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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011

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

C Name of organization
JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
13100 WAYZATA BLVD NO 400

Room/suite

City or town, state or country, and ZIP + 4
MINNETONKA, MN 553051821

D Employer identification number
41-0693860

E Telephone number
(952) 546-0616

G Gross receipts $ 9,811,161

F Name and address of principal officer
JUDY HALPER
13100 WAYZATA BLVD NO 400
MINNETONKA, MN 553051821

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW JFCSMPLS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1910

M State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
JFCS SUPPORTS PEOPLE OF ALL BACKGROUNDS TO REACH THEIR FULL POTENTIAL

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	38
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	37
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	391
6	Total number of volunteers (estimate if necessary)	**6**	900
7a	Total 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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,526,859	7,196,093
9	Program service revenue (Part VIII, line 2g)	1,780,528	1,505,407
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	478,618	947,895
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	49,394	36,003
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,835,399	9,685,398
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,406,742	1,729,075
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)	5,673,911	5,168,865
16a	Professional fundraising fees (Part IX, column (A), line 11e)	62,339	48,449
b	Total fundraising expenses (Part IX, column (D), line 25) ▶501,540		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,333,036	1,268,394
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,476,028	8,214,783
19	Revenue less expenses Subtract line 18 from line 12	359,371	1,470,615

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	14,645,499	15,124,907
21	Total liabilities (Part X, line 26)	951,298	761,043
22	Net assets or fund balances Subtract line 21 from line 20	13,694,201	14,363,864

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

****** 2012-03-15
Signature of officer Date

JUDY HALPER CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name XIAOYAN LUO	Preparer's signature XIAOYAN LUO	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶ CLIFTONLARSONALLEN LLP				Firm's EIN ▶
Firm's address ▶ 220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402				Phone no ▶ (612) 376-4500

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

INSPIRED BY THE WISDOM AND VALUES OF OUR TRADITION, WE SUPPORT PEOPLE OF ALL BACKGROUNDS TO REACH THEIR FULL POTENTIAL

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 $ 2,909,682 including grants of $ 1,220,825) (Revenue $ 506,655)

CAREER SERVICES HELPED MORE THAN 3,000 PEOPLE IN THE FOLLOWING PROGRAMS CAREER INITIATIVES, MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP), VOCATIONAL REHABILITATION, BSF-BASIC SLIDING FEE CHILDCARE, SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP), CAREER COUNSELING, WEST HENNEPIN COMMUNITY OUTREACH PROJECT, INDIVIDUAL REFERRAL PROGRAM (IRP), GATEWAY PROJECT, COLLEGE SCHOLARSHIP PROGRAM FOR A COMPLETE DESCRIPTION OF THE PROGRAMS LISTED ABOVE, SEE SCHEDULE O

4b (Code) (Expenses $ 1,559,145 including grants of $ 375,917) (Revenue $ 589,193)

AGING AND DISABILITY SERVICES WORKED INTENSIVELY WITH MORE THAN 3,000 CLIENTS IN THE FOLLOWING PROGRAMS L'CHAIM SENIOR SERVICES, CAREGIVER SUPPORT, DEIKEL FAMILY ALTERCARE ADULT DAY SERVICES PROGRAM, DEIKEL TRANSPORTATION SERVICES, KOSHER MEALS ON WHEELS, NURTURING OUR RETIRED CITIZENS (NORC), SURVIVOR SUPPORT SERVICES, MINNEAPOLIS JEWISH COMMUNITY PROGRAM FOR PEOPLE WITH DISABILITIES, CARING CONNECTIONS FOR A COMPLETE DESCRIPTION OF THE PROGRAMS LISTED ABOVE, SEE SCHEDULE O

4c (Code) (Expenses $ 999,998 including grants of $ 79,754) (Revenue $ 409,294)

CLINICAL AND CASE MANAGEMENT SERVICES WORKED WITH OVER 4,000 PEOPLE WITH THE FOLLOWING SERVICES COUNSELING, MENTAL HEALTH SUPPORT SERVICES (MHSS), HEALING PROGRAM, LICENSURE SUPERVISION, INFORMATION AND RESOURCE CONNECTION, IMMIGRANT AND REFUGEE SERVICES, EMERGENCY FINANCIAL ASSISTANCE, AND THE JEWISH FREE LOAN PROGRAM (JFLP) FOR A COMPLETE DESCRIPTION OF THE PROGRAMS LISTED ABOVE, SEE SCHEDULE O

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 987,533 including grants of $ 52,579) (Revenue $ 265)

4e **Total program service expenses** ▶ $ 6,456,358

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
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	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b		No
c	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.*	11c		No
d	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.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Parts I and IV*	14b		No
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 U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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 (see instructions)*	17	Yes	
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	Yes	
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	Yes	
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**		No
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–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
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**		No
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**		No
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**	Yes	
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**		No
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*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
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**		No
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**		No
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**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	10		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	
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**	391		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	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**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
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?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a** Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b** Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**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.**				
a	Did the organization make any taxable distributions under section 4966?			**9a**	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	38		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	37		
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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		No
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
	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		No
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 ▶ MN

18 Section 6104 requires an organization to make its Form 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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

BETH TOSO
13100 WAYZATA BLVD NO 400
MINNETONKA, MN 553051821
(952) 546-0616

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								293,330	0	42,516

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

		Yes	No
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* **3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* **4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* **5**		No

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

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

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	1a Federated campaigns . . 1a	1,658,083				
	b Membership dues 1b					
	c Fundraising events 1c	361,684				
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e	2,771,039				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	2,405,287				
	g Noncash contributions included in lines 1a-1f $	156,988				
	h **Total.** Add lines 1a-1f . . . . . ▶		7,196,093			
Program Service Revenue		Business Code				
	2a PROGRAM SERVICE FEES	900099	1,212,353	1,212,353		
	b GOVERNMENT CONTRACTS	900099	293,054	293,054		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		1,505,407			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		951,087			951,087
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses	3,192				
	c Gain or (loss)	-3,192				
	d Net gain or (loss) . . . . . ▶		-3,192			-3,192
Other Revenue	8a Gross income from fundraising events (not including $ 361,684 of contributions reported on line 1c) See Part IV, line 18 . . . a	62,053				
	b Less direct expenses . . . b	117,966				
	c Net income or (loss) from fundraising events . . ▶		-55,913			-55,913
	9a Gross income from gaming activities See Part IV, line 19 . a	29,996				
	b Less direct expenses . . . . . b	4,605				
	c Net income or (loss) from gaming activities . . . ▶		25,391			25,391
	10a Gross sales of inventory, less returns and allowances . a	2,026				
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶		2,026			2,026
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS REVENUE	900099	64,499			64,499
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		64,499			
	12 **Total revenue.** See Instructions . . . ▶		9,685,398	1,505,407	0	983,898

