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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)	OMB No 1545-0047 2011 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 09-01-2011 and ending 08-31-2012		D Employer identification number 41-0693860	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending		E Telephone number (952) 546-0616	
C Name of organization JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 13100 WAYZATA BLVD NO 400 City or town, state or country, and ZIP + 4 MINNETONKA, MN 55305		G Gross receipts \$ 7,632,262	
F Name and address of principal officer JUDY HALPER 13100 WAYZATA BLVD NO 400 MINNETONKA, MN 55305		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527			
J Website: ▶ WWW.JFCSMPLS.ORG			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1910	M State of legal domicile MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities JFCS SUPPORTS PEOPLE OF ALL BACKGROUNDS TO REACH THEIR FULL POTENTIAL		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	35
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	35
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	327
	6 Total number of volunteers (estimate if necessary)	6	900
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b 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)	7,196,093	5,038,802
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,505,407	2,098,479
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	947,895	330,557
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,003	43,140
		9,685,398	7,510,978
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,729,075	1,445,249
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,168,865	5,183,878
	16a Professional fundraising fees (Part IX, column (A), line 11e)	48,449	29,780
	b Total fundraising expenses (Part IX, column (D), line 25) ☐ 771,438		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,268,394	1,212,023
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,214,783	7,870,930
	19 Revenue less expenses Subtract line 18 from line 12	1,470,615	-359,952
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		15,124,907	14,995,265
21 Total liabilities (Part X, line 26)		761,043	1,043,805
22 Net assets or fund balances Subtract line 21 from line 20		14,363,864	13,951,460

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			2013-03-14 Date	
	JUDY HALPER CHIEF EXECUTIVE OFFICER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	XIAOYAN LUO	Date	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions) P01305207
	Firm's name (or yours if self-employed), address, and ZIP + 4	CLIFTONLARSONALLEN LLP 220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402			EIN 41-0746749
					Phone no (612) 376-4500

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

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

Describe the 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 \$ 2,219,241 including grants of \$ 851,711) (Revenue \$ 963,319)

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

4b

(Code) (Expenses \$ 1,626,576 including grants of \$ 422,386) (Revenue \$ 651,114)

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

4c

(Code) (Expenses \$ 1,030,604 including grants of \$ 134,528) (Revenue \$ 483,056)

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

(Code) (Expenses \$ 616,565 including grants of \$ 26,243) (Revenue \$ 0)

CHILDREN SERVICESTHE ACT PROGRAM HELPS CHILDREN BECOME MORE SUCCESSFUL LEARNERS ACT OFFERS FOUR SERVICES -FAMILY SUPPORT SERVICES WHICH ASSIST FAMILIES IN SOLVING PROBLEMS RELATED TO HOUSING, TRANSPORTATION, OR ANY ISSUE THAT MIGHT INHIBIT A CHILD IN GROWING AND DEVELOPING WITHIN THE SCHOOL WE SERVE 40 FAMILIES ANNUALLY -INDIVIDUAL AND GROUP COUNSELING FOR CHILDREN AT SCHOOL, AFTER SCHOOL PROGRAMS ARE ALSO PROVIDED 50 CHILDREN PARTICIPATE -VOLUNTEER MENTORS, "LUNCH BUDDIES" AND TUTORS FOR CHILDREN WHO COULD BENEFIT FROM A SUPPORTIVE RELATIONSHIP WITH A CARING ADULT CURRENTLY 35 CHILDREN ARE PAIRED -A FAMILY RESOURCE CENTER, WHICH WAS BEGUN THIS PAST YEAR AND IS LOCATED AT PETER HOBART, BUT SERVES THE ENTIRE DISTRICT FAMILIES HAVE ACCESS TO OUR CASE MANAGER FOR ASSISTANCE WITH PROBLEM SOLVING AND REFERRALS TO RESOURCES IN THE COMMUNITY AND IN THE COUNTY WE SERVED 25 FAMILIES DURING THIS START-UP YEAR THIS PAST YEAR 350 INDIVIDUALS RECEIVED CASE MANAGEMENT OR SUPPORT THROUGH ACT FAMILY LIFE EDUCATION PRESENTS PROGRAMS WHICH ARE FOCUSED ON PREVENTION EXAMPLES INCLUDE PARENTING AND GRAND PARENTING INTERFAITH FAMILIES, OR WORKING WITH MOTHERS OF 5TH GRADE GIRLS AS THE DAUGHTER'S ARE IN A GROUP PROMOTING PRO-SOCIAL BEHAVIORS SHE ALSO DOES WORK IN THE AREAS OF DIVORCE, PARENTING, GRIEF, AND OTHER TOPICS AS REQUESTED SHE ALSO HAS AN EMAIL PROGRAM, ASKBARBARA, WHICH RESPONDS TO PARENTING ISSUES IN TOTAL, 432 PEOPLE WERE SERVED IN THIS PROGRAM THE PARENT-CHILD HOME PROGRAM IS A HOME VISITING, EARLY LITERACY PROGRAM, OF WHICH JFCS IS A REPLICATION SITE THIS PROGRAM HAS BEEN IN PLACE SINCE THE MID-SIXTIES, IS EVIDENCED-BASED AND SHOWS PROVEN SUCCESS IN SCHOOL READINESS AND IN HIGH SCHOOL GRADUATION RATES HOME VISITORS SPEND 1/2 HOUR TWICE PER WEEK, 30 WEEKS PER YEAR, VISITING A FAMILY THE FIRST VISIT THEY TAKE AN EDUCATIONAL TOY OR BOOK AND MODEL ITS USE WITH THE CHILD THE SECOND VISIT, THE VISITOR WATCHES THE PARENT INTERACT WITH THE CHILD AROUND THE TOY OR BOOK AND GIVES ENCOURAGEMENT TO THE INTERACTION THE PROGRAM TEACHES PARENTS TO BE THEIR CHILDREN'S PRIMARY EDUCATOR AND CHILDREN WHO HAVE HAD THIS PROGRAM, ALTHOUGH THEY COME FROM FAMILIES THAT ARE BOTH EDUCATIONALLY AND ECONOMICALLY DISADVANTAGED, GRADUATE FROM HIGH SCHOOL AT THE SAME RATE AS THEIR MIDDLE CLASS PEERS PCHP HAS SERVED OVER 100 FAMILIES TO DATE AND IS SERVING 100 FAMILIES IN THE CURRENT 2ND YEAR COHORT LAST YEAR, WE "GRADUATED" 39 FAMILIES, AND ARE CURRENTLY FOLLOWING UP WITH FAMILIES WHOSE CHILDREN ARE NOW IN KINDERGARTEN AND FIRST GRADE WITH VERY PROMISING OUTCOMES OUR JEWISH BIG BROTHER/BIG SISTER PROGRAM MATCHES JEWISH ADULTS WITH CHILDREN AGES FIVE THROUGH HIGH SCHOOL, TO PROVIDE THEM WITH A MENTOR WHO MEETS WITH THEM TWO TO THREE TIMES PER MONTH TO SPEND TIME TOGETHER DOING ACTIVITIES, HAVING CONVERSATION, AND BEING A FRIEND THIS PROGRAM ALSO PLACES SUPERVISED TEENS WITH A "LITTLE," AND MATCHES MOMS WHO HAVE ISSUES IN COMMON THE PROGRAM HAS APPROXIMATELY 60 MATCHES AT ANY GIVEN TIME AND MATCHES OFTEN LAST 5-10 YEARS HALF OF THE CHILDREN IN THE PROGRAM ARE CHILDREN WITH DISABILITIES JFCS OFFERS PJ LIBRARY, WHICH PROVIDES AGE APPROPRIATE BOOKS WITH JEWISH CONTENT FOR CHILDREN, AGES ONE THROUGH EIGHT AND DESIGNS PROGRAMS RELATED TO THE BOOKS FAMILIES ARE READING WE HAVE OVER 800 CHILDREN ENROLLED IN PJ LIBRARY, AND ATTENDANCE AT OUR PROGRAMS HAS BEEN FROM 25-100, WITH MOST PROGRAMS ATTRACTING AROUND 60 YOUNG, OFTEN INTERFAITH FAMILIES EACH YEAR, WITH FUNDING FROM DEDICATED ENDOWMENT FUNDS AND FUNDS FROM THE POHLAND FOUNDATION, WE PROVIDE CHILDREN SCHOLARSHIPS FOR CAMP THESE RANGE FROM FULL SCHOLARSHIPS TO PARTIAL SCHOLARSHIPS AND ARE FOR A HOST OF CAMPS, BOTH JEWISH AND NON-JEWISH, AS LONG AS THEY ARE ACCREDITED

