



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

THROUGH THE PROGRAMS AND SERVICES OF JEWISH COMMUNITY SERVICES, FAMILIES AND INDIVIDUALS WILL BE SUPPORTED IN MEETING BASIC NEEDS FOR ECONOMIC SUFFICIENCY, IN LIVING INDEPENDENTLY, IN ACHIEVING MENTAL HEALTH AND COMPETENCE, AND IN FEELING SUPPORTED BY AND CONNECTED TO THE JEWISH COMMUNITY IN WAYS THAT ARE MEANINGFUL TO THEM SERVICES INCLUDE FINANCIAL ASSISTANCE, SERVICE COORDINATION, IN-HOME SUPPORT PROGRAMS FOR ELDERLY AND THOSE WITH SPECIAL NEEDS, CAREER SERVICES, THERAPY AND MENTAL HEALTH, PREVENTION EDUCATION, OUTREACH AND RESIDENTIAL SERVICES FOR INDIVIDUALS WITH SPECIAL NEEDS

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 organization’s program service accomplishments for each of its three largest program services, as measured 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 \$ 2,785,467 including grants of \$ 51,151) (Revenue \$ 255,561)

THE SPECIAL NEEDS SERVICE CONSISTS OF THREE PROGRAMS THE ALTERNATIVE LIVING UNITS (ALU), WHICH PROVIDE 24-HOUR RESIDENTIAL SERVICES FOR 24 INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES, SUPPORTED LIVING PROGRAM, WHICH OFFERS SUPPORTIVE SERVICES (BUDGETING, SOCIALIZATION, ETC) TO ABOUT 70 INDIVIDUALS WITH BOTH COGNITIVE AND PHYSICAL DISABILITIES IN THEIR HOMES, AND THE SPECIAL NEEDS CASE MANAGEMENT/THERAPY PROGRAM, WHICH OFFERS COUNSELING AND CASE MANAGEMENT SERVICES TO ABOUT 50 INDIVIDUALS AND FAMILIES OF INDIVIDUALS WITH BOTH DEVELOPMENTAL AND PHYSICAL DISABILITIES DEPENDING UPON THE NATURE AND SEVERITY OF THE DISABILITY, THESE SERVICES ARE PROVIDED IN CLIENTS' HOMES AND IN THE COMMUNITY THE PROGRAM'S OBJECTIVE IS TO ENABLE CLIENTS TO IMPROVE AND MAINTAIN SELF-SUFFICIENCY AND QUALITY OF LIFE

4b

(Code) (Expenses \$ 1,914,084 including grants of \$ 1,757,315) (Revenue \$ 18,711)

JCS PROVIDES FINANCIAL ASSISTANCE TO INDIVIDUALS AND FAMILIES TO ENABLE THEM TO ARRIVE AT GOALS THAT HELP THEM MOVE TOWARDS FINANCIAL SELF-SUFFICIENCY THESE GOALS ARE DEVELOPED BY AND AGREED UPON BY THE INDIVIDUAL/FAMILY AND THE JCS STAFF JCS PROVIDES FINANCIAL ASSISTANCE IN A SENSITIVE MANNER THAT PRESERVES THE DIGNITY OF APPLICANTS WHILE PROVIDING ACCOUNTABILITY FOR THE DISBURSEMENT OF THESE COMMUNITY FUNDS FINANCIAL ASSISTANCE IS FREQUENTLY PROVIDED ON AN EMERGENCY BASIS YET OCCASIONALLY, ON-GOING FINANCIAL AID IS NECESSARY FINANCIAL ASSISTANCE IS ONLY PROVIDED AS PART OF A COMPREHENSIVE PLAN DRAWN UP TOGETHER BY THE SOCIAL WORKER/CASE MANAGER AND THE CLIENT THAT INCLUDES BOTH SHORT-TERM AND LONG-TERM GOALS IN TOTAL, ASSISTANCE WAS PROVIDED TO ALMOST 700 HOUSEHOLDS DURING FY 2012

4c

(Code) (Expenses \$ 1,764,095 including grants of \$) (Revenue \$ 1,183,650)