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	33,747	33,747		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	1,695,328	1,695,328		
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	385,346	54,780	302,299	28,267
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	3,774,161	3,060,405	454,482	259,274
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	74,705	64,277	5,752	4,676
9 Other employee benefits	496,903	409,080	57,875	29,948
10 Payroll taxes	437,750	351,615	51,900	34,235
a Fees for services (non-employees) Management				
b Legal				
c Accounting	39,750	2,845	35,000	1,905
d Lobbying				
e Professional fundraising services *See Part IV, line 17*	48,449			48,449
f Investment management fees	78,922		78,922	
g Other	122,547	78,431	41,309	2,807
12 Advertising and promotion	18,964	14,269	4,028	667
13 Office expenses	311,950	206,748	58,050	47,152
14 Information technology				
15 Royalties				
16 Occupancy	273,272	228,568	31,667	13,037
17 Travel	123,977	116,537	6,954	486
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	34,231	24,508	6,286	3,437
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,202	38,977	8,029	3,196
23 Insurance	24,005	670	23,335	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a EQUIPMENT & MAINTENANCE	61,300	30,427	17,374	13,499
b MISCELLANEOUS	61,270	8,735	42,670	9,865
c RECRUITING & STAFF DEVE	45,725	28,328	16,771	626
d MEMBERSHIP DUES	20,922	7,251	13,659	12
e BOOKS & SUBSCRIPTIONS	1,357	832	523	2
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	8,214,783	6,456,358	1,256,885	501,540
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		873,334	1	376,350
	2	Savings and temporary cash investments			2	124,354
	3	Pledges and grants receivable, net		2,141,961	3	3,001,454
	4	Accounts receivable, net		320,560	4	185,189
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		7,500	6	5,625
	7	Notes and loans receivable, net		531,283	7	135,759
	8	Inventories for sale or use		2,772	8	
	9	Prepaid expenses and deferred charges		105,473	9	110,916
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,117,124			
	b	Less accumulated depreciation	10b 976,921	141,949	10c	140,203
	11	Investments—publicly traded securities		7,102,350	11	7,863,300
	12	Investments—other securities See Part IV, line 11		44,307	12	32,830
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		3,374,010	15	3,148,927
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		14,645,499	16	15,124,907
Liabilities	17	Accounts payable and accrued expenses		527,526	17	423,574
	18	Grants payable			18	
	19	Deferred revenue		219,659	19	148,412
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	6,246
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		204,113	25	182,811
	26	**Total liabilities.** Add lines 17 through 25		951,298	26	761,043
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,333,022	27	1,769,795
	28	Temporarily restricted net assets		8,304,215	28	8,533,636
	29	Permanently restricted net assets		4,056,964	29	4,060,433
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		13,694,201	33	14,363,864
	34	Total liabilities and net assets/fund balances		14,645,499	34	15,124,907

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	9,685,398
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,214,783
3	Revenue less expenses Subtract line 2 from line 1	3	1,470,615
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	13,694,201
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-800,952
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	14,363,864

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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?	3a	Yes	
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 . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

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

2010

Open to Public Inspection

Name of the organization
JEWISH FAMILY AND CHILDREN'S SERVICE
OF MINNEAPOLIS

Employer identification number
41-0693860

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 331/3% 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 331/3% 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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,925,957	6,011,273	6,748,402	7,526,859	7,196,093	33,408,584
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	5,925,957	6,011,273	6,748,402	7,526,859	7,196,093	33,408,584
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						33,408,584

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	5,925,957	6,011,273	6,748,402	7,526,859	7,196,093	33,408,584
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	157,994	148,351	197,138	129,675	951,087	1,584,245
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)	989	21,439	45,553	30,924	64,499	163,404
11 **Total support** (Add lines 7 through 10)						35,156,233

12 Gross receipts from related activities, etc (See instructions)	12	24,180,688

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	95 030 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	91 280 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISCELLANEOUS INCOME

Additional Data

Software ID:
Software Version:
EIN: 41-0693860
Name: JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JUDY HALPER CHIEF EXECUTIVE OFFICER	40 00	X		X				123,408	0	21,633
DEBRA GRAYSON-ORBUCH PRESIDENT	4 00	X		X				0	0	0
ROBIN LANDY PRESIDENT-ELECT	4 00	X		X				0	0	0
KERRY BADER VP BOARD DEVELOPMENT	3 00	X		X				0	0	0
MIKE BADOWER VP INVESTMENT	3 00	X		X				0	0	0
JASON BASS VP FUND DEVELOPMENT	3 00	X		X				0	0	0
MARILYN BROMS VP FINANCE & HR	3 00	X		X				0	0	0
JASON ROSE VP MARKETING	3 00	X		X				0	0	0
AARAH AIZMAN DIRECTOR	2 00	X						0	0	0
GAIL BERGER DIRECTOR	2 00	X						0	0	0
KEVIN BESIKOF DIRECTOR	2 00	X						0	0	0
SHERRI FEUER DIRECTOR	2 00	X						0	0	0
DEBRA FITERMAN-ARBIT DIRECTOR	2 00	X						0	0	0
RONI GINGOLD DIRECTOR	2 00	X						0	0	0
ROY GINSBURY DIRECTOR	2 00	X						0	0	0
BARBARA GOLDBERG DIRECTOR	2 00	X						0	0	0
LYNN GOLDBLOOM DIRECTOR	2 00	X						0	0	0
JASON GRAIS DIRECTOR	2 00	X						0	0	0
HOWARD KAMINSKY DIRECTOR	2 00	X						0	0	0
GARY KOHLER DIRECTOR	2 00	X						0	0	0
EILEEN KOHN DIRECTOR	2 00	X						0	0	0
STEVEN KRIKAVA DIRECTOR	2 00	X						0	0	0
NATALIE LEVIN DIRECTOR	2 00	X						0	0	0
MARTIN LIPSHUTZ DIRECTOR	2 00	X						0	0	0
GABRIELLE PARISH DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
TINA RAFOWITZ DIRECTOR	2 00	X						0	0	0
MARC RATNER DIRECTOR	2 00	X						0	0	0
NANCY RHEIN DIRECTOR	2 00	X						0	0	0
MARK ROBBINS DIRECTOR	2 00	X						0	0	0
AMY ROSENBLATT LUI DIRECTOR	2 00	X						0	0	0
MARC RUBENSTEIN DIRECTOR	2 00	X						0	0	0
ROCHELLE RUBIN DIRECTOR	2 00	X						0	0	0
ADEEL SAAD DIRECTOR	2 00	X						0	0	0
ANDREW SILVERSTEIN DIRECTOR	2 00	X						0	0	0
HARRIET SWATEZ DIRECTOR	2 00	X						0	0	0
HOWARD TARKOW DIRECTOR	2 00	X						0	0	0
DEBBIE WOLFE DIRECTOR	2 00	X						0	0	0
HOWARD ZACK DIRECTOR	2 00	X						0	0	0
AMY ZAROFF DIRECTOR	2 00	X						0	0	0
DANNY ZOUBER DIRECTOR	2 00	X						0	0	0
RABBI ALEXANDER DAVIS HONORARY ADVISOR	2 00	X						0	0	0
ROBERT KRAMER HONORARY ADVISOR	2 00	X						0	0	0
JILL ANN MARKS HONORARY ADVISOR	2 00	X						0	0	0
LARRY PEPPER HONORARY ADVISOR	2 00	X						0	0	0
KAREN RUBIN HONORARY ADVISOR	2 00	X						0	0	0
TOM SEGAL HONORARY ADVISOR	2 00	X						0	0	0
MARK STIPAKOV HONORARY ADVISOR	2 00	X						0	0	0
JIM TANKENOFF HONORARY ADVISOR	2 00	X						0	0	0
MARI FORBUSH CHIEF OPERATING OFFICER	40 00			X				97,496	0	16,730
BETH TOSO CHIEF FINANCIAL OFFICER	40 00			X				72,426	0	4,153

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 371,140 including grants of $ 13,208) (Revenue $ 265)

COMMUNITY SERVICES , THROUGH COLLABORATIVE PROGRAMMING, REACHED 4,450 INDIVIDUALS THIS YEAR RESOURCES INCLUDE JEWISH DOMESTIC ABUSE COLLABORATIVE (JDAC), MENTAL HEALTH EDUCATION PROJECT (MHEP), J-PRIDE, HEALTHY YOUTH/HEALTH COMMUNITIES (HY/HC), PJ LIBRARY, VOLUNTEER RESOURCES, AND HAG SAMEACH (HAPPY HOLIDAYS)

(Code) (Expenses $ 616,393 including grants of $ 39,371) (Revenue $)

CHILDREN AND YOUTH SERVICES THESE PROGRAMS ASSISTED MORE THAN 2,700 CHILDREN AND THEIR PARENTS, PROVIDING BOTH PREVENTION AND INTERVENTION WITH THE FOLLOWING SERVICES IN-SCHOOL SERVICES (ACT), FAMILY LIFE EDUCATION (FLE), JEWISH BIG BROTHER/BIG SISTER PROGRAM , PARENT-CHILD HOME PROGRAM (PCHP) AND CAMP SCHOLARSHIPS

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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

2010

Open to Public Inspection

Name of the organization
JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS

Employer identification number
41-0693860

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically importantly land area
☐ Preservation of a certified historic structure