(Code) (Expenses \$ 428,527 including grants of \$ 10,381) (Revenue \$ 990)

COMMUNITY SERVICESOUR JEWISH DOMESTIC ABUSE COLLABORATIVE SERVES JEWISH WOMEN WHO ARE SURVIVORS OF DOMESTIC VIOLENCE SITUATIONS WE PROVIDE A SUPPORT GROUP, COMMUNITY EDUCATION AND WE TRAIN AND SUPPORT ADVOCATES FOR JEWISH WOMEN, ALL OF WHOM ARE PAIRED WITH A SURVIVOR WE ASSIST 25 SURVIVORS OF DOMESTIC VIOLENCE ON AN ON-GOING BASIS LAST YEAR, WE BEGAN A PROGRAM CALLED BEYOND SAFETY, WHICH PROVIDES SPECIALIZED VOCATIONAL ASSISTANCE TO WOMEN WHO HAVE LEFT ABUSIVE SITUATIONS, AND ARE WORKING TO GET THEIR LIVES BACK ON TRACK TO BE ABLE TO PROVIDE FOR THEMSELVES AND THEIR CHILDREN CURRENTLY WE ARE SERVING 15 WOMEN IN THIS PROGRAM OUR HEALTHY YOUTH-HEALTHY COMMUNITIES PROGRAM WORKS WITH YOUTH IN THE COMMUNITY TO PROMOTE PRO-SOCIAL BEHAVIORS AND CREATE AWARENESS OF ISSUES THAT YOUNG PEOPLE FACE TODAY IT ALSO ACTS AS A FORUM TO DISCUSS MENTAL HEALTH ISSUES YOUTH OR A FAMILY MEMBER MAY BE EXPERIENCING DURING THE PAST YEAR, OUR COORDINATOR CONTINUED TO WORK WITH THE STUDENT ADVISORY BOARD, WHICH BRINGS IDEAS AND INFORMATION ABOUT NEEDED PROGRAMMING FOR TEENS AND PROVIDED PROGRAMMING AT HILLEL, ST PAUL TALMUD TORAH DAY SCHOOL, HEILICHER MINNEAPOLIS JEWISH DAY SCHOOL, A JEWISH SORORITY AT THE U OF MN, AND TO YOUTH GROUPS AT AREA SYNAGOGUES TOPICS INCLUDED DRUGS AND ALCOHOL, TEEN DATING HEALTHY RELATIONSHIPS, DEPRESSION AND SUICIDE PREVENTION, BODY IMAGE, HEALTHY SEXUALITY, STRESS AND ANXIETY SHE HAS ALSO FACILITATED A ROSH CHODESH GROUP (ROSH CHODESH IS A MONTHLY WOMEN'S HOLIDAY) FOR 12-13 YEAR OLDS AT BETH EL SYNAGOGUE, AND HAS BEGUN A COMMUNITY-WIDE ROSH CHODESH GROUP FOR YOUNGER GIRLS WE SERVE 500 YOUTH IN THIS PROGRAM EACH YEAR WE ARE CURRENTLY IN THE PROCESS OF DEVELOPING A CURRICULUM WHICH ADDRESSES ISSUES OF BULLYING AND THIS WILL BE INTEGRATED INTO OUR WORKSHOPS OUR MENTAL HEALTH EDUCATION PROGRAM IS DEDICATED TO RAISING AWARENESS ABOUT MENTAL ILLNESS AND TO REDUCING THE STIGMA EXPERIENCED BY PEOPLE WITH MENTAL ILLNESS AND THEIR FAMILIES IN THE JEWISH COMMUNITY THE PRINCIPAL EVENT OF THIS PROGRAM IS OUR FALL MENTAL HEALTH EDUCATION CONFERENCE THIS PAST YEAR, THE CONFERENCE, OUR 11TH, WAS ON NOVEMBER 13TH AND ONCE AGAIN, ATTRACTED MORE THAN 500 ATTENDEES KEYNOTE SPEAKER WAS MARYA HORNBACHER, AN AWARD-WINNING AUTHOR, WHO SPOKE ABOUT HER EXPERIENCES WITH BI-POLAR DISEASE AND ANOREXIA AS PART OF THE WEEKEND MIXED BLOOD THEATER PROVIDED FREE TICKETS TO THE MUSICAL NEXT TO NORMAL, WHICH ADDRESSES BI-POLAR DISEASE AND WAS FOLLOWED BY A COMMUNITY FORUM THERE WERE ALSO 22 WORKSHOPS ON VARIOUS TOPICS FOCUSED ON MENTAL HEALTH THE PROGRAM ALSO PROVIDES WORKSHOPS ON ALZHEIMERS DISEASE THROUGHOUT THE COMMUNITY AND AN ONGOING SUPPORT GROUP FOR CAREGIVERS OF PEOPLE WITH ALZHEIMER'S DISEASE IN ST PAUL LAST YEAR WE SERVED 750 PEOPLE THOUGH THIS PROGRAM AS WE HAVE IN THE PREVIOUS YEAR J-PRIDE ORGANIZES ACTIVITIES IN THE JEWISH LGBT COMMUNITY, FOCUSING ON HAVING A PRESENCE AT THE GAY PRIDE FESTIVAL AND DEMONSTRATING THE JEWISH COMMUNITY SUPPORT FOR ISSUES THAT AFFECT LGBT INDIVIDUALS AND FAMILIES WE ARE JUST COMPLETING A SURVEY OF THE LGBT COMMUNITY TO DETERMINE ON-GOING NEEDS IN THE COMMUNITY AND WAYS THAT WE MIGHT ADDRESS THEM OUR VOLUNTEER RESOURCES PROGRAM RECRUITS, ASSESSES, MATCHES, TRAINS, AND SUPPORTS OVER 900 VOLUNTEERS EACH YEAR OUR VOLUNTEERS WORK IN EVERY FACET OF THE AGENCY, INCLUDING OUR HOLIDAY GIFT PROGRAM, OUR ANNUAL BENEFIT, DIRECT SERVICES AND OFFICE SUPPORT OUR HAG SAMEACH (HAPPY HOLIDAY) PROGRAM SERVED OVER 1,000 INDIVIDUALS AT HANUKKAH AND ANOTHER 50 FAMILIES AT PASSOVER OVER 300 VOLUNTEERS WORKED ON THESE PROJECTS OUR VOLUNTEERS ALSO STAFF ALL OF OUR SEDERS AND HANUKKAH PARTIES FOR CLIENTS THEY DRIVE THEM TO THE EVENT, SERVE, AND HELP THEM FEEL WELCOME AND INCLUDED VOLUNTEERS ANSWER OUR TRANSPORTATION RESERVATION LINE EVERY DAY, AND ASSIST WITH PROJECTS, SUCH AS MAILINGS OUR VOLUNTEERS PROVIDE OVER 40,000 HOURS OF SERVICE TO THE AGENCY, AND WITHOUT THEIR DEDICATION, WE WOULD NOT BE ABLE TO CARRY OUT AS MANY ACTIVITIES AND SERVICES AS WE DO

4d

Other program services (Describe in Schedule O)

(Expenses \$ 1,045,092 including grants of \$ 36,624) (Revenue \$ 990)

4e

Total program service expenses

\$ 5,921,513

Form 990 (2011)

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.		No
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.	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	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.	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	Yes	
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	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <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	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <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	Yes	
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	Yes	
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	18			
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				
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	327			
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				
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	Yes			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? .	7b	Yes			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .	7c			No	
d	If "Yes," indicate the number of Forms 8282 filed during the year. .	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .	7e			No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f			No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966? .	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person? .	9b				
10	Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12. .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders. .	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). .	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? .	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. .	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. 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?	Yes	
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?	Yes	
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		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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	MN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you 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.	BETH TOSO 13100 WAYZATA BLVD NO 400 MINNETONKA, MN 55305 (952) 546-0616