THE THERAPY PROGRAM PROVIDES MENTAL HEALTH AND THERAPEUTIC SERVICES TO AGENCY CLIENTS IN ADDITION TO OFFICE-BASED SERVICES, SERVICES ARE PROVIDED IN CLIENTS' HOMES AND IN THE COMMUNITY THE PROGRAM'S OBJECTIVE IS TO ENABLE CLIENTS TO IMPROVE AND MAINTAIN SELF-SUFFICIENCY AND QUALITY OF LIFE PSYCHIATRY SERVICES AND HOME BASED PSYCHIATRIC REHABILITATION SERVICES ARE ALSO PROVIDED DURING FY 2012, THERAPY STAFF SAW APPROXIMATELY 1,500 CLIENTS ABOUT 500 INDIVIDUALS WERE SEEN BY PSYCHIATRY STAFF AND 35 RECEIVED PSYCHIATRIC REHABILITATION SERVICES

(Code) (Expenses \$ 1,073,311 including grants of \$ 3,950) (Revenue \$ 110,391)

SERVICE COORDINATION IS A LABOR INTENSIVE SERVICE PROVIDED TO ABOUT 1,500 HOUSEHOLDS ANNUALLY THAT CONSISTS OF ARRANGING, COORDINATING, MONITORING AND ADVOCATING FOR THE FULL ARRAY OF SERVICES NECESSARY TO MEET THE CLIENT'S NEEDS SERVICE COORDINATION ENCOMPASSES A RANGE OF CONCRETE AND SUPPORTIVE SERVICES, WHICH MAY INCLUDE BUT ARE NOT LIMITED TO ADVOCACY, INFORMATION AND REFERRAL, ASSESSMENT, CLIENT EDUCATION, BUDGETING AND FINANCIAL MANAGEMENT/ASSISTANCE, SERVICE COORDINATION AS WELL AS ASSISTANCE WITH HOUSING, TRANSPORTATION, OR IN-HOME SERVICES THESE SERVICES ARE DESIGNED TO FOSTER INDEPENDENCE AND SUPPORT THE CLIENT'S HIGHEST POSSIBLE LEVEL OF FUNCTIONING OFTEN TIMES SERVICE COORDINATION CAN ONLY BE EFFECTIVE WHEN SUPPORTIVE COUNSELING OR THERAPY IS A CRITICAL COMPONENT IN THIS PROCESS

(Code) (Expenses \$ 2,426,106 including grants of \$) (Revenue \$ 325,912)

CAREER SERVICES, ACCESS, OUTREACH AND PREVENTION EDUCATION SERVICES, VOLUNTEER SERVICES AND CARE MANAGEMENT

4d

Other program services (Describe in Schedule O)

(Expenses \$ 3,499,417 including grants of \$ 3,950) (Revenue \$ 436,303)

4e

Total program service expenses

\$ 9,963,063

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 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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		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		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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 		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 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		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 	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	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? If "Yes," complete Schedule D, Part VI. 	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. 		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. 		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. 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 		No
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. 	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 	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 		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I		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, Part II and IV		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, Part III and IV		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		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? If "Yes," complete Schedule G, Part II		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements		

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	Yes	
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 questions 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 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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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>	35b		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 ☐						
		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	282			
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	236			
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 or securities 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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a				
b	Enter the aggregate 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 aggregate 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?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete 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 the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	MD
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 made 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 made 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.	JOAN ROTH CHIEF ADMINISTRATIVE OFF 5750 PARK HEIGHTS AVE BALTIMORE, MD 212150000 (410) 843-7387

