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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
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A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JEWISH FAMILY & CHILDREN'S SERVICE OF SOUTHERN ARIZONA INC Doing Business As JEWISH FAMILY & CHILDREN'S SERVICES OF SOUTHERN ARIZONA Number and street (or P O box if mail is not delivered to street address) Room/suite 4301 EAST FIFTH STREET City or town, state or country, and ZIP + 4 TUCSON, AZ 857112005	D Employer identification number 86-0623896
		E Telephone number (520) 795-0300
		G Gross receipts \$ 2,908,178
	F Name and address of principal officer SHIRA LEDMAN 4301 EAST FIFTH STREET TUCSON, AZ 857112005	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.JFCSTUCSON.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1988
M State of legal domicile AZ		

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities QUALITY SOCIAL AND BEHAVIORAL HEALTH SERVICES FOR THE JEWISH AND GREATER TUCSON COMMUNITY 		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	81
	6 Total number of volunteers (estimate if necessary)	6	85
	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
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,249,850	2,542,254
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	88,631	220,288
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,948	46,219
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,505	53,506
		2,418,934	2,862,267
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	132,147	292,005
	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)	2,014,448	1,899,279
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>▶168,115</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	706,016	588,749
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,852,611	2,780,033
	19 Revenue less expenses Subtract line 18 from line 12	-433,677	82,234
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	2,674,246	2,812,280
	21 Total liabilities (Part X, line 26)	823,389	910,810
	22 Net assets or fund balances Subtract line 21 from line 20	1,850,857	1,901,470

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

Sign Here	***** Signature of officer	2012-08-06 Date			
	SHARLA SHANE TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DAVID M IACONIS CPA	Preparer's signature DAVID M IACONIS CPA	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ BEACHFLEISCHMAN PC				Firm's EIN ▶
	Firm's address ▶ PO BOX 64130 TUCSON, AZ 857284130				Phone no ▶ (520) 321-4600

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

JEWISH FAMILY & CHILDREN'S SERVICE OF SOUTHERN ARIZONA, A NON-PROFIT AGENCY WHICH IS GUIDED BY JEWISH VALUES, PROVIDES QUALITY SOCIAL AND BEHAVIORAL HEALTH SERVICES TO THE JEWISH AND GREATER TUCSON COMMUNITY JFCS HELPS PEOPLE OF ANY RELIGION OR ETHNIC ORIGIN MEET THEIR FULL POTENTIAL BY RESTORING THEIR WELL-BEING, CULTIVATING SELF-SUFFICIENCY AND STRENGTHENING FAMILY LIFE

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 \$ 923,774 including grants of \$) (Revenue \$ 133,755)

COUNSELING - JFCS OFFERS A MYRIAD OF COUNSELING AND SUPPORT PROGRAMS THROUGHOUT METROPOLITAN TUCSON SERVICES ARE PROVIDED AT JFCS'S MAIN OFFICE OR IN COMMUNITY-BASED LOCATIONS THIS PROGRAM OFFERS THE HIGHEST QUALITY COUNSELING AND PSYCHOTHERAPY FOR CHILDREN, ADOLESCENTS, ADULTS, INDIVIDUALS, COUPLES, FAMILIES AND GROUPS THE AGENCY PROVIDES A BROAD ARRAY OF THERAPEUTIC PROGRAMS TO MEET A WIDE RANGE OF BEHAVIORAL HEALTH NEEDS JFCS ALSO COLLABORATES WITH OTHER ORGANIZATIONS WITHIN THE COMMUNITY SUCH AS SCHOOLS, GOVERNMENT, PHYSICIANS, AND SOCIAL SERVICE AGENCIES TO PROVIDE BEHAVIORAL HEALTH SERVICES SOME CLIENTS MAY BE UNABLE TO PAY FOR COUNSELING SERVICES AND THEREFORE, JFCS PROVIDES REDUCED FEE SERVICES TO CLIENTS WHEN APPROPRIATE COUNSELING SERVICES INCLUDE THERAPEUTIC TREATMENT AND INTENSIVE COUNSELING FOR SUBSTANCE ABUSE AND ADDICTION RECOVERY, TRAUMA, SEXUAL ASSAULT, DOMESTIC VIOLENCE, LOSS AND COPING, ANGER MANAGEMENT, SELF-HARMING BEHAVIORS AND OTHER EMOTIONAL AND/OR PSYCHOLOGICAL LIFE ISSUES JFCS TREATS INDIVIDUALS, FAMILIES AND COUPLES THROUGH SELF-REFERRAL, MANDATED TREATMENT AND OTHER PROFESSIONAL REFERRALS