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

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 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

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	330,813	0	55,388

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

		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>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	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>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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

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 ►0

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a1,481,790	5,038,802			
	b	Membership dues	1b				
	c	Fundraising events	1c346,834				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e1,244,502				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f1,965,676				
	g	Noncash contributions included in lines 1a-1f \$ 217,297					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	PROGRAM SERVICE FEES	900099	1,454,417	1,454,417		
	b	GOVERNMENT CONTRACTS	900099	644,062	644,062		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,098,479			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		199,341			199,341
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	(i) Real		1,600			1,600
		(ii) Personal					
		Gross rents					
		Less rental expenses					
	b	Rental income or (loss)					
	c	Net rental income or (loss)					
	7a	(i) Securities		131,216			131,216
		(ii) Other					
		Gross amount from sales of assets other than inventory					
		Less cost or other basis and sales expenses					
	b	Gain or (loss)					
	c	Net gain or (loss)					
	8a			11,686			11,686
		Gross income from fundraising events (not including \$ 346,834 of contributions reported on line 1c) See Part IV, line 18					
		a	126,102				
		b	114,416				
	b	Less direct expenses					
	c	Net income or (loss) from fundraising events . .					
	9a			14,583			14,583
Gross income from gaming activities See Part IV, line 19							
a		21,451					
b		6,868					
b	Less direct expenses						
c	Net income or (loss) from gaming activities . .						
10a							
	Gross sales of inventory, less returns and allowances						
	a						
	b						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS REVENUE	900099	15,271			15,271	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		15,271				
12	Total revenue. See Instructions		7,510,978	2,098,479	0	373,697	

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	13,219	13,219		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,432,030	1,432,030		
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	386,202	56,232	302,356	27,614
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,817,088	2,900,351	436,877	479,860
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	77,683	66,702	2,361	8,620
9	Other employee benefits	482,771	372,157	56,561	54,053
10	Payroll taxes	420,134	338,636	43,627	37,871
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	39,481		39,481	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	29,780			29,780
f	Investment management fees	80,516		80,516	
g	Other	118,447	75,144	41,599	1,704
12	Advertising and promotion	17,865	11,595	5,174	1,096
13	Office expenses	288,625	176,667	61,373	50,585
14	Information technology				
15	Royalties				
16	Occupancy	243,200	195,784	27,446	19,970
17	Travel	141,013	131,019	7,892	2,102
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	54,894	23,715	12,746	18,433
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	60,577	44,585	9,553	6,439
23	Insurance	13,584		13,584	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	EQUIPMENT & MAINTENANCE	63,493	30,204	18,452	14,837
b	MISCELLANEOUS	33,555	15,980	3,111	14,464
c	RECRUITING & STAFF DEVE	28,826	19,096	7,859	1,871
d	MEMBERSHIP DUES	27,947	18,397	7,411	2,139
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	7,870,930	5,921,513	1,177,979	771,438
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			376,350	1	382,466
	2	Savings and temporary cash investments			124,354	2	12,418
	3	Pledges and grants receivable, net			3,001,454	3	2,725,215
	4	Accounts receivable, net			185,189	4	187,187
	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			5,625	6	3,125
	7	Notes and loans receivable, net			135,759	7	120,649
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			110,916	9	114,350
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,197,629			
	b	Less: accumulated depreciation	10b	1,037,497	140,203	10c	160,132
	11	Investments—publicly traded securities			7,863,300	11	8,441,731
	12	Investments—other securities. See Part IV, line 11			32,830	12	39,588
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			3,148,927	15	2,808,404
16	Total assets. Add lines 1 through 15 (must equal line 34)			15,124,907	16	14,995,265	
Liabilities	17	Accounts payable and accrued expenses			423,574	17	439,928
	18	Grants payable				18	
	19	Deferred revenue			148,412	19	239,450
	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			6,246	23	196,317
	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			182,811	25	168,110
	26	Total liabilities. Add lines 17 through 25			761,043	26	1,043,805
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets			1,769,795	27	1,779,556
28		Temporarily restricted net assets			8,533,636	28	8,180,826
29		Permanently restricted net assets			4,060,433	29	3,991,078
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			14,363,864	33	13,951,460
34	Total liabilities and net assets/fund balances			15,124,907	34	14,995,265	

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	7,510,978
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,870,930
3	Revenue less expenses Subtract line 2 from line 1	3	-359,952
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,363,864
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-52,452
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	13,951,460

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?	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

2011

Open to Public
Inspection

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

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches **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.")	6,011,273	6,748,402	7,526,859	7,196,093	5,038,802	32,521,429
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	6,011,273	6,748,402	7,526,859	7,196,093	5,038,802	32,521,429
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						32,521,429

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	6,011,273	6,748,402	7,526,859	7,196,093	5,038,802	32,521,429
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	148,351	197,138	129,675	951,087	199,341	1,625,592
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	21,439	45,553	30,924	64,499	15,271	177,686
11 Total support (Add lines 7 through 10)						34,324,707

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

1221,523,006

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	94 750 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	95 030 %
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 A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISCELLANEOUS INCOME

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public
Inspection

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

Employer identification number

41-0693860

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No	

Part II

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

1

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

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

☐ 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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ 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	
1d	
1e	
1f	

1c

Beginning balance

1d

Additions during the year

1e

Distributions during the year

1f

Ending balance

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	7,551,671	6,732,005	5,913,900	6,479,948
b	Contributions	256,511	361,289	595,540	263,986
c	Investment earnings or losses	625,031	795,853	547,945	-475,669
d	Grants or scholarships	43,152	50,819	54,949	53,547
e	Other expenditures for facilities and programs	227,124	207,735	204,466	250,196
f	Administrative expenses	80,512	78,922	65,965	50,622
g	End of year balance	8,082,425	7,551,671	6,732,005	5,913,900

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 19 000 %

b

Permanent endowment ▶ 49 000 %

c

Term endowment ▶ 32 000 %

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

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		754,157	675,538	78,619
d Equipment		443,472	361,959	81,513
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				160,132

Schedule D (Form 990) 2011

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	17,510,978
2	Total expenses (Form 990, Part IX, column (A), line 25)	27,870,930
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-359,952
4	Net unrealized gains (losses) on investments	4291,883
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-344,335
9	Total adjustments (net) Add lines 4 - 8	9-52,452
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-412,404

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	17,867,922
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a291,883	
b	Donated services and use of facilities2b145,577	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e437,460	
3	Subtract line 2e from line 137,430,462	
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 7b4a80,516	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c80,516	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)57,510,978	

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	18,280,326
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a489,912	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e489,912	
3	Subtract line 2e from line 137,790,414	
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 7b4a80,516	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c80,516	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)57,870,930	

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	USE OF THE ENDOWMENT FUNDS IS BASED ON DONOR RESTRICTIONS. THE ENDOWMENT IS PRIMARILY USED TO FUND THE AGENCY'S EXPENSES IN PROVIDING SERVICES TO OUR CLIENTS, INCLUDING SERVICES IN AGING AND DISABILITY, CHILDREN'S PROGRAMS, CLINICAL AND CASE MANAGEMENT SERVICES, COMMUNITY SERVICES AND CAREER SERVICES. IN ADDITION, SOME FUNDS ARE USED TO PROVIDE EMERGENCY ASSISTANCE AND SPECIFIC SCHOLARSHIPS AND LOANS TO THOSE IN NEED IN THE COMMUNITY. THE AGENCY DRAWS FUNDS FROM THE ENDOWMENT AT A RATE OF APPROXIMATELY 4% OF THE ENDOWMENT BALANCE EACH YEAR.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE AGENCY QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE COMPARABLE SECTION OF THE MINNESOTA INCOME TAX STATUTES. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE. FOR INCOME TAX PURPOSES, QUEEN ESTHER'S KITCHEN, LLC IS CONSIDERED A DISREGARDED ENTITY. THE AGENCY FOLLOWS THE INCOME TAX STANDARD FOR RECOGNITION OF UNCERTAIN TAX POSITIONS. UNDER THIS STANDARD, MANAGEMENT HAS DETERMINED THAT THE AGENCY HAS NO UNCERTAIN TAX POSITIONS AS OF AUGUST 31, 2012 AND 2011. THE AGENCY'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES. THE TAX RETURNS FOR THE YEARS 2009 THROUGH 2011 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES.
PART XI, LINE 8 - OTHER ADJUSTMENTS		DONATED RENT -344,335