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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) BRIAN A GOLDMAN ESQ PRESIDENT	10 00	X		X				0	0	0
(2) HARRIET BERG FIRST VICE PRESIDENT	10 00	X		X				0	0	0
(3) HOWARD C GARTNER VP/SECRETARY/TREASURER	10 00	X		X				0	0	0
(4) EMILE A BENDIT MD VICE PRESIDENT	10 00	X		X				0	0	0
(5) YEHUDA NEUBERGER VICE PRESIDENT	10 00	X		X				0	0	0
(6) JONATHAN N DAVIDOV ASSIST SECRETARY/TREASURER	10 00	X		X				0	0	0
(7) RONALD ATTMAN DIRECTOR	2 00	X						0	0	0
(8) SHELDON BEARMAN MD DIRECTOR	2 00	X						0	0	0
(9) LAURA BLACK ESQ DIRECTOR	2 00	X						0	0	0
(10) MYRNA E CARDIN DIRECTOR	2 00	X						0	0	0
(11) RAFAEL CHIKVASHVILI PHD DIRECTOR	2 00	X						0	0	0
(12) JOEL T FINK DIRECTOR	2 00	X						0	0	0
(13) TED GROSS DIRECTOR	2 00	X						0	0	0
(14) MARCY K KOLODNY DIRECTOR	2 00	X						0	0	0
(15) BONNIE KROSIN DIRECTOR	2 00	X						0	0	0
(16) ALLISON J MAGAT DIRECTOR	2 00	X						0	0	0
(17) ELIZABETH R MINKIN DIRECTOR	2 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) K ALAN ORMAN DIRECTOR	2 00	X						0	0	0
(19) PHILIP E SACHS DIRECTOR	2 00	X						0	0	0
(20) IDA SAMET DIRECTOR	2 00	X						0	0	0
(21) LYNN B SASSIN ESQ DIRECTOR	2 00	X						0	0	0
(22) ELAINE SNYDER DIRECTOR	2 00	X						0	0	0
(23) HERBERT SWEREN DIRECTOR	2 00	X						0	0	0
(24) ROBIN WEIMAN DIRECTOR	2 00	X						0	0	0
(25) DEBBI L WEINBERG DIRECTOR	2 00	X						0	0	0
(26) NANCY KOHN RABIN PHD IMMEDIATE PAST PRESIDENT	2 00	X						0	0	0
(27) BARBARA GRADET EXECUTIVE DIRECTOR	50 00			X				245,273	0	33,854
(28) JOAN ROTH CHIEF ADMIN OFFICER	40 00			X				129,457	0	27,346
(29) KAREN NETTLER DIR COMM CONNECTION	40 00					X		132,672	0	22,899
(30) RUTH KLEIN DIR MENTAL HEALTH	40 00					X		103,612	0	5,013
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								611,014	0	89,112

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4

	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>	Yes	
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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
DR BRETT GREENBERGER 7009 JEWELD HAND CIRCLE COLUMBIA, MD 21044	PSYCHIATRY	146,426

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

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 . . .	1a6,140,000	11,127,398			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e2,565,715				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f2,421,683				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	COUNSELING FEES	624100	1,097,648	1,097,648		
	b	HOUSING FEES	624200	214,745	214,745		
	c	CONSULTATION FEES	900099	138,781	138,781		
	d	PSYCHIATRY FEES	624100	132,006	132,006		
	e	GROUP FEES	900099	25,875	25,875		
	f	All other program service revenue		62,739	62,739		
	g	Total. Add lines 2a-2f		1,671,794			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		20,770			20,770
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	(i) Real					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities					
		(ii) Other					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		75,276			75,276
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
	a						
	b	Less direct expenses					
	c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities See Part IV, line 19					
	a						
b	Less direct expenses						
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances						
a							
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue			Business Code				
11a	OTHER	900099	147,818	147,818			
b	REIMBURSEMENTS	900099	67,372	67,372			
c	RELIEF REFUNDS	900099	7,241	7,241			
d	All other revenue						
e	Total. Add lines 11a-11d		222,431				
12	Total revenue. See Instructions		13,117,669	1,894,225	0	96,046	

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)

