	29	1,305,773.
	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	2,173,893.	33	1,850,857.
34 Total liabilities and net assets/fund balances	2,738,673.	34	2,674,246.	

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)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **JEWISH FAMILY & CHILDREN'S SERVICE OF SOUTHERN ARIZONA, INC.** Employer identification number **86-0623896**

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

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

Schedule A (Form 990 or 990-EZ) 2009

JEWISH FAMILY & CHILDREN'S SERVICE OF

Schedule A (Form 990 or 990-EZ) 2009 SOUTHERN ARIZONA, INC.

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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.")	4,183,683.	3,378,388.	5,272,693.	2,976,029.	2,249,850.	18,060,643.
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	4,183,683.	3,378,388.	5,272,693.	2,976,029.	2,249,850.	18,060,643.
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						18,060,643.

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	4,183,683.	3,378,388.	5,272,693.	2,976,029.	2,249,850.	18,060,643.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34,693.	27,948.	111,875.	102,909.	42,246.	319,671.
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						18,380,314.
12 Gross receipts from related activities, etc. (see instructions)					12	2,529,950.
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	98.26 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.51 %
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"/>		

Schedule A (Form 990 or 990-EZ) 2009

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

Calendar year (or fiscal 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 ☐

Schedule A (Form 990 or 990-EZ) 2009

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **JEWISH FAMILY & CHILDREN'S SERVICE OF
SOUTHERN ARIZONA, INC.**

Employer identification number
86-0623896

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☒ No**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☒ No

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1305773.	1501243.			
b Contributions					
c Net investment earnings, gains, and losses	132,834.	-32,630.			
d Grants or scholarships					
e Other expenditures for facilities and programs	121,855.	151,026.			
f Administrative expenses	10,979.	11,814.			
g End of year balance	1305773.	1305773.			

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

- a Board designated or quasi-endowment ▶ .00 %
 b Permanent endowment ▶ 100.00 %
 c Term endowment ▶ .00 %

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		191,352.		191,352.
b Buildings		905,221.	279,887.	625,334.
c Leasehold improvements				
d Equipment		351,796.	311,794.	40,002.
e Other		9,171.	9,171.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				856,688.

Schedule D (Form 990) 2009

**JEWISH FAMILY & CHILDREN'S SERVICE OF
SOUTHERN ARIZONA, INC.**

Schedule D (Form 990) 2009

86-0623896 Page **3**

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		
JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA	1,249,386.	END-OF-YEAR MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►	1,249,386.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►		

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

(a) Description	(b) Book value
RESTRICTED CASH HELD FOR OTHERS	302,037.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ►	302,037.

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

1. (a) Description of liability	(b) Amount	
Federal income taxes		
CAPITAL LEASE OBLIGATION	18,628.	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►	18,628.	

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

932053
02-01-10

Schedule D (Form 990) 2009

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,418,934.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,852,611.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-433,677.
4	Net unrealized gains (losses) on investments	4	110,641.
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	110,641.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-323,036.

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	2,535,973.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	110,641.
b	Donated services and use of facilities	2b	17,377.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-10,979.
e	Add lines 2a through 2d	2e	117,039.
3	Subtract line 2e from line 1	3	2,418,934.
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	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,418,934.

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

1	Total expenses and losses per audited financial statements	1	2,859,009.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	17,377.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	17,377.
3	Subtract line 2e from line 1	3	2,841,632.
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	10,979.
c	Add lines 4a and 4b	4c	10,979.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,852,611.

Part XIV Supplemental Information

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

PART IV, LINE 2B: THE ORGANIZATION HAS RESTRICTED CASH HELD FOR OTHERS.

THESE ARE TRUST ACCOUNTS WHEREBY JFCS IS HANDLING THE FINANCIAL AFFAIRS
FOR INDIVIDUALS WHO ARE UNABLE TO TAKE CARE OF THEMSELVES. THE AMOUNTS
HELD FOR OTHERS TOTALED \$302,037 AND \$284,271 AT SEPTEMBER 30, 2010 AND
2009 AND HAVE CORRESPONDING CUSTODIAL LIABILITIES.

PART V, LINE 4: THE ORGANIZATION'S ENDOWMENTS WERE ESTABLISHED TO
SUPPORT, FURTHER AND ENHANCE THE MISSION OF JFCS. THESE ENDOWMENTS ARE

Part XIV Supplemental Information (continued)

HELD AND MANAGED AT THE JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA
AND ARE COMPRISED OF DONOR SPECIFIED BENEFICIARY FUNDS AND AGENCY ADVISED
FUNDS.