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public
Inspection

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

Employer identification number

41-0693860

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

1

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

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
JERRY WALDMAN 3601 OAKTON RIDGE MINNETONKA, MN 55305	MAJOR GIFT CONSULTING		No	250,000	29,780	220,220
Total ▶				250,000	29,780	220,220

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

MN

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		ANNUAL BENEFIT (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	472,936		472,936
	2	Less Charitable contributions	346,834		346,834
	3	Gross income (line 1 minus line 2)	126,102		126,102
Direct Expenses	4	Cash prizes	0		
	5	Non-cash prizes	0		
	6	Rent/facility costs	24,050		24,050
	7	Food and beverages	32,543		32,543
	8	Entertainment	12,500		12,500
	9	Other direct expenses	45,323		45,323
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(114,416)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			11,686

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue		21,451	21,451
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes		5,048	5,048
	4	Rent/facility costs			
	5	Other direct expenses		1,820	1,820
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☒ Yes 75.000 % ☐ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			(6,868)
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			14,583

9 Enter the state(s) in which the organization operates gaming activities MN

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☒ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☒ No

13

Indicate the percentage of gaming activity operated in

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

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

Name ALINA PORTNOY

Address 13100 WAYZATA BLVD 400
MINNETONKA, MN 55305

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☒ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name NA

Gaming manager compensation \$

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☒ No

b

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

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

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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
41-0693860

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 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 PAYMENTS FOR EMERGENCY FINANCIAL ASSISTANCE (WHICH ARE LIMITED IN FREQUENCY AND AMOUNT PER CLIENT) ARE MADE DIRECTLY TO VENDORS UPON RECEIPT ON AN INVOICE OR OTHER APPROPRIATE DOCUMENTATION (E G , EVICTION OR UTILITY SHUT-OFF WARNINGS/NOTICES), OR IN THE FORM OF STORED-VALUE CARDS REDEEMABLE FOR PURCHASES AT GROCERY STORES OR FOR GAS ONLY, DEPENDING ON THE NATURE OF THE ASSISTANCE THEREFORE, ONGOING MONITORING IS NOT REQUIRED CLIENTS RECEIVING ON-GOING ASSISTANCE TO MAINTAIN THEIR EMPLOYMENT OR EDUCATION (E G , BUS PASSES, GAS CARDS OR CHILDCARE ASSISTANCE) ARE MONITORED TO ENSURE THAT THEY MAINTAIN THEIR EMPLOYMENT OR EDUCATIONAL STATUS SENIORS RECEIVING FINANCIAL ASSISTANCE FOR SERVICES HAVE ONGOING RELATIONSHIPS WITH CASE MANAGERS WHO MONITOR THEIR NEEDS CAMP SCHOLARSHIPS FOR CHILDREN ARE MADE DIRECTLY TO THE CAMP AND ARE REFUNDED IF THE CLIENT IS UNABLE TO ATTEND THE CAMP

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 FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS

Employer identification number

41-0693860

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 ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☒ Health or social club dues or initiation fees ☒ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	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	1b	Yes
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?	2	Yes
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 ☒ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ 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		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	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		
a	The organization?	5a	No
b	Any related organization?	5b	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		
a	The organization?	6a	No
b	Any related organization?	6b	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	7	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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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.

[illegible]

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 1A	JUDY HALPER - DISCRETIONARY SPENDING ACCOUNT - CAR ALLOWANCE OF \$3,600 / EXPENSE ALLOWANCE OF \$3,600 - NOT INCLUDED IN TAXABLE INCOME JUDY HALPER - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - HEALTH CLUB MEMBERSHIP \$1,000 - NOT INCLUDED IN TAXABLE INCOME

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS	Employer identification number 41-0693860
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) RAFAEL FORBUSH JEWISH FREE LOAN PROGRAM		X	7,500	3,125		No	Yes		Yes	
Total				3,125						

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV

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

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

Part V

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

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
41-0693860

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	43	149,413	STOCK MARKET QUOTES
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
BENEFIT 25 Other ► (PRIZED)	X	296	67,884	PROCEEDS
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

29

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Part III

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

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS	Employer identification number 41-0693860
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Identifier	Return Reference	Explanation
CAREER SERVICES	FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE	LAST YEAR, CAREER SERVICES HELPED MORE THAN 1,000 INDIVIDUALS OVERCOME BARRIERS TO EMPLOYMENT AND FIND MEANINGFUL WORK CAREER INITIATIVES HELPS PEOPLE WHO ARE HAVE LOST THEIR JOBS, WHO ARE ENTERING THE WORKFORCE OR WHO WANT TO SEEK A BETTER JOB THEY PROVIDE A HOST OF SERVICES, INCLUDING CAREER COUNSELING, INTERVIEW PREP, RESUME ENHANCEMENT, CAREER NETWORKING GROUPS, AND COACHING AS PEOPLE GO THROUGH THE PROCESS LAST YEAR WE SERVED 500 PEOPLE IN CAREER INITIATIVES WE CONTINUE OUR ONLINE JOB SEARCH SERVICE, PARNOSSAHWORKSMINNESOTA.ORG, WITH FUNDING FROM WELLS FARGO USING THIS PROGRAM, PEOPLE POST THEIR INFORMATION ON THE WEBSITE, AND THEN ARE CONTACTED BY AN EMPLOYMENT SPECIALIST WHO ASSISTS THEM IN THEIR JOB SEARCH, BE IT WITH RESUME DEVELOPMENT, JOB SEARCH SKILLS, OR VOCATIONAL COUNSELING WE HAVE SERVED 152 PEOPLE IN THIS PROGRAM NINETY-THREE INDIVIDUALS FOUND EMPLOYMENT RELATED TO THEIR SKILL SETS AT AN AVERAGE SALARY OF \$14.52 PER HOUR THE MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP) AND VOCATIONAL REHABILITATION PROGRAMS CONTINUE TO SERVE PEOPLE WITH SIGNIFICANT BARRIERS TO EMPLOYMENT, AND CONTINUE TO RECEIVE HIGH MARKS FOR MEETING INCREASINGLY AGGRESSIVE OUTCOMES LAST YEAR MFIP WORKED WITH 340 PEOPLE AND VOCATIONAL REHABILITATION WORKED WITH, AND PLACED 77 OUR MFIP PROGRAM IS ONE OF THE FEW IN THE COUNTY THAT HAS CONSISTENTLY MET ITS PAY FOR PERFORMANCE GOALS CAREER SERVICES SERVES WEST HENNEPIN RESIDENTS WHO HAVE LIMITED ACCESS TO EMPLOYMENT SERVICES THIRTY-SEVEN OF THE 108 PEOPLE WHO WERE SERVED IN THIS PROGRAM FOUND EMPLOYMENT AT AN AVERAGE WAGE OF \$15.50 PER HOUR CAREER SERVICES ALSO PROVIDES CAREER DEVELOPMENT AND EMPLOYMENT COUNSELING FOR COMMUNITY MEMBERS AT ANY STAGE OF THEIR CAREERS TESTING, COUNSELING, COACHING, AND JOB SEEKING SKILLS DEVELOPMENT WERE SERVICES PROVIDED TO MORE THAN 100 INDIVIDUALS LAST YEAR, AND OUR IRP PROJECT SERVED 50 PEOPLE LAST YEAR, EVALUATING THEM FOR ENROLLMENT IN TRAINING PROGRAMS, IN ORDER TO RE-ENTER THE WORKFORCE WITH A CONTRACT FROM HENNEPIN COUNTY, WE ARE NOW PROVIDING EMPLOYMENT SERVICES TO JOB SEEKERS WHO ARE OVER 50 WE ASSIST THEM WITH A NETWORKING GROUP, RESUME PREPARATION, INTERVIEWING SKILLS AND PRESENTATIONS FROM EMPLOYERS WE ARE IN THE FIRST YEAR OF THIS PROGRAM AND HAVE SERVED OVER 100 PEOPLE, MANY OF WHOM HAVE FOUND WORK CAREER SERVICES ALSO ADMINISTERS OUR COLLEGE SCHOLARSHIP PROGRAM, WHICH ARE FUNDED BY ENDOWMENTS AT THE FEDERATION AND JFCS NINETEEN SCHOLARSHIPS WERE AWARDED LAST YEAR WE ALSO ASSIST STUDENTS AND FAMILIES WHO ARE CONSIDERING AND EVALUATING COLLEGE CHOICES