Check if Schedule O contains a response to any question in this Part IX

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,812,416	1,812,416		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	417,617	341,362	76,255	
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	6,540,994	5,346,636	1,194,358	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	215,837	176,426	39,411	
9	Other employee benefits	1,051,729	859,688	192,041	
10	Payroll taxes	481,766	393,798	87,968	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	50,085	2,400	47,685	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	41,311		41,311	
g	Other	714,694	517,736	196,958	
12	Advertising and promotion	29,115	5,674	18,930	4,511
13	Office expenses	88,454	12,974	74,272	1,208
14	Information technology	169,959	19,937	150,022	
15	Royalties				
16	Occupancy	642,420	198,178	444,242	
17	Travel	97,931	94,645	3,286	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,850	9,905	945	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	50,378	43,381	6,997	
23	Insurance	106,319	25,319	81,000	
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	CLIENT FOOD	58,312	58,312		
b	OTHER PROGRAM EXPENSES	33,400	32,360	175	865
c	SUBSCRIPTIONS AND DUES	28,512	8,188	20,324	
d	OTHER EXPENSES	7,847	3,728	4,119	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	12,649,946	9,963,063	2,680,299	6,584
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)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1,572	1	1,572
	2	Savings and temporary cash investments				2,435,931	2	1,269,085
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				555,624	4	849,066
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				36,050	9	19,231
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	1,006,648				
	b	Less—accumulated depreciation	10b	783,018	225,350	10c	223,630	
	11	Investments—publicly traded securities				3,559,938	11	4,049,239
	12	Investments—other securities. See Part IV, line 11					12	
	13	Investments—program-related. See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				0	15	241,197
	16	Total assets. Add lines 1 through 15 (must equal line 34)				6,814,465	16	6,653,020
Liabilities	17	Accounts payable and accrued expenses				573,768	17	687,900
	18	Grants payable					18	
	19	Deferred revenue				631,831	19	128,703
	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	
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				105,051	25	0
	26	Total liabilities. Add lines 17 through 25				1,310,650	26	816,603
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				2,276,011	27	2,764,876
	28	Temporarily restricted net assets				2,974,854	28	2,797,391
	29	Permanently restricted net assets				252,950	29	274,150
	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				5,503,815	33	5,836,417
	34	Total liabilities and net assets/fund balances				6,814,465	34	6,653,020

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	13,117,669
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,649,946
3	Revenue less expenses Subtract line 2 from line 1	3	467,723
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,503,815
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-135,121
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	5,836,417

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?		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 ☒ 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?		No
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		

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

2011

Open to Public Inspection

Name of the organization
JEWISH COMMUNITY SERVICES INC

Employer identification number
52-0607909

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 **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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	9,211,523	10,836,864	11,272,726	11,114,844	11,127,398	53,563,355
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	9,211,523	10,836,864	11,272,726	11,114,844	11,127,398	53,563,355
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						53,563,355

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	9,211,523	10,836,864	11,272,726	11,114,844	11,127,398	53,563,355
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	355,816	1,127	27,213	20,606	20,770	425,532
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	320,529	89,624	128,665	168,619	222,431	929,868
11 Total support (Add lines 7 through 10)						54,918,755

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

128,401,489

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 2011 (line 6 column (f) divided by line 11 column (f))	14	97.530 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	97.370 %

16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
Attach to Form 990. See separate instructions.

Name of the organization
JEWISH COMMUNITY SERVICES INC

Employer identification number
52-0607909

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)

☐ 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)

- ☐ Public exhibition

☐ Loan or exchange programs
- ☐ Scholarly research

☐ Other
- ☐ Preservation for future generations

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

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

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

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

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

	Amount
1c Beginning balance	26,384
1d Additions during the year	320,662
1e Distributions during the year	313,142
1f Ending balance	33,904

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	331,264	268,041	229,684	253,152	
b Contributions	3,848,591	21,200		21,350	
c Investment earnings or losses	-85,025	54,821	50,831	-44,818	
d Grants or scholarships					
e Other expenditures for facilities and programs	74,532	12,798	12,474		
f Administrative expenses					
g End of year balance	4,020,298	331,264	268,041	229,684	

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

- Board designated or quasi-endowment ▶

52 510 %
- Permanent endowment ▶

6 820 %
- Term endowment ▶

40 670 %

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

Description of property	(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				
d Equipment		1,006,648	783,018	223,630
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				223,630