2 Complete lines 2a–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 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 taxable 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 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 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 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
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	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	6,732,005	5,913,900	6,479,948		
b	Contributions	361,289	595,540	263,986		
c	Investment earnings or losses	795,853	547,945	-475,669		
d	Grants or scholarships	50,819	54,949	53,547		
e	Other expenditures for facilities and programs	207,735	204,466	250,196		
f	Administrative expenses	78,922	65,965	50,622		
g	End of year balance	7,551,671	6,732,005	5,913,900		

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

- a Board designated or quasi-endowment ▶ 19 460 %
- b Permanent endowment ▶ 53 770 %
- c Term endowment ▶ 26 770 %

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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		689,376	666,246	23,130
d Equipment		427,748	310,675	117,073
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				140,203

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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. *(Column (b) should 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
(1) DONATED RENT	2,754,675
(2) LEASE DEPOSIT	275,000
(3) EMPLOYEE LOANS	10,704
(4) ART COLLECTIONS	12,572
(5) SPLIT INTEREST RECEIVABLES	95,976
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	3,148,927

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED RENT	150,209
DEFERRED COMPENSATION	32,602
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	182,811

2. Fin 48 (ASC 740) 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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,685,398
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,214,783
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,470,615
4	Net unrealized gains (losses) on investments	4	-154,194
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-302,424
8	Other (Describe in Part XIV)	8	-344,334
9	Total adjustments (net) Add lines 4 - 8	9	-800,952
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	669,663

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	9,794,335
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-154,194		
b	Donated services and use of facilities	2b	342,053		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	187,859
3	Subtract line **2e** from line **1**			3	9,606,476
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	78,922		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	78,922
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	9,685,398

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

1	Total expenses and losses per audited financial statements			1	8,822,249
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	686,388		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	686,388
3	Subtract line **2e** from line **1**			3	8,135,861
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	78,922		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	78,922
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	8,214,783

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, 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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	USE OF THE ENDOWMENT FUNDS IS BASED ON DONOR RESTRICTIONS THE ENDOWMENT IS PRIMARILY USED TO FUND THE AGENCY'S EXPENSES IN PROVIDING SERVICES TO OUR CLIENTS, INCLUDING SERVICES IN AGING AND DISABILITY, CHILDREN'S PROGRAMS, CLINICAL AND CASE MANAGEMENT SERVICES, COMMUNITY SERVICES AND CAREER SERVICES IN ADDITION, SOME FUNDS ARE USED TO PROVIDE EMERGENCY ASSISTANCE AND SPECIFIC SCHOLARSHIPS AND LOANS TO THOSE IN NEED IN THE COMMUNITY THE AGENCY DRAWS FUNDS FROM THE ENDOWMENT AT A RATE OF APPROXIMATELY 4% OF THE ENDOWMENT BALANCE EACH YEAR
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE AGENCY QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE COMPARABLE SECTION OF THE MINNESOTA INCOME TAX STATUTES IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE THE AGENCY FOLLOWS THE INCOME TAX STANDARD FOR RECOGNITION OF UNCERTAIN TAX POSITIONS UNDER THIS STANDARD, MANAGEMENT HAS DETERMINED THAT THE AGENCY HAS NO UNCERTAIN TAX POSITIONS AS OF AUGUST 31, 2011 THE AGENCY'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES THE TAX RETURNS FOR THE YEARS 2007 THROUGH 2010 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES
PART XI, LINE 8 - OTHER ADJUSTMENTS		DONATED RENT -344,334

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
JEWISH FAMILY AND CHILDREN'S SERVICE
OF MINNEAPOLIS

Employer identification number
41-0693860

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
JERRY WALDMAN 3601 OAKTON RIDGE MINNETONKA, MN 55305	MAJOR GIFT CONSULTING		No	1,200,000	48,449	1,150,893
Total . . . . . ▶				1,200,000	48,449	1,150,893

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

MN

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 ANNUAL BENEFIT (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	423,737			423,737
	2 Less Charitable contributions	361,684			361,684
	3 Gross income (line 1 minus line 2)	62,053			62,053
Direct Expenses	4 Cash prizes	0			
	5 Non-cash prizes	0			
	6 Rent/facility costs	2,681			2,681
	7 Food and beverages	53,935			53,935
	8 Entertainment	30,000			30,000
	9 Other direct expenses	31,350			31,350
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				117,966
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-55,913

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			29,996	29,996
Direct Expenses	2 Cash prizes			0	
	3 Non-cash prizes			2,929	2,929
	4 Rent/facility costs			0	
	5 Other direct expenses			1,676	1,676
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ 100 000 % Yes 100 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				4,605
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				25,391

9 Enter the state(s) in which the organization operates gaming activities See Additional Data TableMN

a Is the organization licensed to operate gaming activities in each of these states? ☑ Yes ☐ No

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers? . . . . . ☑ Yes ☐ No

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? . . . . . ☐ Yes ☑ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	0 %
b	An outside facility	**13b**	100 000 %

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

Name ▶ BETH TOSO

Address ▶ 13100 WAYZATA BLVD 400
MINNETONKA, MN 55305

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☑ No

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

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? . . . . . ☐ Yes ☑ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS

Employer identification number
41-0693860

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 the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) JEWISH FAMILY SERVICES OF ST PAUL 1633 W 7TH STREET ST PAUL, MN 55102	41-0694679	501(C)(3)	11,259		N/A	N/A	PROGRAM SUPPORT
(2) SLAVIC COMMUNITY CENTER1219 CLEVELAND AVE S ST PAUL, MN 55116	11-3671979	501(C)(3)	8,593		N/A	N/A	PROGRAM SUPPORT

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

3 Enter total number of other organizations . . . ▶ 0

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 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
See Additional Data Table					

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE AGENCY GIVES MONEY TO JEWISH FAMILY SERVICE OF ST PAUL FOR CASE MANAGEMENT AND SERVICES FOR HOLOCAUST SURVIVORS THEY PROVIDE QUARTERLY DOCUMENTATION FOR THE SERVICES AND FOR THE CASE MANAGEMENT THE AGENCY HAS AN ADVISORY COMMITTEE MADE UP OF SURVIVORS WHO OVERSEE THE PROGRAM, SOME OF WHOM ARE CLIENTS FROM ST PAUL THE AGENCY'S COO MEETS ON A REGULAR BASIS WITH THE CEO OF JEWISH FAMILY SERVICE OF ST PAUL TO DISCUSS ANY ISSUES THE AGENCY PROVIDES FUNDS TO THE SLAVIC COMMUNITY CENTER AND THE EASTERN EUROPEAN MEDICAL SOCIETY FOR SPECIFIC ACTIVITIES FOR WHICH THEY PROVIDE DOCUMENTATION INCLUDING NEWSPAPER ADS, FLYERS, AND STAFF TIME THE AGENCY HAS SAMPLES OF ALL THE FLYERS AND MEETS WITH THE DIRECTORS OF THESE PROGRAMS ON A REGULAR BASIS TO MONITOR THE ACTIVITIES PAYMENTS FOR EMERGENCY FINANCIAL ASSISTANCE (WHICH ARE LIMITED IN FREQUENCY AND AMOUNT PER CLIENT) ARE MADE DIRECTLY TO VENDORS UPON RECEIPT ON AN INVOICE OR OTHER APPROPRIATE DOCUMENTATION (E G , EVICTION OR UTILITY SHUT-OFF WARNINGS/ NOTICES), OR IN THE FORM OF STORED-VALUE CARDS REDEEMABLE FOR PURCHASES AT GROCERY STORES OR FOR GAS ONLY, DEPENDING ON THE NATURE OF THE ASSISTANCE THEREFORE, ONGOING MONITORING IS NOT REQUIRED CLIENTS RECEIVING ON-GOING ASSISTANCE TO MAINTAIN THEIR EMPLOYMENT OR EDUCATION (E G , BUS PASSES, GAS CARDS OR CHILDCARE ASSISTANCE) ARE MONITORED TO ENSURE THAT THEY MAINTAIN THEIR EMPLOYMENT OR EDUCATIONAL STATUS SENIORS RECEIVING FINANCIAL ASSISTANCE FOR SERVICES HAVE ONGOING RELATIONSHIPS WITH CASE MANAGERS WHO MONITOR THEIR NEEDS CAMP SCHOLARSHIPS FOR CHILDREN ARE MADE DIRECTLY TO THE CAMP AND ARE REFUNDED IF THE CLIENT IS UNABLE TO ATTEND THE CAMP