Identifier	Return Reference	Explanation
AGING AND DISABILITY SERVICES	FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE	JFCS PROVIDES SERVICES TO SENIORS WITH THE GOAL OF HELPING THEM TO REMAIN IN THEIR HOMES WITH THE SERVICES NECESSARY TO HELP THEM AGE IN PLACE WITH DIGNITY TO THAT END, L'CHAIM SENIOR SERVICES PROVIDES CASE MANAGEMENT, WHICH HELPS PEOPLE IDENTIFY AND PUT IN PLACE SERVICES TO ASSIST WITH CLEANING, SHOPPING, ERRANDS, FOOT CARE, AND BATHING AS NEEDED IN ADDITION WE PROVIDE CAREGIVER SUPPORT TO ASSIST THOSE CARING FOR A LOVED ONE, KOSHER MEALS ON WHEELS, TRANSPORTATION, AND IN HOME SERVICES VOLUNTEERS PROVIDE HOME VISITING, TELEPHONE REASSURANCE, HELP WITH BILL PAYING AND ORGANIZING PAPERS, TRANSPORTATION AND SHOPPING WE ALSO PROVIDE SPECIALIZED CASE MANAGEMENT SERVICES TO SENIORS WHO ARE SURVIVORS OF THE HOLOCAUST WE SERVED OVER 700 PEOPLE IN THIS PROGRAM LAST YEAR WE HAVE AN ADULT DAY SERVICES PROGRAM FOR PEOPLE WITH DEMENTIA WITH A POPULATION OF 20 INDIVIDUALS AND A STAFF THAT PROVIDES STIMULATION AND RECREATION ON SITE AS WELL AS LOVING CARE, KOSHER MEALS AND CAREGIVER RESPITE, AND HELP TO FACILITATE A SUPPORT GROUP FOR CAREGIVERS OF PEOPLE WITH DEMENTIA OUR NATURALLY OCCURRING RETIREMENT COMMUNITY (NORC) IS BASED ON A COMMUNITY ORGANIZING MODEL, AND GIVES PEOPLE ACCESS TO RESOURCES IN THE COMMUNITIES OF HOPKINS AND ST LOUIS PARK WE HAVE HELPED TO ORGANIZE, FUND, AND STABILIZE CONGREGATIONAL NURSE PROGRAMS IN CHURCHES AND SYNAGOGUES IN ST LOUIS PARK AND HOPKINS AND IN A CHURCH AND A MOSQUE IN NORTH MINNEAPOLIS SIXTEEN HUNDRED PEOPLE ARE SERVED THROUGH OUR NORC PROGRAM THE MINNEAPOLIS JEWISH INCLUSION PROGRAM FOR PEOPLE WITH DISABILITIES WORKS WITH SYNAGOGUES AND INSTITUTIONS TO CREATE A WELCOMING ATMOSPHERE FOR PEOPLE WITH DISABILITIES WE HAVE CREATED A GUIDEBOOK TO HELP ORGANIZATIONS WITH THIS PROCESS, AND OUR PROGRAM MANAGER MAKES PRESENTATIONS NATIONALLY SHE ALSO WORKS TO MAKE JEWISH DISABILITY AWARENESS MONTH VISIBLE THIS PROGRAM SERVES ALL INSTITUTIONS AND SYNAGOGUES IN OUR COMMUNITY CARING CONNECTIONS PROVIDES MONTHLY PROGRAMMING FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES PROGRAMS INCLUDE EDUCATIONAL PROGRAMMING FOCUSED AROUND JEWISH HOLIDAYS, COMMUNITY CELEBRATIONS, A PASSOVER SEDER, AND A BOWLING OUTING STAFFED BY A YOUTH GROUP FROM A LOCAL TEMPLE WE WORK WITH MANY OF THE LOCAL SYNAGOGUES AND HAVE A CONTINGENT OF OUR CARING CONNECTIONS GROUP AT EVENTS AT VARIOUS CONGREGATIONS, SUCH AS CONCERTS OR PLAYS OVER 60 PEOPLE PARTAKE IN THESE PROGRAMS, AND ARE JOINED BY THEIR FAMILIES MANY OF THE PROGRAMS ARE STAFFED BY VOLUNTEERS

Identifier	Return Reference	Explanation
CLINICAL AND CASE MANAGEMENT SERVICES	FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE	CLINICAL AND CASE MANAGEMENT SERVICES ARE COMPOSED OF COUNSELING, INFORMATION AND RESOURCE CONNECTION, LICENSING SUPERVISION, (MHSS) MENTAL HEALTH SUPPORT SERVICES, IMMIGRANT AND REFUGEE SERVICES (RESETTLEMENT AND POST-RESETTLEMENT), EMERGENCY FINANCIAL ASSISTANCE AND THE JEWISH FREE LOAN PROGRAM. JFCS PROVIDES COUNSELING SERVICES TO INDIVIDUALS AND FAMILIES. PEOPLE ARE SEEN AS INDIVIDUALS, COUPLES AND FAMILIES. CHILDREN ARE ALSO SEEN FOR THERAPY. CLIENTS ARE REFERRED FROM OTHER PROGRAMS WITHIN THE AGENCY, FROM OTHER AGENCIES OR ARE SELF-REFERRED. DURING THIS YEAR, 302 INDIVIDUALS WERE SEEN FOR MULTIPLE SESSIONS EACH. OUR INTAKE AND REFERRAL SERVICES (IRC) WORKED WITH OVER 2,500 CALLERS, PROVIDING THEM REFERRALS, RESOURCES AND EMERGENCY FINANCIAL ASSISTANCE. LAST YEAR WE DISTRIBUTED GRANTS TO MORE THAN 300 INDIVIDUALS. THESE FUNDS ARE USED FOR HELP WITH RENT, UTILITIES, CAR REPAIR, MEDICAL BILLS, TRANSPORTATION COSTS AND FOOD. FOR NON-FINANCIAL ISSUES, CALLERS ARE REFERRED TO EITHER A JFCS PROGRAM, IF IT IS APPROPRIATE, OR TO ANOTHER PROGRAM IN THE COMMUNITY, SHOULD IT BETTER MEET THE CALLERS' NEEDS. STAFF MEMBERS (WHO ARE ALL CLINICIANS) ALSO PROVIDE FAMILY CONSULTATIONS, WHERE MEMBERS OF A FAMILY ARE BROUGHT TOGETHER TO DISCUSS OPTIONS THAT MIGHT BE AVAILABLE TO AN AGING PARENT, A SIBLING WITH MENTAL ILLNESS, A CHILD WITH DRUG OR ALCOHOL PROBLEMS, OR ANY NUMBER OF OTHER ISSUES. THESE MEETINGS ARE STAFFED BY A TEAM MOST APPROPRIATE TO THE ISSUES, AND ARE MOST OFTEN ONE MEETING, WHICH CAN RESULT IN REFERRAL OR INTAKE DEPENDING ON THE SITUATION. WE ALSO PROVIDE JEWISH FREE LOANS FOR INDIVIDUALS IN THE JEWISH COMMUNITY WITH A SPECIFIC NEED, WHO ARE ABLE TO PROVIDE A CO-SIGNER. PEOPLE WITH SEVERE AND PERSISTENT MENTAL ILLNESS ARE SEEN THROUGH OUR MENTAL HEALTH SUPPORT SERVICES (MHSS) PROGRAM. THEY ARE PROVIDED WITH CASE MANAGEMENT, ASSISTANCE WITH ACCESS TO RESOURCES, ASSISTANCE WITH HOUSING, EMPLOYMENT, MEDICATION MANAGEMENT, EMERGENCY FINANCIAL ASSISTANCE, AND SUPPORT AND ENCOURAGEMENT. THEY ALSO PARTICIPATE IN HOLIDAY CELEBRATIONS AND A HOLIDAY GIFT PROGRAM, WHICH ARE "STAFFED" BY VOLUNTEERS. ONCE AGAIN, WE SERVED 140 PEOPLE IN THIS PROGRAM LAST YEAR. WE ALSO ADDED WAIVERED SERVICES TO THIS PROGRAM FOR PEOPLE WHO ARE ON A CADI (COMMUNITY ALTERNATIVES FOR DISABLED INDIVIDUALS) WAIVER. WE ARE SERVING 68 PEOPLE THROUGH THIS WAIVER AND THEY RECEIVED SIMILAR SERVICES TO THOSE IN OUR MHSS PROGRAM. OUR HEALING PROGRAM PROVIDES VOLUNTEERS WHO VISIT JEWISH CLIENTS IN THE HOSPITAL, IN HOSPICE AND IN THEIR HOMES, WHEN THEY ARE FACING SERIOUS ILLNESS, RECOVERY FROM SURGERY OR END OF LIFE. THESE VOLUNTEERS PROVIDE SUPPORT TO THE CLIENT AND THE FAMILY AT A VERY DIFFICULT TIME, AND THEIR WORK IS AN INVALUABLE RESOURCE TO THE COMMUNITY. LAST YEAR 320 PEOPLE WERE SERVED BY VOLUNTEERS IN THIS PROGRAM.