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	113,117,669
2	Total expenses (Form 990, Part IX, column (A), line 25)	212,649,946
3	Excess or (deficit) for the year Subtract line 2 from line 1	3467,723
4	Net unrealized gains (losses) on investments	4-135,121
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	9-135,121
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10332,602

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	16,801,236
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a-135,121	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d	2e-135,121
3	Subtract line 2e from line 1	36,936,357
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 7b4a41,311	
b	Other (Describe in Part XIV)4b6,140,001	
c	Add lines 4a and 4b	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	513,117,669

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	112,608,635
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d	2e0
3	Subtract line 2e from line 1	312,608,635
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 7b4a41,311	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	512,649,946

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 1B	THE ORGANIZATION IS INVOLVED IN THE MANAGEMENT OF THE ASSETS OF INDIVIDUALS WITH A FAIR VALUE OF \$33,904 AND \$26,384 AT JUNE 30, 2012 AND 2011, RESPECTIVELY OF THIS, \$1,494 IS THE RESPONSIBILITY OF THE ORGANIZATION AS TRUSTEE OR COURT APPOINTED GUARDIAN AND THE REMAINING FUNDS ARE BEING MANAGED AS A SERVICE TO VARIOUS CLIENTS AT THEIR REQUEST, ACCORDINGLY, THESE FUNDS ARE NOT INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS UPON THE DEATH OF THE INDIVIDUAL, ANY REMAINING FUNDS ARE REMITTED TO THE INDIVIDUAL'S ESTATE
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE, AN UNRELATED ENTITY, HOLDS THE ENDOWMENT FOR THE BENEFIT OF THE JCS DRAWS FROM JCS'S ENDOWMENTS ARE USED TO SUPPORT THE PROGRAMMATIC AND ADMINISTRATIVE NEEDS OF THE AGENCY AND TO PROVIDE DIRECT ASSISTANCE TO CLIENTS ENDOWMENTS MAY SUPPORT OPERATIONS FALLING WITHIN THE REGULAR POLICIES AND PROCESS OF THE AGENCY OR MAY SUPPORT CLIENTS IN MEETING EXTRA-ORDINARY NEEDS SOME DESIGNATED FUNDS ALSO PROVIDE COLLEGE SCHOLARSHIPS WHICH ARE AWARDED ACCORDING TO AN OPEN, COMPETITIVE PROCESS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION HAS ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THIS POLICY, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY-THAN-NOT THAT THE TAX POSITION WOULD BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT IT HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS OF THIS GUIDANCE THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR THE U S FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE JUNE 30, 2009
PART XII, LINE 4B - OTHER ADJUSTMENTS		APPROPRIATIONS FROM THE ASSOCIATED 6,140,001

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
JEWISH COMMUNITY SERVICES INC

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

2011

Open to Public
Inspection

Employer identification number
52-0607909

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(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 listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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 PRIMARY MEANS OF MONITORING FINANCIAL ASSISTANCE EXPENDITURES IS THROUGH THE JCS FINANCIAL ASSISTANCE RECORD FOR ONGOING ASSISTANCE, RECORDS ARE REVIEWED EVERY THREE MONTHS BY THE WORKER WITH HIS/HER SUPERVISOR AND ACT AS TOOLS FOR PLANNING FUTURE FINANCIAL INDEPENDENCE AGGREGATED DATA IS COLLECTED MONTHLY AND SHARED PERIODICALLY WITH FUNDERS TO CONTRIBUTE TO THE UNDERSTANDING OF FINANCIAL NEED IN THE JEWISH COMMUNITY

Software ID:
Software Version:
EIN: 52-0607909
Name: JEWISH COMMUNITY SERVICES 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
REGULAR CASH ASSISTANCE	396	805,480			
TRANSPORTATION ASSISTANCE	60	20,751			
SUBSIDIZED HOME CARE	142	698,984			
DISABILITIES PROGRAMS	57	51,151			
CAMP SUBSIDIES	13	23,914			
EMERGENCY ASSISTANCE - HOLOCAUST SURVIVORS	136	54,957			
FOOD CERTIFICATES	390		153,229	FMV	FOOD CERTIFICATES & FOOD BAGS
IMMIGRANT RESETTLEMENT	2	3,950			