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 41-0693860
Name: JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
SENIOR SERVICES AMERICA	168	1,018,369		N/A	N/A
JVS WORKS	25	90,289		N/A	N/A
PAID INTERNSHIPS	8	14,531		N/A	N/A
FINANCIAL ASSISTANCE	315	175,956		N/A	N/A
HOME HELPERS/CLEANERS	85	125,144		N/A	N/A
ADULT DAYCARE ASSISTANCE	36	9,093		N/A	N/A
TRANSPORTATION ASSISTANCE	86	42,279		N/A	N/A
CHILDCARE ASSISTANCE	16	31,327		N/A	N/A
KOSHER MEALS ON WHEELS	162	168,977		N/A	N/A

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS

Employer identification number
41-0693860

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
(1) RAFAEL FORBUSH		X	7,500	5,625		No	Yes		Yes	
Total . . . . . ▶ $				5,625						

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS

Employer identification number
41-0693860

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	13	68,455	STOCK MARKET QUOTES
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (AUCTION ITEMS)	X	281	88,533	PROCEEDS
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS	41-0693860

Identifier	Return Reference	Explanation
ADDITIONAL PROGRAM SERVICE INFORMATION	FORM 990, PART III, LINE 4	INTRODUCTION DURING THE PREVIOUS YEAR JFCS COMBINED THE FAMILY SERVICE DIVISION AND THE J VS DIVISION AND CREATED THREE SERVICE AREAS WHICH ENCOMPASS ALL THE SERVICES OF THE AGENCY THESE ARE AGING AND DISABILITY SERVICES, CAREER AND COMMUNITY SERVICES AND CLINICAL SER VICES EACH OF THESE AREAS IS MANAGED BY A DIRECTOR AND EACH OF THE SERVICES IS MANAGED BY A PROGRAM MANAGER IN SUPPORT OF OUR PROGRAMS WE ALSO HAVE DEVELOPMENT, FINANCE, IT, AND OUR ADMINISTRATIVE PROFESSIONAL TEAM DURING THE PAST YEAR, JFCS SERVED 17,000 INDIVIDUALS OF ALL BACKGROUNDS AND ALL AGES WITH THE WIDE VARIETY OF PROGRAMS LISTED BELOW SLIDING F EE SCALE IS AVAILABLE FOR ALL OF OUR SERVICES CAREER SERVICES LAST YEAR, CAREER SERVICES HELPED MORE THAN 3,000 INDIVIDUALS OVERCOME BARRIERS TO EMPLOYMENT AND FIND MEANINGFUL WO RK WE ADDED HUNDREDS OF FAMILIES AS PARTICIPANTS TO OUR BASIC SLIDING FEE CHILDCARE PROGR AM, WHICH QUALIFIES FAMILIES AND THEN PAYS DAY CARE PROVIDERS WHO ARE CARING FOR THE CHILD REN OF THESE PARENTS WHO ARE EITHER IN SCHOOL OR WORKING IN LOW PAYING JOBS, HAVING COMPLE TED THE MINNESOTA FAMILY INVESTMENT PROGRAM WE SERVED 1200 ADULTS AND CHILDREN IN THIS PR OGRAM CAREER INITIATIVES HELPS PEOPLE WHO ARE HAVE LOST THEIR JOBS, WHO ARE ENTERING THE WORKFORCE OR WHO WANT TO SEEK A BETTER JOB THEY PROVIDE A HOST OF SERVICES, INCLUDING CAR EER COUNSELING, INTERVIEW PREP, RESUME ENHANCEMENT, CAREER NETWORKING GROUPS, AND COACHING AS PEOPLE GO THROUGH THE PROCESS LAST YEAR WE SERVED 500 PEOPLE IN CAREER INITIATIVES W E CONTINUE OUR ONLINE JOB SEARCH SERVICE, PARNOSSAHWORKSMINNESOTA ORG, WITH FUNDING FROM W ELLS FARGO USING THIS PROGRAM, PEOPLE POST THEIR INFORMATION ON THE WEBSITE, AND THEN ARE CONTACTED BY AN EMPLOYMENT SPECIALIST WHO ASSISTS THEM IN THEIR JOB SEARCH, BE IT WITH RE SUME DEVELOPMENT, JOB SEARCH SKILLS, OR VOCATIONAL COUNSELING WE HAVE SERVED 152 PEOPLE I N THIS PROGRAM NINETY-THREE INDIVIDUALS FOUND EMPLOYMENT RELATED TO THEIR SKILL SETS AT A N AVERAGE SALARY OF $14 52 PER HOUR WE HAVE A SUPPORTED WORKSITE AT WELLS FARGO MORTGAGE DIVISION AT THE WORKSITE, PEOPLE IN OUR VOCATIONAL REHABILITATION PROGRAM WORK SEVERAL HO URS PER DAY, FILING MORTGAGE DOCUMENTS THIS PROGRAM IS PAID FOR BY WELLS FARGO, AND EMPLO YS 21 INDIVIDUALS AND SERVED 47 LAST YEAR OUR SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) CONTINUES TO WORK WITH LOW INCOME ELDERS TO FIND THEM FIRST INTERNSHIPS AT AREA N ON-PROFITS, AND THEN PAID EMPLOYMENT CURRENTLY WE HAVE 90 CLIENTS IN THIS PROGRAM, SEVERA L OF WHOM WORK AT JFCS, THE REMAINDER AT OTHER NON-PROFIT ORGANIZATIONS OUR MINNESOTA FAM ILY INVESTMENT PROGRAM (MFIP) AND VOCATIONAL REHABILITATION PROGRAMS CONTINUE TO SERVE PEO PLE WITH SIGNIFICANT BARRIERS TO EMPLOYMENT, AND CONTINUE TO RECEIVE HIGH MARKS FOR MEETIN G INCREASINGLY AGGRESSIVE OUTCOMES LAST YEAR MFIP WORKED WITH 340 PEOPLE AND VOCATIONAL R EHABILITATION WORKED WITH, AND PLACED 77 CAREER SERVICES SERVES WEST HENNEPIN RESIDENTS W HO HAVE LIMITED ACCESS TO EMPLOYMENT SERVICES THIRTY-SEVEN OF THE 108 PEOPLE WHO WERE SER VED IN THIS PROGRAM FOUND EMPLOYMENT AT AN AVERAGE WAGE OF $15 50 PER HOUR CAREER SERVICE S ALSO PROVIDES CAREER DEVELOPMENT AND EMPLOYMENT COUNSELING FOR COMMUNITY MEMBERS AT ANY STAGE OF THEIR CAREERS TESTING, COUNSELING, COACHING, AND JOB SEEKING SKILLS DEVELOPMENT WERE SERVICES PROVIDED TO MORE THAN 100 INDIVIDUALS LAST YEAR, AND OUR IRP PROJECT SERVED 50 PEOPLE LAST YEAR, EVALUATING THEM FOR ENROLLMENT IN TRAINING PROGRAMS, IN ORDER TO RE-E NTER THE WORKFORCE WE RECEIVED A GRANT, IN CONJUNCTION WITH SEVERAL OTHER AGENCIES, IN CO LLABORATION WITH OUR NATIONAL UMBRELLA MEMBERSHIP AGENCY, IAJVS THIS IS A TWO-YEAR GRANT TO INCREASE ACCESS TO VIRTUAL CAREER EXPLORATION SERVICES BY BUILDING OUR CAPACITY TO DELI VER THESE SERVICES TO OUR CUSTOMERS IN THE LOCAL COMMUNITY AND BY INCREASING THE ABILITY O F OUR CUSTOMERS TO MAKE USE OF AND BENEFIT FROM ONLINE RESOURCES DURING THE FIRST YEAR, W E WILL FOCUS ON CAPACITY BUILDING, AND IN THE SECOND YEAR, WE WILL TRAIN-THE-TRAINER AND T RAIN CUSTOMERS ON A HEALTH CAREERS PLATFORM BEING CREATED BY ANOTHER GRANTEE CAREER SERVI CES ALSO ADMINISTERS OUR COLLEGE SCHOLARSHIP PROGRAM, WHICH ARE FUNDED BY ENDOWMENTS AT TH E FEDERATION AND JFCS NINETEEN SCHOLARSHIPS WERE AWARDED LAST YEAR WE ALSO ASSIST STUDEN TS AND FAMILIES WHO ARE CONSIDERING AND EVALUATING COLLEGE CHOICES, AND LAST YEAR DEVELOPE D, IN COLLABORATION WITH HILLEL AT THE UNIVERSITY OF MINNESOTA, A GROUP PROGRAM ON WORK-LI FE BALANCE FOR GRADUATE STUDENTS CLINICAL AND CASE MANAGEMENT SERVICES CLINICAL AND CASE MANAGEMENT SERVICES ARE COMPOSED OF COUNSELING, (INFORMATION AND RESOURCE CONNECTION, LIC ENSING SUPERVISION, (MHSS) MENTAL HEALTH SUPPORT SERVICES, IMMIGRANT AND REFUGEE SERVICES (RESETTLEMENT AND POST-RESETTLEMENT), EMERGENCY FINANCIAL ASSISTANCE AND THE JEWISH FREE L OAN PROGRAM JFCS PROVIDES COUNSELING SERVICES TO INDIVIDUALS AND FAMILIES PEOPLE ARE SEE N AS INDIVIDUALS, COUPLES AND FAMILIES CHILDREN A