PART X: PART X, LINE 2 - FIN 48 (ASC) FOOTNOTE. EFFECTIVE
OCTOBER 1, 2009, THE ORGANIZATION WAS REQUIRED TO ADOPT THE REVISED
PROVISIONS OF ASC 740, RELATING TO UNCERTAIN TAX POSITIONS. THESE
STANDARDS REQUIRE MANAGEMENT TO PERFORM AN EVALUATION OF ALL TAX POSITIONS
TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE
ORGANIZATION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS MEET A
"MORE LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY
THE APPLICABLE TAXING AUTHORITIES. THIS EVALUATION IS REQUIRED TO BE
PERFORMED FOR ALL OPEN TAX YEARS, AS DEFINED BY THE VARIOUS STATUTES OF
LIMITATIONS, FOR FEDERAL AND STATE PURPOSES.

THE ORGANIZATION IS ONLY SUBJECT TO INCOME TAXES ON UBTI AS APPLICABLE.
AS A RESULT, THE ORGANIZATION IS REQUIRED TO FILE INFORMATIONAL RETURNS
FOR FEDERAL AND STATE PURPOSES AND, IF IT HAS UBTI, FEDERAL AND STATE
INCOME TAX RETURNS. WITH LIMITED EXCEPTIONS, THE ORGANIZATION IS NO
LONGER SUBJECT TO TAX EXAMINATION FOR ANY YEARS EARLIER THAN 2006 FOR
FEDERAL AND 2005 FOR STATE. MANAGEMENT HAS PERFORMED ITS EVALUATION OF
TAX POSITIONS TAKEN ON ALL OPEN TAX RETURNS AND HAS DETERMINED THAT THERE
WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE LIKELY THAN NOT"
STANDARD.

PART XII, LINE 2D - OTHER ADJUSTMENTS:
INVESTMENT FEES: -10979.

Part XIV Supplemental Information (continued)

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES: 10979.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Name of the organization **JEWISH FAMILY & CHILDREN'S SERVICE OF
SOUTHERN ARIZONA, INC.**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if a recipient that received more than \$5,000.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

**JEWISH FAMILY & CHILDREN'S SERVICE OF
SOUTHERN ARIZONA, INC.**

Schedule I (Form 990) 2009

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)
HOLOCAUST SURVIVORS	95	54,195.	0.	
FINANCIAL ASSISTANCE - PIMA COUNTY	45	18,000.	0.	
FINANCIAL ASSISTANCE - UNITED WAY	128	6,470.	0.	
FINANCIAL ASSISTANCE - JEWISH FEDERATION OF SOUTHERN ARIZONA	281	52,038.	0.	
SELECTCARE - TRANSPORT	1	105.	0.	

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: SELECTION CRITERIA FOR DIRECT ASSISTANCE IS ESTABLISHED BY THE GRANTOR OF THE FUNDS AS TO WHO MAY BE ELIGIBLE AND FOR WHAT ASSISTANCE. ALL FUNDS DISBURSED ARE PAID BY CHECK DIRECTLY TO A VENDOR FOR THE PURPOSE FOR WHICH IT IS INTENDED. BUS PASSES ARE PURCHASED FROM SUN TRAN, AND THE PASSES ARE THEN GIVEN TO THE RECIPIENT. FOOD CARDS ARE PURCHASED FROM THE GROCERY STORE AND GIVEN TO THE RECIPIENT. PROGRAM STAFF REPORT AND MONITOR PROGRAM OUTCOMES TO ENSURE THAT FUNDS ARE BEING UTILIZED EFFECTIVELY AND EFFICIENTLY. THE ORGANIZATION HAS A COMPREHENSIVE BUDGET, WHICH IS STRUCTURED BY DEPARTMENT, PROGRAM, AND FUNDING SOURCE.

**JEWISH FAMILY & CHILDREN'S SERVICE OF
SOUTHERN ARIZONA, INC.**

Schedule I-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)
PROJECT SAFE PLACE - EDUCATIONAL	3.	1,271.	0.	
CHAI CIRCLE	1.	68.	0.	