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
JEWISH COMMUNITY SERVICES INC

Employer identification number
52-0607909

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☒ Compensation committee ☐ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
4a Receive a severance payment or change-of-control payment?		No
4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
4c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
5a The organization?		No
5b Any related organization?		No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
6a The organization?		No
6b Any related organization?		No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BARBARA GRADET	(i)	226,224	0	19,049	24,800	9,054	279,127	0
	(ii)	0	0	0	0	0	0	0
(2) JOAN ROTH	(i)	128,235	0	1,222	5,448	21,898	156,803	0
	(ii)	0	0	0	0	0	0	0
(3) KAREN NETTLER	(i)	118,879	0	13,793	5,433	17,466	155,571	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART I, LINE 4B	BARBARA GRADET PARTICIPATES IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE AMOUNT SET ASIDE FOR HER, BUT NOT VESTED IS INCLUDED IN SCHEDULE J, PART II, COLUMN C. NO PAYMENTS WERE MADE FROM THE PLAN DURING THE YEAR.

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

2011**Open to Public
Inspection**Name of the organization
JEWISH COMMUNITY SERVICES INC**Employer identification number**

52-0607909

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE BUDGET AND ADMINISTRATION COMMITTEE REVIEWS THE FORM 990 AND IT IS SIGNED BY THE TREASURER OR OTHER BOARD OFFICER
	FORM 990, PART VI, SECTION B, LINE 12C	THE CHIEF ADMINISTRATIVE OFFICER AND CHAIR OF THE BOARD BUDGET AND ADMINISTRATION COMMITTEE ARE RESPONSIBLE FOR MAKING SURE THAT THIS POLICY IS COMPLIED WITH IF A CONFLICT ARISES WITH AN INTERESTED PARTY AN INTERESTED PARTY IS UNDER A CONTINUING OBLIGATION TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST AS SOON AS IT IS KNOWN OR REASONABLY SHOULD BE KNOWN
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THE JCS BOARD PRESIDENT, GENERALLY IN CONSULTATION WITH THE FIRST VICE-PRESIDENT, AND REVIEWED BY THE ASSOCIATED'S INDEPENDENT COMPENSATION COMMITTEE IN ORDER TO ASSURE THAT THE COMPENSATION IS APPROPRIATE TO THE POSITION, INDEPENDENT COMPARABLE COMPENSATION DATA IS REFERENCED WITHIN GENERAL GUIDELINES SET BY JCS' BOARD OF DIRECTORS, THE EXECUTIVE DIRECTOR DETERMINES THE COMPENSATION OF OTHER EXECUTIVE STAFF (THE CAO AND THE OUTCOME AREA DIRECTORS) EXECUTIVE STAFF COMPENSATION IS REVIEWED BY THE JCS BOARD PRESIDENT IN ORDER TO ASSURE THAT THE COMPENSATION IS APPROPRIATE TO THE POSITION, INDEPENDENT COMPARABLE COMPENSATION DATA IS REFERENCED
	FORM 990, PART VI, SECTION C, LINE 19	JCS DOES NOT REGULARLY MAKE ITS FINANCIAL STATEMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC, ALTHOUGH THEY WOULD GENERALLY BE AVAILABLE BY REQUEST THE AUDITED FINANCIAL STATEMENTS ARE REGULARLY DISTRIBUTED TO VARIOUS FUNDERS AS REQUESTED BY THEM THE AGENCY DOES NOT MAKE THEIR BY-LAWS AVAILABLE UPON REQUEST BUT THEY ARE A MATTER OF PUBLIC RECORD
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -135,121

Additional Data

Software ID:
Software Version:
EIN: 52-0607909
Name: JEWISH COMMUNITY SERVICES INC