Identifier	Return Reference	Explanation
ADDITIONAL PROGRAM SERVICE INFORMATION	FORM 990, PART III, LINE 4	RE ALSO SEEN FOR THERAPY CLIENTS ARE REFERRED FROM OTHER PROGRAMS WITHIN THE AGENCY, FROM OTHER AGENCIES OR ARE SELF-REFERRED DURING THIS YEAR, 302 INDIVIDUALS WERE SEEN FOR MULT IPLE SESSIONS EACH OUR INTAKE AND REFERRAL SERVICES (IRC) WORKED WITH OVER 2,500 CALLERS, PROVIDING THEM REFERRALS, RESOURCES AND EMERGENCY FINANCIAL ASSISTANCE LAST YEAR WE DIST RIBUTED GRANTS TO 206 INDIVIDUALS, FOR A TOTAL OF $128,765 THE PREVIOUS YEAR, WE HAD FUNDI NG FROM THE AMERICAN RECOVERY AND REINVESTMENT ACT, WHICH IS WHY WE HAD SUCH A LARGE DISBU RSEMENT OF FUNDS THIS YEAR WE ONLY HAVE OUR OWN FUNDS WHICH ARE RAISED MOSTLY FROM OUR MI TZVAH (TRIBUTE) CARDS THESE FUNDS ARE USED FOR HELP WITH RENT, UTILITIES, CAR REPAIR, MED ICAL BILLS, TRANSPORTATION COSTS AND FOOD CALLERS ARE REFERRED TO EITHER A JFCS PROGRAM, IF IT IS APPROPRIATE, OR TO ANOTHER PROGRAM IN THE COMMUNITY, SHOULD BETTER MEET THE CALLE RS' NEEDS STAFF MEMBERS (WHO ARE ALL CLINICIANS) ALSO PROVIDE FAMILY CONSULTATIONS, WHERE MEMBERS OF A FAMILY ARE BROUGHT TOGETHER TO DISCUSS OPTIONS THAT MIGHT BE AVAILABLE TO AN AGING PARENT, A SIBLING WITH MENTAL ILLNESS, A CHILD WITH DRUG OR ALCOHOL PROBLEMS, OR AN Y NUMBER OF OTHER ISSUES THESE MEETINGS ARE STAFFED BY A TEAM MOST APPROPRIATE TO THE ISS UES, AND ARE USUALLY ONLY ONE MEETING, WHICH CAN RESULT IN REFERRAL OR INTAKE DEPENDING ON THE SITUATION WE ALSO PROVIDE JEWISH FREE LOANS FOR INDIV IDUAL IN THE JEWISH COMMUNITY W ITH A SPECIFIC NEED, WHO IS ABLE TO PROVIDE A CO-SIGNER PEOPLE WITH SEVERE AND PERSISTENT MENTAL ILLNESS ARE SEEN THROUGH OUR MENTAL HEALTH SUPPORT SERVICES (MHSS) PROGRAM THEY A RE PROVIDED WITH CASE MANAGEMENT, ASSISTANCE WITH ACCESS TO RESOURCES, ASSISTANCE WITH HOU SING, EMPLOYMENT, MEDICATION MANAGEMENT, EMERGENCY FINANCIAL ASSISTANCE, AND SUPPORT AND E NCOURAGEMENT THEY ALSO PARTICIPATE IN HOLIDAY CELEBRATIONS AND A HOLIDAY GIFT PROGRAM, WH ICH ARE "STAFFED" BY VOLUNTEERS ONCE AGAIN, WE SERVED 140 PEOPLE IN THIS PROGRAM LAST YEA R WE ALSO ADDED WAIVERED SERVICES TO THIS PROGRAM FOR PEOPLE WHO ARE ON A CADI (COMMUNITY ALTERNATIVES FOR DISABLED INDIV IDUALS) WAIVER WE ARE SERVING 68 PEOPLE THROUGH THIS WAIV ER AND THEY RECEIVED SIMILAR SERVICES TO THOSE IN OUR MHSS PROGRAM OUR HEALING PROGRAM PR OVIDES VOLUNTEERS WHO VISIT JEWISH CLIENTS IN THE HOSPITAL, IN HOSPICE AND IN THEIR HOMES, WHEN THEY ARE FACING SERIOUS ILLNESS, RECOVERY FROM SURGERY OR END OF LIFE THESE VOLUNTE ERS PROVIDE SUPPORT TO THE CLIENT AND THE FAMILY AT A VERY DIFFICULT TIME, AND THEIR WORK IS AN INVALUABLE RESOURCE TO THE COMMUNITY LAST YEAR 490 PEOPLE WERE SERVED BY VOLUNTEERS IN THIS PROGRAM IN OUR RESETTLEMENT POST-RESETTLEMENT SERVICES, OUR RESETTLEMENT COORDIN ATOR MANAGES OUR CONTRACT WITH HIAS (THE HEBREW IMMIGRANT AID SOCIETY), AND IS CURRENTLY W ORKING WITH A JEWISH FAMILY FROM IRAN WHO IS RESETTLING IN THE TWIN CITIES SHE TAKES ALL CALLS ON OUR INTAKE LINE FROM RUSSIAN SPEAKERS AND HELPS THEM WITH RESOURCES, REFERRALS AN D FINANCIAL ASSISTANCE SHE SERVED 125 PEOPLE LAST YEAR IN INTAKE SHE ALSO PROVIDES CASE MANAGEMENT IN OUR MHSS PROGRAM FOR RUSSIAN SPEAKING CLIENTS WITH SERIOUS AND PERSISTENT ME NTAL ILLNESS SHE IS CURRENTLY SERVING 8 CLIENTS IN THIS PROGRAM