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

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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	ALL MEMBERS ARE OF EQUAL CLASS AND VOTE FOR THE BOARD OF DIRECTORS AT OUR ANNUAL MEETING

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE AGENCY MAINTAINS A CONFLICT OF INTEREST POLICY WHICH IS REVIEWED WITH EMPLOYEES AS PART OF THE ONBOARDING PROCESS EMPLOYEES ARE REQUIRED TO NOTIFY THEIR SUPERVISOR OF ANY POTENTIAL CONFLICTS ON AN ONGOING BASIS, THESE ARE REVIEWED WITH THE AGENCY COMPLIANCE OFFICER AND APPROPRIATE ACTIONS ARE DETERMINED TO RESOLVE THE CONFLICT OF INTEREST IN ADDITION, BOARD MEMBERS AND ADMINISTRATIVE STAFF MEMBERS COMPLETE A CONFLICT OF INTEREST SURVEY ON AN ANNUAL BASIS TO IDENTIFY ANY POTENTIAL CONFLICTS OF INTEREST ADMINISTRATIVE STAFF MEMBERS INCLUDE THE CEO, COO, CFO, DIRECTORS OF HUMAN RELATIONS, PUBLIC RELATIONS, AND THE THREE PROGRAM DIRECTORS THE AGENCY MAINTAINS A POLICY PROHIBITING BOARD, SENIOR STAFF AND/OR THE CEO FROM OBTAINING CERTAIN SERVICES WHICH WOULD RESULT IN A CONFLICT OF INTEREST IN SOME CASES, ADDITIONAL APPROVALS ARE REQUIRED TO OBTAIN SERVICES WHERE A CONFLICT MAY BE PERCEIVED WITHIN THE EXISTING APPROVAL STRUCTURE DISCLOSURE IN THE ORGANIZATION SHOULD BE MADE TO THE CHIEF EXECUTIVE OFFICER (OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD CHAIR), WHO SHALL BRING THE MATTER TO THE ATTENTION OF THE BOARD (OR A DULY CONSTITUTED COMMITTEE THEREOF) DISCLOSURE INVOLVING DIRECTORS SHOULD BE MADE TO THE BOARD CHAIR, (OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD VICE CHAIR) WHO SHALL BRING THESE MATTERS TO THE BOARD (OR A DULY CONSTITUTED COMMITTEE THEREOF) THE BOARD OR DULY CONSTITUTED COMMITTEE THEREOF DETERMINES WHETHER A CONFLICT EXISTS AND IN THE CASE OF AN EXISTING CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO JFCS THE DECISION OF THE BOARD (OR A DULY CONSTITUTED COMMITTEE THEREOF) ON THESE MATTERS WILL REST IN THEIR SOLE DISCRETION, AND THEIR CONCERN MUST BE THE WELFARE OF JFCS AND THE ADVANCEMENT OF ITS PURPOSE MEMBERS OF THE BOARD AND EMPLOYEES ARE REQUIRED TO ABSTAIN FROM ANY DECISIONS WHERE THEY HAVE A CONFLICT OF INTEREST (E.G , VENDOR SELECTION COMMITTEES, ETC) ALL PROCEEDINGS RESULTING FROM POTENTIAL OR ACTUAL CONFLICTS OF INTEREST ARE DOCUMENTED IN THE MEETING MINUTES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION OF THE CEO IS DETERMINED BY THE COMPENSATION COMMITTEE, A COMMITTEE OF THE BOARD OF DIRECTORS, LED BY THE PRESIDENT OF THE BOARD. THE PERFORMANCE OF THE CEO IS REVIEWED ANNUALLY BY THIS COMMITTEE, WHICH ALSO COMPILES SURVEY INFORMATION WITH REGARD TO COMPENSATION OF SIMILAR POSITIONS AT SIMILAR AGENCIES. THEN THE COMPENSATION COMMITTEE DETERMINES AN APPROPRIATE SALARY AND BENEFITS PACKAGE AND COMMUNICATES THIS WITH THE CEO'S PERFORMANCE REVIEW TO THE CEO BOTH IN PERSON AND IN A SIGNED LETTER, WHICH IS PROVIDED TO HUMAN RESOURCES AND PAYROLL DEPARTMENTS TO EXECUTE ANY CHANGES TO THE CEO'S COMPENSATION. THIS PROCESS WAS MOST RECENTLY UNDERTAKEN IN 2012 FOR THE CEO, J. HALPER. COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES IS DETERMINED BY REFERENCE TO COMPENSATION SURVEYS FOR SIMILAR POSITIONS IN SOCIAL SERVICE AGENCIES. THE COMPENSATION IS DETERMINED BY THE CEO WITH CONSULTATION WITH THE HR DIRECTOR. THIS PROCESS WAS MOST RECENTLY UNDERTAKEN IN 2012 FOR THE COO, M. FORBUSH AND CFO, B. TOSO.

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 291,883 DONATED RENT -344,335 TOTAL TO FORM 990, PART XI, LINE 5 -52,452

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
41-0693860

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)					
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) QUEEN ESTHER'S KITCHEN 13100 WAYZATA BLVD 300 MINNETONKA, MN 55305 46-0732561	FOOD WHOLESALER	MN	0	0	JFCS OF MINNEAPOLIS