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services
(Code) (Expenses \$ 1,073,311 including grants of \$ 3,950) (Revenue \$ 110,391) SERVICE COORDINATION IS A LABOR INTENSIVE SERVICE PROVIDED TO ABOUT 1,500 HOUSEHOLDS ANNUALLY THAT CONSISTS OF ARRANGING, COORDINATING, MONITORING AND ADVOCATING FOR THE FULL ARRAY OF SERVICES NECESSARY TO MEET THE CLIENT'S NEEDS SERVICE COORDINATION ENCOMPASSES A RANGE OF CONCRETE AND SUPPORTIVE SERVICES, WHICH MAY INCLUDE BUT ARE NOT LIMITED TO ADVOCACY, INFORMATION AND REFERRAL, ASSESSMENT, CLIENT EDUCATION, BUDGETING AND FINANCIAL MANAGEMENT/ASSISTANCE, SERVICE COORDINATION AS WELL AS ASSISTANCE WITH HOUSING, TRANSPORTATION, OR IN-HOME SERVICES THESE SERVICES ARE DESIGNED TO FOSTER INDEPENDENCE AND SUPPORT THE CLIENT'S HIGHEST POSSIBLE LEVEL OF FUNCTIONING OFTEN TIMES SERVICE COORDINATION CAN ONLY BE EFFECTIVE WHEN SUPPORTIVE COUNSELING OR THERAPY IS A CRITICAL COMPONENT IN THIS PROCESS
(Code) (Expenses \$ 2,426,106 including grants of \$) (Revenue \$ 325,912) CAREER SERVICES, ACCESS, OUTREACH AND PREVENTION EDUCATION SERVICES, VOLUNTEER SERVICES AND CARE MANAGEMENT

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			
BRIAN A GOLDMAN ESQ PRESIDENT	10 00	X		X				0	0	0
HARIET BERG FIRST VICE PRESIDENT	10 00	X		X				0	0	0
HOWARD C GARTNER VP/SECRETARY/TREASURER	10 00	X		X				0	0	0
EMILE A BENDIT MD VICE PRESIDENT	10 00	X		X				0	0	0
YEHUDA NEUBERGER VICE PRESIDENT	10 00	X		X				0	0	0
JONATHAN N DAVIDOV ASSIST SECRETARY/TREASURER	10 00	X		X				0	0	0
RONALD ATTMAN DIRECTOR	2 00	X						0	0	0
SHELDON BEARMAN MD DIRECTOR	2 00	X						0	0	0
LAURA BLACK ESQ DIRECTOR	2 00	X						0	0	0
MYRNA E CARDIN DIRECTOR	2 00	X						0	0	0
RAFAEL CHIKVASHVILI PHD DIRECTOR	2 00	X						0	0	0
JOEL T FINK DIRECTOR	2 00	X						0	0	0
TED GROSS DIRECTOR	2 00	X						0	0	0
MARCY K KOLODNY DIRECTOR	2 00	X						0	0	0
BONNIE KROSIN DIRECTOR	2 00	X						0	0	0
ALLISON J MAGAT DIRECTOR	2 00	X						0	0	0
ELIZABETH R MINKIN DIRECTOR	2 00	X						0	0	0
K ALAN ORMAN DIRECTOR	2 00	X						0	0	0
PHILIP E SACHS DIRECTOR	2 00	X						0	0	0
IDA SAMET DIRECTOR	2 00	X						0	0	0
LYNN B SASSIN ESQ DIRECTOR	2 00	X						0	0	0
ELAINE SNYDER DIRECTOR	2 00	X						0	0	0
HERBERT SWEREN DIRECTOR	2 00	X						0	0	0
ROBIN WEIMAN DIRECTOR	2 00	X						0	0	0
DEBBI L WEINBERG 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			
NANCY KOHN RABIN PHD IMMEDIATE PAST PRESIDENT	2 00	X						0	0	0
BARBARA GRADET EXECUTIVE DIRECTOR	50 00			X				245,273	0	33,854
JOAN ROTH CHIEF ADMIN OFFICER	40 00			X				129,457	0	27,346
KAREN NETTLER DIR COMM CONNECTION	40 00					X		132,672	0	22,899
RUTH KLEIN DIR MENTAL HEALTH	40 00					X		103,612	0	5,013