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4B	AGING AND DISABILITY SERVICES JFCS PROVIDES SERVICES TO SENIORS WITH THE GOAL OF HELPING THEM TO REMAIN IN THEIR HOMES WITH THE SERVICES NECESSARY TO HELP THEM AGE IN PLACE WITH D IGNITY TO THAT END, L'CHAIM SENIOR SERVICES PROVIDES CASE MANAGEMENT, WHICH HELPS PEOPLE IDENTIFY AND PUT IN PLACE SERVICES TO ASSIST WITH CLEANING, SHOPPING, ERRANDS, FOOT CARE, AND BATHING AS NEEDED IN ADDITION WE PROVIDE CAREGIVER SUPPORT TO ASSIST THOSE CARING FOR A LOVED ONE WHO IS FRAIL AND IN NEED OF SUPPORT, KOSHER MEALS ON WHEELS, TRANSPORTATION, AND IN HOME SERVICES VOLUNTEERS PROVIDE HOME VISITING, TELEPHONE REASSURANCE, HELP WITH B ILL PAYING AND ORGANIZING PAPERS, TRANSPORTATION AND SHOPPING WE ALSO PROVIDE SPECIALIZED CASE MANAGEMENT SERVICES TO SENIORS WHO ARE SURVIVORS OF THE HOLOCAUST WE SERVED OVER 80 0 PEOPLE IN THIS PROGRAM LAST YEAR WE HAVE AN ADULT DAY SERVICES PROGRAM FOR PEOPLE WITH DEMENTIA WITH A POPULATION OF 20 INDIVIDUALS AND A STAFF THAT PROVIDES STIMULATION AND REC REATION ON SITE AS WELL AS LOVING CARE, KOSHER MEALS AND CAREGIVER RESPITE, AND HELP TO FA CILITATE A SUPPORT GROUP FOR CAREGIVERS OF PEOPLE WITH DEMENTIA WE HAVE A NATURALLY OCCUR RING RETIREMENT COMMUNITY (NORC) PROGRAM, WHICH HAS BEEN FUNDED BY THE FEDERAL AND STATE G OVERNMENTS AND PRIVATE FOUNDATIONS WHICH IS BASED ON A COMMUNITY ORGANIZING MODEL, AND GIV ES PEOPLE ACCESS TO RESOURCES IN THE COMMUNITIES OF HOPKINS AND ST LOUIS PARK WE ALSO HE LP TO ORGANIZE, FUND, AND STABILIZE CONGREGATIONAL NURSE PROGRAMS IN CHURCHES AND SYNAGOGU ES IN ST LOUIS PARK AND HOPKINS AND IN A CHURCH AND A MOSQUE IN MINNEAPOLIS SIXTEEN HUND RED PEOPLE ARE SERVED THROUGH OUR NORC PROGRAM IN THE PAST YEAR, WE DEVELOPED A CAREGIVER SUPPORT PROGRAM, WHICH INVOLVES CAREGIVER IDENTIFICATION, COMMUNITY EDUCATION AND SERVICE S TO CAREGIVERS WE ARE CURRENTLY SERVING 16 PEOPLE IN THIS PROGRAM AND LAST SPRING HAD A CAREGIVER CONFERENCE WHICH WAS VERY SUCCESSFUL, AND ATTENDED BY 150 PEOPLE WE WILL BE OFF ERING THIS CONFERENCE AGAIN IN THE SPRING OF 2012 THE MINNEAPOLIS JEWISH INCLUSION PROGRA M FOR PEOPLE WITH DISABILITIES WORKS WITH SYNAGOGUES AND INSTITUTIONS TO CREATE A WELCOMIN G ATMOSPHERE FOR PEOPLE WITH DISABILITIES WE HAVE CREATED A GUIDEBOOK TO HELP ORGANIZATIO NS WITH THIS PROCESS, AND OUR PROGRAM MANAGER MAKES PRESENTATIONS NATIONALLY ON THIS PROCE SS SHE ALSO WORKS TO MAKE JEWISH DISABILITY AWARENESS MONTH VISIBLE IN OUR COMMUNITY AND NATIONALLY THIS PROGRAM SERVES ALL INSTITUTIONS AND SYNAGOGUES IN OUR COMMUNITY CARING C ONNECTIONS PROVIDES MONTHLY PROGRAMMING FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES P ROGRAMS INCLUDE EDUCATIONAL PROGRAMMING FOCUSED AROUND JEWISH HOLIDAYS, COMMUNITY CELEBRAT IONS, A PASSOVER SEDER, AND A BOWLING OUTING STAFFED BY A YOUTH GROUP FROM A LOCAL TEMPLE WE WORK WITH MANY OF THE LOCAL SYNAGOGUES AND HAVE A CONTINGENT OF OUR CARING CONNECTIONS GROUP AT EVENTS AT VARIOUS CONGREGATIONS, SUCH AS CONCERTS OR PLAYS OVER 60 PEOPLE PARTA KE IN THESE PROGRAMS, AND ARE JOINED BY THEIR FAMILIES MANY OF THE PROGRAMS ARE STAFFED B Y VOLUNTEERS COMMUNITY SERVICES OUR JEWISH DOMESTIC ABUSE COLLABORATIVE SERVES JEWISH WO MEN WHO ARE SURVIVORS OF DOMESTIC VIOLENCE SITUATIONS WE PROVIDE A SUPPORT GROUP, COMMUNI TY EDUCATION AND WE TRAIN AND SUPPORT ADVOCATES FOR JEWISH WOMEN, ALL OF WHOM ARE PAIRED W ITH A SURVIVOR WE ASSIST 25 SURVIVORS OF DOMESTIC VIOLENCE ON AN ON-GOING BASIS LAST YEA R, WE BEGAN A PROGRAM CALLED, BEYOND SAFETY, WHICH PROVIDES SPECIALIZED VOCATIONAL ASSISTA NCE TO WOMEN WHO HAVE LEFT ABUSIVE SITUATIONS, AND ARE WORKING TO GET THEIR LIVES BACK ON TRACK TO BE ABLE TO PROVIDE FOR THEMSELVES AND THEIR CHILDREN CURRENTLY WE ARE SERVING 15 WOMEN IN THIS PROGRAM OUR HEALTHY YOUTH-HEALTHY COMMUNITIES PROGRAM WORKS WITH YOUTH IN THE COMMUNITY TO PROMOTE PRO-SOCIAL BEHAVIORS AND CREATE AWARENESS OF ISSUES THAT YOUNG PE OPLE FACE TODAY IT ALSO ACTS AS A FORUM TO DISCUSS MENTAL HEALTH ISSUES YOUTH OR A FAMILY MEMBER MAY BE EXPERIENCING DURING THE PAST YEAR, OUR COORDINATOR CONTINUED TO WORK WITH THE STUDENT ADVISORY BOARD, WHICH BRINGS IDEAS AND INFORMATION ABOUT NEEDED PROGRAMMING FO R TEENS AND PROVIDED PROGRAMMING AT HILLEL, ST PAUL TALMUD TORAH DAY SCHOOL, HEILICHER MI NNEAPOLIS JEWISH DAY SCHOOL, A JEWISH SORORITY AT THE U OF MN, AND TO YOUTH GROUPS AT AREA SYNAGOGUES TOPICS INCLUDED DRUGS AND ALCOHOL, TEEN DATING HEALTHY RELATIONSHIPS, DEPRES SION AND SUICIDE PREVENTION, BODY IMAGE, HEALTHY SEXUALITY, STRESS AND ANXIETY SHE HAS AL SO FACILITATED A ROSH CHODESH GROUP (ROSH CHODESH IS A MONTHLY WOMEN'S HOLIDAY) FOR 12-13 YEAR OLDS AT BETH EL SYNAGOGUE, AND HAS BEGUN A COMMUNITY-WIDE ROSH CHODESH GROUP FOR YOUN GER GIRLS WE SERVE 375 YOUTH IN THIS PROGRAM EACH YEAR WE ARE CURRENTLY IN THE PROCESS O F DEVELOPING A CURRICULUM WHICH ADDRESSES ISSUES OF BULLYING AND THIS WILL BE INTEGRATED I NTO OUR WORKSHOPS OUR MENTAL HEALTH EDUCATION PROGRAM IS DEDICATED TO RAISING AWARENESS A BOUT MENTAL ILLNESS AND TO REDUCING THE STIGMA EXP