Part IV Supplemental Information

REVENUES AND COSTS ARE REPORTED ON A MONTHLY BASIS TO MANAGEMENT,
COMMITTEES OF THE BOARD AND THE BOARD OF DIRECTORS. VARIANCES TO BUDGET ARE
REPORTED AND ANALYZED UTILIZING A FULL ARRAY OF FINANCIAL REPORTS AND
GRAPHIC ANALYSIS. CORRECTIVE ACTIONS ARE FORMULATED, REPORTED AND MONITORED.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

JEWISH FAMILY & CHILDREN'S SERVICE OF
SOUTHERN ARIZONA, INC.

Employer identification number
86-0623896

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

POTENTIAL BY RESTORING THEIR WELL-BEING, CULTIVATING SELF-SUFFICIENCY
AND STRENGTHENING FAMILY LIFE.

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

DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2010, JFCS EXPERIENCED A
DECREASE IN GOVERNMENT GRANTS DUE TO BUDGET CUTS AT THE RESPECTIVE
AGENCIES. AS A RESULT, JFCS HAD TO DECREASE OR DISCONTINUE THE
SERVICES FUNDED BY THESE GRANTS. THE CATSS PROGRAM (A FEDERAL GRANT
FOR MENTAL HEALTH SERVICES) WAS NOT RENEWED. DEPARTMENT OF ECONOMIC
SECURITY, DIVISION OF DEVELOPMENTAL DISABILITIES (DES DDD) CASE
MANAGEMENT FUNDING WAS ALSO LOST.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

JFCS PROVIDES REDUCED FEE SERVICES TO CLIENTS WHEN APPROPRIATE.

COUNSELING SERVICES INCLUDE THERAPEUTIC TREATMENT AND INTENSIVE
COUNSELING FOR SUBSTANCE ABUSE AND ADDICTION RECOVERY, TRAUMA, SEXUAL
ASSAULT, DOMESTIC VIOLENCE, LOSS AND COPING, ANGER MANAGEMENT,
SELF-HARMING BEHAVIORS AND OTHER EMOTIONAL AND/OR PSYCHOLOGICAL LIFE
ISSUES. JFCS TREATS INDIVIDUALS, FAMILIES AND COUPLES THROUGH
SELF-REFERRAL, MANDATED TREATMENT AND OTHER PROFESSIONAL REFERRALS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

DEVELOPMENTAL DISABILITIES CASE MANAGEMENT - THIS PROGRAM PROVIDED
ASSISTANCE TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES, THEIR

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

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Name of the organization

JEWISH FAMILY & CHILDREN'S SERVICE OF
SOUTHERN ARIZONA, INC.

Employer identification number
86-0623896

FAMILIES, AND TEAM MEMBERS IN ORDER TO ENSURE THE INDIVIDUAL'S QUALITY
OF LIFE IS THE MOST INDEPENDENT, LEAST RESTRICTIVE AND MOST PRODUCTIVE.
THE PROGRAM UTILIZED A CLIENT-CENTERED APPROACH TO PROVIDE
INDIVIDUALIZED SERVICES AND REFERRALS. DUE TO THE LOSS OF DES DDD
FUNDING, THIS PROGRAM WAS DISCONTINUED DURING FISCAL YEAR ENDED
SEPTEMBER 30, 2010.

GUARDIANSHIP PROGRAM - THIS PROGRAM IS DEDICATED TO ADVOCATING FOR SUCH
PERSONS WHO CANNOT FULLY DO SO FOR THEMSELVES. THESE SERVICES ARE
DESIGNED TO AID ADULTS WHO ARE UNABLE TO MAKE THEIR OWN CRITICAL LIFE
DECISIONS. THIS PROGRAM SERVES CLIENTS WHO HAVE BEEN DEEMED
INCAPACITATED BY THE PROBATE COURT, FOR THE PURPOSE OF PROTECTING
VULNERABLE PERSONS FROM ABUSE, NEGLECT, AND EXPLOITATION. THE
ORGANIZATION IS APPOINTED BY THE COURT TO BE A GUARDIAN FOR THE
INDIVIDUAL. GUARDIANSHIP PROVIDES FOR THE PERSON'S CARE INCLUDING
APPROPRIATE SERVICES AND PLACEMENT. THE GUARDIAN ALSO ACTS AS AN
ADVOCATE IN ANY AND ALL ASPECTS OF A PERSON'S LIFE, WITH THE EXCEPTION
OF ACTING AS A CONSERVATOR, WHILE BALANCING THE RIGHTS AND PREFERENCES
OF THE INDIVIDUAL WITH THEIR NEED FOR PROTECTION. THE GUARDIAN WORKS
WITH THE CLIENT AND THE CLIENT'S TEAM THROUGH REGULAR VISITS AND
CONTACT WITH THE WARD, TEAM MEMBERS, AND OTHER IMPORTANT PERSONS.