4b

(Code) (Expenses \$ 1,040,041 including grants of \$ 292,005) (Revenue \$ 131,515)

CASE/CARE MANAGEMENT - CASE/CARE MANAGEMENT PROGRAMS PROVIDE A VARIETY OF SERVICES TO ASSIST OLDER ADULTS AND INDIVIDUALS WITH DISABILITIES TO MAINTAIN THE HIGHEST LEVEL OF HEALTH AND INDEPENDENCE POSSIBLE BASED ON INDIVIDUAL REQUIREMENTS, JFCS CONNECTS CLIENTS WITH A FULL ARRAY OF IN-HOME AND SUPPORTIVE SERVICES AND PROVIDES ONGOING MONITORING TO ENSURE EFFECTIVENESS OF SERVICES ALSO UNDER THE UMBRELLA OF THIS PROGRAM ARE SERVICES TO HOLOCAUST SURVIVORS THAT GENERATE HOPE, BUILD RESILIENCY AND FOSTER DIGNITY ONESTOP AFFORDABLE HOME MEDICAL EQUIPMENT (PREVIOUSLY IRVING GREENFIELD TUCSON LOAN CHEST) - ONESTOP PROVIDES A WIDE VARIETY OF RECYCLED DURABLE MEDICAL EQUIPMENT TO LOW INCOME, UNINSURED AND UNDERINSURED INDIVIDUALS AND FAMILIES THESE INDIVIDUALS WOULD OTHERWISE HAVE NO ACCESS TO AFFORDABLE, MEDICALLY NECESSARY EQUIPMENT, MUCH OF WHICH IS NOT COVERED BY HEALTH INSURANCE GUARDIANSHIP PROGRAM - THIS PROGRAM IS DEDICATED TO ADVOCATING FOR SUCH PERSONS WHO CANNOT FULLY DO SO FOR THEMSELVES THESE SERVICES ARE DESIGNED TO AID ADULTS WITH DISABILITIES WHO ARE UNABLE TO MAKE THEIR OWN CRITICAL LIFE DECISIONS THIS PROGRAM SERVES CLIENTS WHO HAVE BEEN DEEMED INCAPACITATED BY THE PROBATE COURT, FOR THE PURPOSE OF PROTECTING VULNERABLE PERSONS FROM ABUSE, NEGLECT, AND EXPLOITATION THE AGENCY IS APPOINTED BY THE COURT TO BE A GUARDIAN FOR THE INDIVIDUAL GUARDIANSHIP PROVIDES FOR THE PERSON'S CARE INCLUDING APPROPRIATE SERVICES AND PLACEMENT THE GUARDIAN ALSO ACTS AS AN ADVOCATE IN ANY AND ALL ASPECTS OF A PERSON'S LIFE, WITH THE EXCEPTION OF ACTING AS A CONSERVATOR, WHILE BALANCING THE RIGHTS AND PREFERENCES OF THE INDIVIDUAL WITH THEIR NEED FOR PROTECTION THE GUARDIAN WORKS WITH THE CLIENT AND THE CLIENT'S TEAM THROUGH REGULAR VISITS AND CONTACT WITH THE WARD, TEAM MEMBERS, AND OTHER IMPORTANT PERSONS EMERGENCY FINANCIAL ASSISTANCE AND CASE MANAGEMENT - THIS PROGRAM OFFERS EMERGENCY FINANCIAL ASSISTANCE INCLUDING FOOD RELIEF AND ASSISTANCE WITH SHELTER TO AVOID HOMELESSNESS CASE MANAGEMENT PROVIDES REFERRALS TO OTHER APPROPRIATE AGENCIES AND CONNECTIONS TO JFCS VOLUNTEERS THAT ASSIST WITH BUDGETING, JOB SEEKING SKILLS, AND DEBT COUNSELING THE PROGRAM'S FOCUS IS ON RETURNING CLIENTS TO SELF-SUFFICIENCY AS QUICKLY AS POSSIBLE

4c

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

4d

Other program services (Describe in Schedule O)
















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

4e

Total program service expenses \$ 1,963,815

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	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? <i>If "Yes," complete Schedule C, Part I.</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? <i>If "Yes," complete Schedule C, Part II.</i>	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? <i>If "Yes," complete Schedule C, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	Yes
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	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, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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 ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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 ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	15
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	81
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
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	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	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?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filedAZ

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
LOUIS A CIURCA
4301 EAST FIFTH STREET
TUCSON, AZ 85711
(520) 795-0300