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

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

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

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

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1r

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Additional Data

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

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

4d. Other program services				
(Code)	(Expenses \$ 616,565	including grants of \$ 26,243	(Revenue \$ 0)	
CHILDREN SERVICE THE ACT PROGRAM HELPS CHILDREN BECOME MORE SUCCESSFUL LEARNERS ACT OFFERS FOUR SERVICES -FAMILY SUPPORT SERVICES WHICH ASSIST FAMILIES IN SOLVING PROBLEMS RELATED TO HOUSING, TRANSPORTATION, OR ANY ISSUE THAT MIGHT INHIBIT A CHILD IN GROWING AND DEVELOPING WITHIN THE SCHOOL WE SERVE 40 FAMILIES ANNUALLY -INDIVIDUAL AND GROUP COUNSELING FOR CHILDREN AT SCHOOL, AFTER SCHOOL PROGRAMS ARE ALSO PROVIDED 50 CHILDREN PARTICIPATE -VOLUNTEER MENTORS, "LUNCH BUDDIES" AND TUTORS FOR CHILDREN WHO COULD BENEFIT FROM A SUPPORTIVE RELATIONSHIP WITH A CARING ADULT CURRENTLY 35 CHILDREN ARE PAIRED -A FAMILY RESOURCE CENTER, WHICH WAS BEGUN THIS PAST YEAR AND IS LOCATED AT PETER HOBART, BUT SERVES THE ENTIRE DISTRICT FAMILIES HAVE ACCESS TO OUR CASE MANAGER FOR ASSISTANCE WITH PROBLEM SOLVING AND REFERRALS TO RESOURCES IN THE COMMUNITY AND IN THE COUNTY WE SERVED 25 FAMILIES DURING THIS START-UP YEAR THIS PAST YEAR 350 INDIVIDUALS RECEIVED CASE MANAGEMENT OR SUPPORT THROUGH ACT FAMILY LIFE EDUCATION PRESENTS PROGRAMS WHICH ARE FOCUSED ON PREVENTION EXAMPLES INCLUDE PARENTING AND GRAND PARENTING INTERFAITH FAMILIES, OR WORKING WITH MOTHERS OF 5TH GRADE GIRLS AS THE DAUGHTER'S ARE IN A GROUP PROMOTING PRO-SOCIAL BEHAVIORS SHE ALSO DOES WORK IN THE AREAS OF DIVORCE, PARENTING, GRIEF, AND OTHER TOPICS AS REQUESTED SHE ALSO HAS AN EMAIL PROGRAM, ASKBARBARA, WHICH RESPONDS TO PARENTING ISSUES IN TOTAL, 432 PEOPLE WERE SERVED IN THIS PROGRAM THE PARENT-CHILD HOME PROGRAM IS A HOME VISITING, EARLY LITERACY PROGRAM, OF WHICH JFCS IS A REPLICATION SITE THIS PROGRAM HAS BEEN IN PLACE SINCE THE MID-SIXTIES, IS EVIDENCED-BASED AND SHOWS PROVEN SUCCESS IN SCHOOL READINESS AND IN HIGH SCHOOL GRADUATION RATES HOME VISITORS SPEND 1/2 HOUR TWICE PER WEEK, 30 WEEKS PER YEAR, VISITING A FAMILY THE FIRST VISIT THEY TAKE AN EDUCATIONAL TOY OR BOOK AND MODEL ITS USE WITH THE CHILD THE SECOND VISIT, THE VISITOR WATCHES THE PARENT INTERACT WITH THE CHILD AROUND THE TOY OR BOOK AND GIVES ENCOURAGEMENT TO THE INTERACTION THE PROGRAM TEACHES PARENTS TO BE THEIR CHILDREN'S PRIMARY EDUCATOR AND CHILDREN WHO HAVE HAD THIS PROGRAM, ALTHOUGH THEY COME FROM FAMILIES THAT ARE BOTH EDUCATIONALLY AND ECONOMICALLY DISADVANTAGED, GRADUATE FROM HIGH SCHOOL AT THE SAME RATE AS THEIR MIDDLE CLASS PEERS PCHP HAS SERVED OVER 100 FAMILIES TO DATE AND IS SERVING 100 FAMILIES IN THE CURRENT 2ND YEAR COHORT LAST YEAR, WE "GRADUATED" 39 FAMILIES, AND ARE CURRENTLY FOLLOWING UP WITH FAMILIES WHOSE CHILDREN ARE NOW IN KINDERGARTEN AND FIRST GRADE WITH VERY PROMISING OUTCOMES OUR JEWISH BIG BROTHER/BIG SISTER PROGRAM MATCHES JEWISH ADULTS WITH CHILDREN AGES FIVE THROUGH HIGH SCHOOL, TO PROVIDE THEM WITH A MENTOR WHO MEETS WITH THEM TWO TO THREE TIMES PER MONTH TO SPEND TIME TOGETHER DOING ACTIVITIES, HAVING CONVERSATION, AND BEING A FRIEND THIS PROGRAM ALSO PLACES SUPERVISED TEENS WITH A "LITTLE," AND MATCHES MOMS WHO HAVE ISSUES IN COMMON THE PROGRAM HAS APPROXIMATELY 60 MATCHES AT ANY GIVEN TIME AND MATCHES OFTEN LAST 5-10 YEARS HALF OF THE CHILDREN IN THE PROGRAM ARE CHILDREN WITH DISABILITIES JFCS OFFERS PJ LIBRARY, WHICH PROVIDES AGE APPROPRIATE BOOKS WITH JEWISH CONTENT FOR CHILDREN, AGES ONE THROUGH EIGHT AND DESIGNS PROGRAMS RELATED TO THE BOOKS FAMILIES ARE READING WE HAVE OVER 800 CHILDREN ENROLLED IN PJ LIBRARY, AND ATTENDANCE AT OUR PROGRAMS HAS BEEN FROM 25-100, WITH MOST PROGRAMS ATTRACTING AROUND 60 YOUNG, OFTEN INTERFAITH FAMILIES EACH YEAR, WITH FUNDING FROM DEDICATED ENDOWMENT FUNDS AND FUNDS FROM THE POHLAND FOUNDATION, WE PROVIDE CHILDREN SCHOLARSHIPS FOR CAMP THESE RANGE FROM FULL SCHOLARSHIPS TO PARTIAL SCHOLARSHIPS AND ARE FOR A HOST OF CAMPS, BOTH JEWISH AND NON-JEWISH, AS LONG AS THEY ARE ACCREDITED				
(Code)	(Expenses \$ 428,527	including grants of \$ 10,381	(Revenue \$ 990)	
COMMUNITY SERVICES OUR JEWISH DOMESTIC ABUSE COLLABORATIVE SERVES JEWISH WOMEN WHO ARE SURVIVORS OF DOMESTIC VIOLENCE SITUATIONS WE PROVIDE A SUPPORT GROUP, COMMUNITY EDUCATION AND WE TRAIN AND SUPPORT ADVOCATES FOR JEWISH WOMEN, ALL OF WHOM ARE PAIRED WITH A SURVIVOR WE ASSIST 25 SURVIVORS OF DOMESTIC VIOLENCE ON AN ON-GOING BASIS LAST YEAR, WE BEGAN A PROGRAM CALLED BEYOND SAFETY, WHICH PROVIDES SPECIALIZED VOCATIONAL ASSISTANCE TO WOMEN WHO HAVE LEFT ABUSIVE SITUATIONS, AND ARE WORKING TO GET THEIR LIVES BACK ON TRACK TO BE ABLE TO PROVIDE FOR THEMSELVES AND THEIR CHILDREN CURRENTLY WE ARE SERVING 15 WOMEN IN THIS PROGRAM OUR HEALTHY YOUTH-HEALTHY COMMUNITIES PROGRAM WORKS WITH YOUTH IN THE COMMUNITY TO PROMOTE PRO-SOCIAL BEHAVIORS AND CREATE AWARENESS OF ISSUES THAT YOUNG PEOPLE FACE TODAY IT ALSO ACTS AS A FORUM TO DISCUSS MENTAL HEALTH ISSUES YOUTH OR A FAMILY MEMBER MAY BE EXPERIENCING DURING THE PAST YEAR, OUR COORDINATOR CONTINUED TO WORK WITH THE STUDENT ADVISORY BOARD, WHICH BRINGS IDEAS AND INFORMATION ABOUT NEEDED PROGRAMMING FOR TEENS AND PROVIDED PROGRAMMING AT HILLEL, ST PAUL TALMUD TORAH DAY SCHOOL, HEILICHER MINNEAPOLIS JEWISH DAY SCHOOL, A JEWISH SORORITY AT THE U OF MN, AND TO YOUTH GROUPS AT AREA SYNAGOGUES TOPICS INCLUDED DRUGS AND ALCOHOL, TEEN DATING HEALTHY RELATIONSHIPS, DEPRESSION AND SUICIDE PREVENTION, BODY IMAGE, HEALTHY SEXUALITY, STRESS AND ANXIETY SHE HAS ALSO FACILITATED A ROSH CHODESH GROUP (ROSH CHODESH IS A MONTHLY WOMEN'S HOLIDAY) FOR 12-13 YEAR OLDS AT BETH EL SYNAGOGUE, AND HAS BEGUN A COMMUNITY-WIDE ROSH CHODESH GROUP FOR YOUNGER GIRLS WE SERVE 500 YOUTH IN THIS PROGRAM EACH YEAR WE ARE CURRENTLY IN THE PROCESS OF DEVELOPING A CURRICULUM WHICH ADDRESSES ISSUES OF BULLYING AND THIS WILL BE INTEGRATED INTO OUR WORKSHOPS OUR MENTAL HEALTH EDUCATION PROGRAM IS DEDICATED TO RAISING AWARENESS ABOUT MENTAL ILLNESS AND TO REDUCING THE STIGMA EXPERIENCED BY PEOPLE WITH MENTAL ILLNESS AND THEIR FAMILIES IN THE JEWISH COMMUNITY THE PRINCIPAL EVENT OF THIS PROGRAM IS OUR FALL MENTAL HEALTH EDUCATION CONFERENCE THIS PAST YEAR, THE CONFERENCE, OUR 11TH, WAS ON NOVEMBER 13TH AND ONCE AGAIN, ATTRACTED MORE THAN 500 ATTENDEES KEYNOTE SPEAKER WAS MARYA HORNBACHER, AN AWARD-WINNING AUTHOR, WHO SPOKE ABOUT HER EXPERIENCES WITH BI-POLAR DISEASE AND ANOREXIA AS PART OF THE WEEKEND MIXED BLOOD THEATER PROVIDED FREE TICKETS TO THE MUSICAL NEXT TO NORMAL, WHICH ADDRESSES BI-POLAR DISEASE AND WAS FOLLOWED BY A COMMUNITY FORUM THERE WERE ALSO 22 WORKSHOPS ON VARIOUS TOPICS FOCUSED ON MENTAL HEALTH THE PROGRAM ALSO PROVIDES WORKSHOPS ON ALZHEIMERS DISEASE THROUGHOUT THE COMMUNITY AND AN ONGOING SUPPORT GROUP FOR CAREGIVERS OF PEOPLE WITH ALZHEIMER'S DISEASE IN ST PAUL LAST YEAR WE SERVED 750 PEOPLE THOUGH THIS PROGRAM AS WE HAVE IN THE PREVIOUS YEAR J-PRIDE ORGANIZES ACTIVITIES IN THE JEWISH LGBT COMMUNITY, FOCUSING ON HAVING A PRESENCE AT THE GAY PRIDE FESTIVAL AND DEMONSTRATING THE JEWISH COMMUNITY SUPPORT FOR ISSUES THAT AFFECT LGBT INDIVIDUALS AND FAMILIES WE ARE JUST COMPLETING A SURVEY OF THE LGBT COMMUNITY TO DETERMINE ON-GOING NEEDS IN THE COMMUNITY AND WAYS THAT WE MIGHT ADDRESS THEM OUR VOLUNTEER RESOURCES PROGRAM RECRUITS, ASSESSES, MATCHES, TRAINS, AND SUPPORTS OVER 900 VOLUNTEERS EACH YEAR OUR VOLUNTEERS WORK IN EVERY FACET OF THE AGENCY, INCLUDING OUR HOLIDAY GIFT PROGRAM, OUR ANNUAL BENEFIT, DIRECT SERVICES AND OFFICE SUPPORT OUR HAG SAMEACH (HAPPY HOLIDAY) PROGRAM SERVED OVER 1,000 INDIVIDUALS AT HANUKKAH AND ANOTHER 50 FAMILIES AT PASSOVER OVER 300 VOLUNTEERS WORKED ON THESE PROJECTS OUR VOLUNTEERS ALSO STAFF ALL OF OUR SEDERS AND HANUKKAH PARTIES FOR CLIENTS THEY DRIVE THEM TO THE EVENT, SERVE, AND HELP THEM FEEL WELCOME AND INCLUDED VOLUNTEERS ANSWER OUR TRANSPORTATION RESERVATION LINE EVERY DAY, AND ASSIST WITH PROJECTS, SUCH AS MAILINGS OUR VOLUNTEERS PROVIDE OVER 40,000 HOURS OF SERVICE TO THE AGENCY, AND WITHOUT THEIR DEDICATION, WE WOULD NOT BE ABLE TO CARRY OUT AS MANY ACTIVITIES AND SERVICES AS WE DO				