INSTITUTE FOR CONTINUING EDUCATION FOR HUMAN SERVICE PROFESSIONALS
(ICE) - THIS PROGRAM MEETS, AT REASONABLE COST, THE CONTINUING
EDUCATIONAL NEEDS OF THOSE WHO SERVE OTHERS. THE GOAL OF ICE IS TO
CREATE THE BEST EDUCATED, MOST INFORMED AND SKILLED HUMAN SERVICE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

JEWISH FAMILY & CHILDREN'S SERVICE OF
SOUTHERN ARIZONA, INC.

Employer identification number
86-0623896

PROFESSIONALS POSSIBLE.

EMERGENCY FINANCIAL ASSISTANCE AND CASE MANAGEMENT - THIS PROGRAM

OFFERS EMERGENCY FINANCIAL ASSISTANCE INCLUDING FOOD RELIEF AND

ASSISTANCE WITH SHELTER AND OVERDUE BILLS. CASE MANAGEMENT PROVIDES

REFERRALS TO OTHER APPROPRIATE AGENCIES.

FORM 990, PART VI, SECTION B, LINE 11: THE VICE PRESIDENT OF FINANCE AND
ADMINISTRATION REVIEWS FORM 990 AND COMPARES THE INFORMATION REPORTED WITH
THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS. THE FINANCE COMMITTEE
THEN REVIEWS AND APPROVES THE FORM BEFORE IT IS PRESENTED TO THE BOARD OF
DIRECTORS FOR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS, AND TRUSTEES
ARE REQUIRED TO SIGN A CONFLICT OF INTEREST ANNUAL STATEMENT. THE
STATEMENT REQUIRES DISCLOSURE OF ANY BUSINESS AND PERSONAL AFFILIATIONS
THAT RELATE IN ANY WAY TO THE BUSINESS OR OTHER AFFILIATIONS OF JFCS. BY
SIGNING THE STATEMENT, THE INDIVIDUAL ALSO ACKNOWLEDGES THAT S/HE HAS
RECEIVED, READ, UNDERSTOOD AND AGREED TO COMPLY WITH THE CONFLICT OF
INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15: JFCS HUMAN RESOURCES MAINTAINS A
FORMAL PAY GRADE STRUCTURE, WHICH THEY MONITOR ON A PERPETUAL BASIS FOR
INTERNAL ACCURACY AND EQUITY. ANNUALLY, THE ORGANIZATION RECEIVES AN
ARIZONA NONPROFIT SALARY STUDY TO COMPARE TO THE ORGANIZATION'S STRUCTURE.
A FORMAL STUDY OF COMPENSATION WAS PERFORMED IN 2007.

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

JEWISH FAMILY & CHILDREN'S SERVICE OF
SOUTHERN ARIZONA, INC.

Employer identification number
86-0623896

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM
1023 AND FORMS 990 AVAILABLE TO THE PUBLIC UPON REQUEST. FORMS 990 MAY
ALSO BE OBTAINED AT WWW.GUIDESTAR.COM.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST. ARTICLES OF INCORPORATION ARE ALSO
AVAILABLE UPON REQUEST FROM THE ARIZONA CORPORATION COMMISSION.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization JEWISH FAMILY & CHILDREN'S SERVICE OF SOUTHERN ARIZONA, INC.	Employer identification number 86-0623896
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 4301 EAST FIFTH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions TUCSON, AZ 85711-2005	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LOUIS A. CIURCA

- The books are in the care of ► **4301 EAST FIFTH STREET - TUCSON, AZ 85711**

Telephone No ► **(520) 795-0300**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☐ calendar year _____ or
- ☒ tax year beginning **OCT 1, 2009**, and ending **SEP 30, 2010**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

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

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization JEWISH FAMILY & CHILDREN'S SERVICE OF SOUTHERN ARIZONA, INC.	Employer identification number 86-0623896
	Number, street, and room or suite no. If a P.O. box, see instructions. 4301 EAST FIFTH STREET	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TUCSON, AZ 85711-2005	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LOUIS A. CIURCA

- The books are in the care of ► **4301 EAST FIFTH STREET - TUCSON, AZ 85711**

Telephone No. ► **(520) 795-0300**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning **OCT 1, 2009**, and ending **SEP 30, 2010**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

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