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			
(1) WILLIAM ADDISON JR DIRECTOR	3 50	X						0	0	0
(2) BRUCE BEYER DIRECTOR	14 30	X						0	0	0
(3) HAROLD BONGARTEN DIRECTOR	7 00	X						0	0	0
(4) SARA COHEN DIRECTOR	1 30	X						0	0	0
(5) BERT FALBAUM DIRECTOR	2 00	X						0	0	0
(6) SOOZIE HAZAN DIRECTOR	1 10	X						0	0	0
(7) DAVID LIPPMAN DIRECTOR	0 00	X						0	0	0
(8) RABBI SHAFIR LOBB DIRECTOR	0 00	X						0	0	0
(9) EDMUND MARQUEZ DIRECTOR	10 00	X						0	0	0
(10) NANCY ROBERTSON DIRECTOR	16 70	X						0	0	0
(11) HENRY RUTH DIRECTOR	4 20	X						0	0	0
(12) GERRY SAPIN DIRECTOR	1 30	X						0	0	0
(13) HOLLY SHENITZER DIRECTOR	3 60	X						0	0	0
(14) STUART ULANOFF DIRECTOR	8 30	X						0	0	0
(15) WENDY WEISS DIRECTOR	3 80	X						0	0	0
(16) ELIZABETH WEINER-SCHULMAN PRESIDENT	13 30	X		X				0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (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			
(17) JILL ROSENZWEIG CHAIR ELECT	17 00	X		X				0	0	0
(18) LARRY LEIKEN VICE CHAIR	5 50	X		X				0	0	0
(19) GLORIA ALVILLAR SECRETARY	1 10	X		X				0	0	0
(20) BOB KIVEL TREASURER	9 60	X		X				0	0	0
(21) SHIRA LEDMAN CEO	40 00			X				134,010	0	0
(22) LOUIS CIURCA CFO	40 00			X				78,677	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								212,687	0	0

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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a	175,330				
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	992,078				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,374,846				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f ▶		2,542,254			
Program Service Revenue			Business Code				
	2a	PROGRAM FEES	624100	220,288	220,288		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		220,288			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		31,052		31,052	
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties ▶					
	6a	(i) Real		(ii) Personal			
		5,049		12,713			
		b	Less rental expenses				
		c	Rental income or (loss)	5,049	12,713		
	d	Net rental income or (loss) ▶			17,762	12,713	5,049
	7a	(i) Securities		(ii) Other			
		61,078					
		b	Less cost or other basis and sales expenses	45,911			
		c	Gain or (loss)	15,167			
	d	Net gain or (loss) ▶			15,167		15,167
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
		b	Less direct expenses b				
		c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . a					
		b	Less direct expenses b				
		c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances a		32,269			
b		Less cost of goods sold b					
c		Net income or (loss) from sales of inventory . . ▶		32,269	32,269		
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS	900099	3,475			3,475	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		3,475				
12	Total revenue. See Instructions ▶		2,862,267	265,270	0	54,743	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	292,005	292,005		
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	216,242	51,082	123,788	41,372
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,412,996	1,092,553	257,816	62,627
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	127,892	86,921	32,672	8,299
10	Payroll taxes	142,149	104,458	27,834	9,857
a	Fees for services (non-employees) Management				
b	Legal	9,520	4,420	5,100	
c	Accounting	29,250		29,250	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	11,924		11,924	
g	Other	170,707	109,052	59,720	1,935
12	Advertising and promotion	13,862	6,845	6,507	510
13	Office expenses	61,747	37,290	8,383	16,074
14	Information technology	9,326	6,406	2,403	517
15	Royalties				
16	Occupancy	72,703	54,846	15,050	2,807
17	Travel	14,975	14,004	512	459
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,940	5,495	5,053	392
20	Interest	7,478		7,478	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	39,815	30,687	6,983	2,145
23	Insurance	39,856	30,719	6,990	2,147
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	MISCELLANEOUS	31,886	8,234	9,517	14,135
b	EQUIPMENT RENT & REPAIR	29,312	20,245	8,280	787
c	MEMBERSHIP & DUES	21,822	2,917	16,053	2,852
d	BAD DEBT	6,836	5,636		1,200
e	RECRUITMENT	6,790		6,790	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,780,033	1,963,815	648,103	168,115
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			80,557	1	0
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			2,200	3	4,050
	4	Accounts receivable, net			162,824	4	302,120
	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				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			20,554	9	27,822
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	1,528,790			
	b	Less: accumulated depreciation	10b	640,666	856,688	10c	888,124
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			1,249,386	12	1,202,906
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			302,037	15	387,258
16	Total assets. Add lines 1 through 15 (must equal line 34)			2,674,246	16	2,812,280	
Liabilities	17	Accounts payable and accrued expenses			291,811	17	277,307
	18	Grants payable				18	
	19	Deferred revenue			65,708	19	39,760
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			302,037	21	387,258
	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			145,205	23	150,000
	24	Unsecured notes and loans payable to unrelated third parties				24	50,000
	25	Other liabilities. Complete Part X of Schedule D			18,628	25	6,485
	26	Total liabilities. Add lines 17 through 25			823,389	26	910,810
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			484,899	27	544,448
	28	Temporarily restricted net assets			60,185	28	51,249
	29	Permanently restricted net assets			1,305,773	29	1,305,773
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			1,850,857	33	1,901,470
34	Total liabilities and net assets/fund balances			2,674,246	34	2,812,280	