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 Trustees	Officer	Key employee	Highest compensated employee	Former			
LANDY ROBIN PRESIDENT	4 00	X		X				0	0	0
BASS JASON VP FUND DEVELOPMENT	3 00	X		X				0	0	0
BESIKOF KEVIN VP FINANCE/HR	3 00	X		X				0	0	0
RAFOWITZ TINA VP BOARD DEVELOPMENT	3 00	X		X				0	0	0
ZACK HOWARD VP MARKETING	3 00	X		X				0	0	0
ZOUBER DANNY VP INVESTMENT	3 00	X		X				0	0	0
GRAYSON DEBRA ORBUCH PAST PRESIDENT	2 00	X		X				0	0	0
AIZMAN AARAH DIRECTOR	2 00	X						0	0	0
ARBIT DEBRA FITERMAN DIRECTOR	2 00	X						0	0	0
BADER KERRY DIRECTOR	2 00	X						0	0	0
BADOWER MIKE DIRECTOR	2 00	X						0	0	0
BERGER GAIL DIRECTOR	2 00	X						0	0	0
BLATT ARNIE DIRECTOR	2 00	X						0	0	0
BROMS MARILYN DIRECTOR	2 00	X						0	0	0
DAVIS RABBI ALEXANDER DIRECTOR	2 00	X						0	0	0
FEUER SHERRI DIRECTOR	2 00	X						0	0	0
GINGOLD RONI DIRECTOR	2 00	X						0	0	0
GINSBURG ROY DIRECTOR	2 00	X						0	0	0
GOLDBERG BARBARA DIRECTOR	2 00	X						0	0	0
GOLDBLOOM LYNN DIRECTOR	2 00	X						0	0	0
GORDON TERRI DIRECTOR	2 00	X						0	0	0
GRABOW KAREN DIRECTOR	2 00	X						0	0	0
GRAIS JASON DIRECTOR	2 00	X						0	0	0
KAMINSKY HOWARD DIRECTOR	2 00	X						0	0	0
KOHLER GARY 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			
KOHN EILEEN DIRECTOR	2 00	X						0	0	0
KRAMER ROBERT DIRECTOR	2 00	X						0	0	0
KRIKAVA STEVEN DIRECTOR	2 00	X						0	0	0
LEVIN NATALIE DIRECTOR	2 00	X						0	0	0
LIPSHUTZ MARTIN DIRECTOR	2 00	X						0	0	0
PARISH GABRIELLE DIRECTOR	2 00	X						0	0	0
PEPPER LARRY DIRECTOR	2 00	X						0	0	0
RHEIN NANCY DIRECTOR	2 00	X						0	0	0
ROBBINS MARK DIRECTOR	2 00	X						0	0	0
ROSE JASON DIRECTOR	2 00	X						0	0	0
ROSENBLATT AMY LUI DIRECTOR	2 00	X						0	0	0
RUBENSTEIN MARC DIRECTOR	2 00	X						0	0	0
RUBIN ROCHELLE DIRECTOR	2 00	X						0	0	0
SAAD ADEEL DIRECTOR	2 00	X						0	0	0
SEGAL TOM DIRECTOR	2 00	X						0	0	0
SILVERSTEIN ANDREW DIRECTOR	2 00	X						0	0	0
SWATEZ HARRIET DIRECTOR	2 00	X						0	0	0
TANKENOFF JIM DIRECTOR	2 00	X						0	0	0
TARKOW HOWARD DIRECTOR	2 00	X						0	0	0
ZAROFF AMY DIRECTOR	2 00	X						0	0	0
HALPER JUDY CHIEF EXECUTIVE OFFICER	40 00			X				132,640	0	26,701
TOSO BETH CHIEF FINANCIAL OFFICER	40 00			X				100,410	0	9,055
FORBUSH MARI CHIEF OPERATING OFFICER	40 00			X				97,763	0	19,632

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

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
EMERGENCY FINANCIAL ASSISTANCE	367	154,161		N/A	N/A
WAGES & TAXES	137	645,971		N/A	N/A
HOMEMAKING / CLEANING	95	169,083		N/A	N/A
SCHOLARSHIPS / TRAINING	17	39,080		N/A	N/A
MENTAL HEALTH SUPPORT SERVICES	50	9,938		N/A	N/A
CAMP SCHOLARSHIPS	77	24,650		N/A	N/A
ADULT DAY CARE SERVICES	37	12,056		N/A	N/A
TRANSPORTATION ASSISTANCE	373	34,420		N/A	N/A
CHILDCARE ASSISTANCE	40	145,343		N/A	N/A
PERSONAL CARE ASSISTANCE	45	27,485		N/A	N/A
HAG SAMMEACH / HOLIDAY GIFTS	633		9,427	FMV	GIFTS FOR HOLIDAYS
MEALS ON WHEELS	146	160,416		N/A	N/A