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4B	ERIENCED BY PEOPLE WITH MENTAL ILLNESS AND THEIR FAMILIES IN THE JEWISH COMMUNITY THE PRI NCIPAL EVENT OF THIS PROGRAM IS OUR FALL MENTAL HEALTH EDUCATION CONFERENCE IT IS A HALF DAY CONFERENCE, FREE AND OPEN TO THE COMMUNITY, AND FOCUSES ON TOPICS OF MENTAL HEALTH TH IS PAST YEAR, THE CONFERENCE, OUR 11TH, WAS ON NOVEMBER 13TH AND ONCE AGAIN, ATTRACTED MOR E THAN 500 ATTENDEES KEYNOTE SPEAKER WAS MEG HUTCHINSON, AN AWARD-WINNING SINGER/SONGWRIT ER, WHO SPOKE MOVINGLY ABOUT HER BATTLE WITH BI-POLAR DISEASE AS PART OF THE WEEKEND, SHE ALSO PERFORMED A CONCERT ON SATURDAY NIGHT IN ADDITION, THERE WERE 22 WORKSHOPS ON VARIO US TOPICS FOCUSED ON MENTAL HEALTH THE PROGRAM ALSO PROVIDES WORKSHOPS ON ALZHEIMER'S DIS EASE THROUGHOUT THE COMMUNITY AND AN ONGOING SUPPORT GROUP FOR CAREGIVERS OF PEOPLE WITH A LZHEIMER'S DISEASE IN ST PAUL LAST YEAR WE SERVED 750 PEOPLE THOUGH THIS PROGRAM AS WE H AVE IN THE PREVIOUS YEAR J-PRIDE ORGANIZES ACTIVITIES IN THE JEWISH LGBT COMMUNITY, FOCUS ING ON HAVING A PRESENCE AT THE GAY PRIDE FESTIVAL AND DEMONSTRATING THE JEWISH COMMUNITY SUPPORT FOR ISSUES THAT AFFECT LGBT INDIVIDUALS AND FAMILIES OUR VOLUNTEER RESOURCES PROG RAM RECRUITS, ASSESSES, MATCHES, TRAINS, AND SUPPORTS OVER 900 VOLUNTEERS EACH YEAR OUR V OLUNTEERS WORK IN EVERY FACET OF THE AGENCY, INCLUDING OUR HOLIDAY GIFT PROGRAM, OUR ANNUA L BENEFIT, DIRECT SERVICES, OFFICE SUPPORT, AND RECEPTION OUR HAG SAMEACH (HAPPY HOLIDAY) PROGRAM SERVED OVER 1,100 INDIVIDUALS AT HANUKKAH AND ANOTHER 50 FAMILIES AT PASSOVER OV ER 300 VOLUNTEERS WORKED ON THESE PROJECTS OUR VOLUNTEERS ALSO STAFF ALL OF OUR SEDERS AN D HANUKKAH PARTIES FOR CLIENTS THEY DRIVE THEM TO THE EVENT, SERVE, AND HELP THEM FEEL WE LCOME AT THE EVENT VOLUNTEERS ANSWER OUR TRANSPORTATION RESERVATION LINE EVERY DAY, AND A SSIST WITH PROJECTS, SUCH AS MAILINGS OUR VOLUNTEERS PROVIDE OVER 40,000 HOURS OF SERVICE TO THE ORGANIZATION, AND WITHOUT THEIR DEDICATION, WE WOULD NOT BE ABLE TO CARRY OUT AS M ANY ACTIVITIES AND SERVICES AS WE DO CHILDREN'S SERVICES THE AQUILA CEDAR MANOR TOGETHER PROGRAM (ACT) HELPS CHILDREN BECOME MORE SUCCESSFUL LEARNERS ACT OFFERS FIVE SERVICES -F AMILY SUPPORT SERVICES WHICH ASSIST FAMILIES IN SOLVING PROBLEMS RELATED TO HOUSING, TRANS PORTATION, OR ANY ISSUE THAT MIGHT INHIBIT A CHILD IN GROWING AND DEVELOPING WITHIN THE SC HOOL WE SERVE 20 FAMILIES ANNUALLY -A PREVENTION PROGRAM PRESENTED TO CHILDREN TO HELP T HEM BOOST SOCIAL SKILLS, AND APPROPRIATE PEER INTERACTION 700 CHILDREN RECEIVE THIS SERVI CE - INDIVIDUAL AND GROUP COUNSELING FOR CHILDREN AT SCHOOL, AFTER SCHOOL PROGRAMS ARE ALS O PROVIDED 50 CHILDREN PARTICIPATE -VOLUNTEER MENTORS, "LUNCH BUDDIES" AND TUTORS FOR CH ILDREN WHO COULD BENEFIT FROM A SUPPORTIVE RELATIONSHIP WITH A CARING ADULT CURRENTLY 35 CHILDREN ARE PAIRED -A FAMILY RESOURCE CENTER, WHICH WAS BEGUN THIS PAST YEAR AND IS LOCA TED AT PETER HOBART, BUT SERVES THE ENTIRE DISTRICT FAMILIES HAVE ACCESS TO OUR CASE MANA GER FOR ASSISTANCE WITH PROBLEM SOLVING AND REFERRALS TO RESOURCES IN THE COMMUNITY AND IN THE COUNTY WE SERVED 25 FAMILIES DURING THIS START-UP YEAR THIS PAST YEAR 750 INDIVIDUA LS RECEIVED CASE MANAGEMENT OR SUPPORT THROUGH ACT FAMILY LIFE EDUCATION PRESENTS PROGRAMS WHICH ARE FOCUSED ON PREVENTION EXAMPLES INCLUDE PARENTING AND GRAND PARENTING INTERFAIT H FAMILIES, OR WORKING WITH MOTHERS OF 5TH GRADE GIRLS AS THE DAUGHTER'S ARE IN A GROUP PR OMOTING PRO-SOCIAL BEHAVIORS SHE ALSO DOES WORK AS REQUESTED IN THE AREAS OF DIVORCE, PAR ENTING, GRIEF, AND OTHER TOPICS AS REQUESTED SHE ALSO HAS AN EMAIL PROGRAM, ASKBARBARA, W HICH RESPONDS TO PARENTING ISSUES IN TOTAL, 723 PEOPLE WERE SERVED IN THIS PROGRAM

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4C	THE PARENT-CHILD HOME PROGRAM IS A HOME VISITING, EARLY LITERACY PROGRAM, OF WHICH JFCS IS A REPLICATION SITE THIS PROGRAM HAS BEEN IN PLACE SINCE THE MID-SIXTIES, IS EVIDENCED-BASED AND SHOWS PROVEN SUCCESS IN SCHOOL READINESS AND IN HIGH SCHOOL GRADUATION RATES HOME VISITORS SPEND HALF HOUR TWICE PER WEEK, 30 WEEKS PER YEAR, VISITING A FAMILY THE FIRST VISIT THEY TAKE AN EDUCATIONAL TOY OR BOOK AND MODEL ITS USE WITH THE CHILD THE SECOND VISIT, THE VISITOR WATCHES THE PARENT INTERACT WITH THE CHILD AROUND THE TOY OR BOOK AND GIVES ENCOURAGEMENT TO THE INTERACTION THE PROGRAM TEACHES PARENTS TO BE THEIR CHILDREN'S PRIMARY EDUCATOR AND CHILDREN WHO HAVE HAD THIS PROGRAM, ALTHOUGH THEY COME FROM FAMILIES THAT ARE BOTH EDUCATIONALLY AND ECONOMICALLY DISADVANTAGED, GRADUATE FROM HIGH SCHOOL AT THE SAME RATE AS THEIR MIDDLE CLASS PEERS PCHP HAS SERVED OVER 100 FAMILIES TO DATE AND IS SERVING 100 FAMILIES IN THE CURRENT 2ND YEAR COHORT LAST YEAR, WE "GRADUATED" 39 FAMILIES, AND ARE CURRENTLY FOLLOWING UP WITH FAMILIES WHOSE CHILDREN ARE NOW IN KINDERGARTEN AND FIRST GRADE WITH VERY PROMISING OUTCOMES OUR JEWISH BIG BROTHER/BIG SISTER PROGRAM MATCHES JEWISH ADULTS WITH CHILDREN AGES 5 THROUGH HIGH SCHOOL, TO PROVIDE THEM WITH A MENTOR WHO MEETS WITH THEM TWO TO THREE TIMES PER MONTH TO SPEND TIME TOGETHER DOING ACTIVITIES, HAVING CONVERSATION, AND BEING A FRIEND THIS PROGRAM ALSO PLACES SUPERVISED TEENS WITH A "LITTLE," AND MATCHES MOMS WHO HAVE ISSUES IN COMMON THE PROGRAM HAS APPROXIMATELY 60 MATCHES AT ANY GIVEN TIME AND MATCHES OFTEN LAST 5-10 YEARS HALF OF THE CHILDREN IN THE PROGRAM ARE CHILDREN WITH DISABILITIES THE FAMILY AND PARENTING CENTER IS DEDICATED TO STRENGTHENING, EDUCATING, AND SUPPORTING THE DIVERSE FAMILIES IN OUR JEWISH COMMUNITY BY PROVIDING JEWISH FAMILY EDUCATION PROGRAMS, RESOURCES, AND RELATIONSHIP-BUILDING ACTIVITIES THIS YEAR, THE FAMILY AND PARENTING CENTER ONCE AGAIN OFFERED PJ LIBRARY, WHICH PROVIDES AGE APPROPRIATE BOOKS WITH JEWISH CONTENT FOR CHILDREN, AGES ONE THROUGH EIGHT THE FAMILY AND PARENTING CENTER HAS DONE PROGRAMS RELATED TO THE BOOKS OFFERED BY THE PROGRAM AND HOLIDAY PROGRAMS OPEN TO ALL THE FAMILIES OF PJ LIBRARY WE HAVE OVER 800 CHILDREN ENROLLED IN PJ LIBRARY, AND ATTENDANCE AT OUR PROGRAMS HAS BEEN FROM 25-100, WITH MOST PROGRAMS ATTRACTING AROUND 60 YOUNG, OFTEN INTERFAITH FAMILIES EACH YEAR, WITH FUNDING FROM DEDICATED ENDOWMENT FUNDS AND FUNDS FROM THE POHLAND FOUNDATION, WE PROVIDE OVER 100 CHILDREN SCHOLARSHIPS FOR CAMP THESE RANGE FROM FULL SCHOLARSHIPS TO PARTIAL SCHOLARSHIPS AND ARE FOR A HOST OF CAMPS, BOTH JEWISH AND NON-JEWISH, AS LONG AS THEY ARE ACCREDITED