Part XI Reconciliation 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	2,862,267
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,780,033
3	Revenue less expenses Subtract line 2 from line 1	3	82,234
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,850,857
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-31,621
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	1,901,470

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	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	Yes	

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 & CHILDREN'S SERVICE OF SOUTHERN ARIZONA INC	Employer identification number 86-0623896
---	--

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

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.")	3,378,388	5,272,693	2,976,029	2,249,850	2,542,255	16,419,215
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	3,378,388	5,272,693	2,976,029	2,249,850	2,542,255	16,419,215
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						16,419,215

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	3,378,388	5,272,693	2,976,029	2,249,850	2,542,255	16,419,215
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,948	111,875	102,909	42,246	36,101	321,079
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)					3,475	3,475
11 Total support (Add lines 7 through 10)						16,743,769
12 Gross receipts from related activities, etc (See instructions)					12	1,493,078
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	98.060 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	98.260 %
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 section 501(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).

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 & CHILDREN'S SERVICE OF
SOUTHERN ARIZONA INC

Employer identification number

86-0623896

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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
1c	
1d	
1e	
1f	

2a

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

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	1,305,773	1,305,773	1,501,243		
b Contributions					
c Investment earnings or losses	14,598	132,834	-32,630		
d Grants or scholarships					
e Other expenditures for facilities and programs	2,674	121,855	151,026		
f Administrative expenses	11,924	10,979	11,814		
g End of year balance	1,305,773	1,305,773	1,305,773		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶ 0 %

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(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		191,352		191,352
b Buildings		905,221	302,749	602,472
c Leasehold improvements		71,250		71,250
d Equipment		351,796	328,746	23,050
e Other		9,171	9,171	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				888,124

Schedule D (Form 990) 2010

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,862,267
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,780,033
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	82,234
4	Net unrealized gains (losses) on investments	4	-31,621
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-31,621
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	50,613

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	2,910,243
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-31,621
b	Donated services and use of facilities	2b	91,521
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-11,924
e	Add lines 2a through 2d	2e	47,976
3	Subtract line 2e from line 1	3	2,862,267
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,862,267

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	2,859,630
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	91,521
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	91,521
3	Subtract line 2e from line 1	3	2,768,109
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	11,924
c	Add lines 4a and 4b	4c	11,924
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,780,033

Part XIVSupplemental 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
	PART IV, LINE 2B	THE ORGANIZATION HAS RESTRICTED CASH HELD FOR OTHERS THESE ARE TRUST ACCOUNTS WHEREBY JFCS IS HANDLING THE FINANCIAL AFFAIRS FOR INDIVIDUALS WHO ARE UNABLE TO TAKE CARE OF THEMSELVES THE AMOUNTS HELD FOR OTHERS TOTALED \$387,258 AND \$302,037 AT SEPTEMBER 30, 2011 AND 2010 AND HAVE CORRESPONDING CUSTODIAL LIABILITIES
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ORGANIZATION'S ENDOWMENTS WERE ESTABLISHED TO SUPPORT, FURTHER AND ENHANCE THE MISSION OF JFCS THESE ENDOWMENTS ARE HELD AND MANAGED AT THE JEWISH COMMUNITY FOUNDATION OF SOUTHERN ARIZONA AND ARE COMPRISED OF DONOR SPECIFIED BENEFICIARY FUNDS AND AGENCY ADVISED FUNDS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	PART X, LINE 2 - FIN 48 (ASC) FOOTNOTE GAAP REQUIRES MANAGEMENT TO PERFORM AN EVALUATION OF ALL TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS MEET A "MORE LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES THIS EVALUATION IS REQUIRED TO BE PERFORMED FOR ALL OPEN TAX YEARS, AS DEFINED BY THE VARIOUS STATUTES OF LIMITATIONS, FOR FEDERAL AND STATE PURPOSES THE ORGANIZATION IS ONLY SUBJECT TO INCOME TAXES ON UBTI AS APPLICABLE AS A RESULT, THE ORGANIZATION IS REQUIRED TO FILE INFORMATIONAL RETURNS FOR FEDERAL AND STATE PURPOSES AND, IF IT HAS UBTI, FEDERAL AND STATE INCOME TAX RETURNS WITH LIMITED EXCEPTIONS,THE ORGANIZATION IS NO LONGER SUBJECT TO TAX EXAMINATION FOR ANY YEARS EARLIER THAN 2008 FOR FEDERAL AND 2007 FOR STATE MANAGEMENT HAS PERFORMED ITS EVALUATION OF TAX POSITIONS TAKEN ON ALL OPEN TAX RETURNS AND HAS DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE LIKELY THAN NOT" STANDARD
PART XII, LINE 2D - OTHER ADJUSTMENTS		INVESTMENT FEES -11,924
PART XIII, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT FEES 11,924

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 & CHILDREN'S SERVICE OF
SOUTHERN ARIZONA INC

Employer identification number
86-0623896

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

2

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

3

Enter total number of other organizations ▶

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 SELECTION CRITERIA FOR DIRECT ASSISTANCE IS ESTABLISHED BY THE GRANTOR OF THE FUNDS AS TO WHO MAY BE ELIGIBLE AND FOR WHAT ASSISTANCE ALL FUNDS DISBURSED ARE PAID BY CHECK DIRECTLY TO A VENDOR FOR THE PURPOSE FOR WHICH IT IS INTENDED BUS PASSES ARE PURCHASED FROM SUN TRAN, AND THE PASSES ARE THEN GIVEN TO THE RECIPIENT FOOD CARDS ARE PURCHASED FROM THE GROCERY STORE AND GIVEN TO THE RECIPIENT PROGRAM STAFF REPORT AND MONITOR PROGRAM OUTCOMES TO ENSURE THAT FUNDS ARE BEING UTILIZED EFFECTIVELY AND EFFICIENTLY THE ORGANIZATION HAS A COMPREHENSIVE BUDGET, WHICH IS STRUCTURED BY DEPARTMENT, PROGRAM, AND FUNDING SOURCE REVENUES AND COSTS ARE REPORTED ON A MONTHLY BASIS TO MANAGEMENT, COMMITTEES OF THE BOARD AND THE BOARD OF DIRECTORS VARIANCES TO BUDGET ARE REPORTED AND ANALYZED UTILIZING A FULL ARRAY OF FINANCIAL REPORTS AND GRAPIC ANALYSIS CORRECTIVE ACTIONS ARE FORMULATED, REPORTED AND MONITORED

Software ID:

Software Version:

EIN: 86-0623896

Name: JEWISH FAMILY & CHILDREN'S SERVICE OF SOUTHERN ARIZONA INC

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
HOLOCAUST SURVIVORS	89	208,936			
FUNDS DEVELOPMENT - FOOD BASKETS		2,678			
FINANCIAL ASSISTANCE - UNITED WAY		5,193			
FINANCIAL ASSISTANCE - JEWISH FEDERATION OF SOUTHERN ARIZONA		60,152			
HOME SERVICES	4	1,935			
JEA	349	4,346			
OHREN		8,682			
ECCO	75	83			

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 JEWISH FAMILY & CHILDREN'S SERVICE OF SOUTHERN ARIZONA INC	Employer identification number 86-0623896
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Identifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	THE ORGANIZATION LOST A SIGNIFICANT AMOUNT OF GOVERNMENT FUNDING DURING THE YEAR, WHICH RESULTED IN PROGRAM CUTS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		THE BYLAWS WERE AMENDED TO CHANGE A QUORUM OF THE BOARD FROM 15 MEMBERS PRESENT TO A MAJORITY OF THE VOTING MEMBERSHIP (I E GREATER THAN FIFTY PERCENT) IN ATTENDANCE AT A MEETING THEY WERE ALSO AMENDED TO CHANGE THE NUMBER OF BOARD MEMBERS TO A MINIMUM OF 15 AND MAXIMUM OF 21, AND CHANGED STANDING COMMITTEES TO SIX WITH TASK FORCES AS NEEDED

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

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

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

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

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -31,621