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1		THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE JFCS OFFICERS (INCLUDING THE CHAIRPERSON OF EACH STANDING COMMITTEES), THE IMMEDIATE PAST-PRESIDENT, THE PRESIDENT-ELECT (IF APPLICABLE) AND OTHERS AS APPOINTED BY THE PRESIDENT DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD, THE EXECUTIVE COMMITTEE SHALL MEET UPON THE CALL OF THE PRESIDENT, AND SHALL TAKE FINAL ACTION ON MATTERS UPON WHICH IT HAS BEEN PREVIOUSLY EMPOWERED BY THE BOARD TO ACT, AND SHALL INVESTIGATE, CONSIDER, AND MAKE RECOMMENDATIONS TO THE BOARD ON MATTERS AS TO WHICH NO PREVIOUS SPECIFIC POWER TO TAKE FINAL ACTION HAD BEEN CONFERRED UPON IT ALL ACTION AND RECOMMENDATIONS BY THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO THE BOARD AT ITS MEETING NEXT FOLLOWING SUCH ACTION AND RECOMMENDATIONS, AND SUCH RECOMMENDATIONS SHALL BE SUBJECT TO APPROVAL, REVISIONS, OR REJECTION BY THE BOARD AT ITS PLEASURE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1		THE CHIEF EXECUTIVE OFFICER IS GRANTED A TIE-BREAKING VOTE ON THE BOARD OF DIRECTORS AND IS ONLY CALLED UPON TO VOTE WHEN THE VOTING MEMBERS OF THE BOARD HAVE REACHED A TIE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		ANY PERSON OR ENTITY, REGARDLESS OF RESIDENCE OR JURISDICTION OF GOVERNING LAW, THAT HAS CONTRIBUTED PRESCRIBED MEMBERSHIP DUES TO JFCS FOR A FISCAL YEAR SHALL BE A MEMBER OF JFCS FOR SUCH FISCAL YEAR

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS PREPARED WITH THE INVOLVEMENT OF SEVERAL MEMBERS OF THE AGENCY'S MANAGEMENT TEAM THE FORM 990 IS REVIEWED BY THE CEO, COO AND CFO AND THEN DISTRIBUTED TO THE HUMAN RESOURCES/FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW AND DISCUSSION PRIOR TO THE COMMITTEE'S RECOMMENDATION THAT THE BOARD APPROVE THE SUBMISSION OF THE FORM 990 TO THE IRS AFTER THIS MEETING, THE FORM 990 IS DISTRIBUTED TO THE FULL BOARD OF DIRECTORS AND DISCUSSED AT A BOARD OF DIRECTORS MEETING BEFORE BEING APPROVED FOR SUBMISSION TO THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE AGENCY MAINTAINS A CONFLICT OF INTEREST POLICY WHICH IS REVIEWED WITH EMPLOYEES AS PART OF THE ONBOARDING PROCESS EMPLOYEES ARE REQUIRED TO NOTIFY THEIR SUPERVISOR OF ANY POTENTIAL CONFLICTS ON AN ONGOING BASIS, THESE ARE REVIEWED WITH THE AGENCY COMPLIANCE OFFICER AND APPROPRIATE ACTIONS ARE DETERMINED TO RESOLVE THE CONFLICT OF INTEREST IN ADDITION, BOARD MEMBERS AND ADMINISTRATIVE STAFF MEMBERS COMPLETE A CONFLICT OF INTEREST SURVEY ON AN ANNUAL BASIS TO IDENTIFY ANY POTENTIAL CONFLICTS OF INTEREST ADMINISTRATIVE STAFF MEMBERS INCLUDE THE CEO, COO, CFO, DIRECTORS OF HUMAN RELATIONS, PUBLIC RELATIONS, AND THE THREE PROGRAM DIRECTORS THE AGENCY MAINTAINS A POLICY PROHIBITING BOARD, SENIOR STAFF AND/OR THE CEO FROM OBTAINING CERTAIN SERVICES WHICH WOULD RESULT IN A CONFLICT OF INTEREST IN SOME CASES, ADDITIONAL APPROVALS ARE REQUIRED TO OBTAIN SERVICES WHERE A CONFLICT MAY BE PERCEIVED WITHIN THE EXISTING APPROVAL STRUCTURE MEMBERS OF THE BOARD AND EMPLOYEES ARE REQUIRED TO ABSTAIN FROM ANY DECISIONS WHERE THEY HAVE A CONFLICT OF INTEREST (E G , VENDOR SELECTION COMMITTEES, ETC)

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION OF THE CEO IS DETERMINED BY THE COMPENSATION COMMITTEE, A COMMITTEE OF THE BOARD OF DIRECTORS, LED BY THE PRESIDENT OF THE BOARD THE PERFORMANCE OF THE CEO IS REVIEWED ANNUALLY BY THIS COMMITTEE, WHICH ALSO COMPILES SURVEY INFORMATION WITH REGARD TO COMPENSATION OF SIMILAR POSITIONS AT SIMILAR AGENCIES THEN THE COMPENSATION COMMITTEE DETERMINES AN APPROPRIATE SALARY AND BENEFITS PACKAGE AND COMMUNICATES THIS WITH THE CEO'S PERFORMANCE REVIEW TO THE CEO BOTH IN PERSON AND IN A SIGNED LETTER, WHICH IS PROVIDED TO HUMAN RESOURCES AND PAYROLL DEPARTMENTS TO EXECUTE ANY CHANGES TO THE CEO'S COMPENSATION THIS PROCESS WAS MOST RECENTLY UNDERTAKEN IN 2011 FOR THE CEO, J HALPER COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES IS DETERMINED BY REFERENCE TO COMPENSATION SURVEYS FOR SIMILAR POSITIONS IN SOCIAL SERVICE AGENCIES THE COMPENSATION IS DETERMINED BY THE CEO WITH CONSULTATION WITH THE HR DIRECTOR THIS PROCESS WAS MOST RECENTLY UNDERTAKEN IN 2010 FOR THE COO, M FORBUSH AND CFO, B TOSO

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE AGENCY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -154,194 PRIOR PERIOD ADJUSTMENTS -302,424 DONATED RENT -344,334 TOTAL TO FORM 990, PART XI, LINE 5 -800,952