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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 private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 09-01-2013, 2013, and ending 08-31-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

13100 WAYZATA BLVD NO 400

City or town, state or province, country, and ZIP or foreign postal code

MINNETONKA, MN 55305

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 subordinates?

☐ Yes ☒ No

H(b) Are all subordinates 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 TO SUPPORT 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																																																				
Revenue	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>35</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>35</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</td><td>142</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>900</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	35	4	Number of independent voting members of the governing body (Part VI, line 1b)	35	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	142	6	Total number of volunteers (estimate if necessary)	900	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	7b	Net unrelated business taxable income from Form 990-T, line 34	0																																		
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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

2015-03-19

Date

JUDY HALPER CHIEF EXECUTIVE OFFICER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

CHRISTINE OLSEN

Preparer's signature

Date

Check ☐ if self-employed

PTIN

P01591802

Firm's name

CLIFTONLARSONALLEN LLP

Firm's EIN

41-0746749

Firm's address

220 SOUTH SIXTH STREET SUITE 300

MINNEAPOLIS, MN 55402

Phone no

(612) 376-4500

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1	Briefly describe the organization's mission					
JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS PROVIDES ESSENTIAL SERVICES TO PEOPLE OF ALL AGES AND BACKGROUNDS TO SUSTAIN HEALTHY RELATIONSHIPS, EASE SUFFERING AND OFFER SUPPORT IN TIMES OF NEED						
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 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 \$ 1,601,876	including grants of \$ 379,554	(Revenue \$ 746,996		
CAREER SERVICES - SEE SCHEDULE OCAREER SERVICESCAREER SERVICES HELPED MORE THAN 950 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 85 PEOPLE IN CAREER INITIATIVES. 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 441 PEOPLE AND VOCATIONAL REHABILITATION WORKED WITH, AND PLACED 122 PERFORMANCE GOALS. OUR CONTRACT TO SERVE PEOPLE IN THIS PROGRAM WAS RENEWED. CAREER SERVICES SERVES WEST HENNEPIN RESIDENTS WHO HAVE LIMITED ACCESS TO EMPLOYMENT SERVICES. THIRTY-FOUR OF THE 68 PEOPLE WHO WERE SERVED IN THIS PROGRAM FOUND EMPLOYMENT AT AN AVERAGE WAGE OF \$14.00 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 96 INDIVIDUALS LAST YEAR, AND OUR IRP PROJECT SERVED 54 PEOPLE LAST YEAR, EVALUATING THEM FOR ENROLLMENT IN TRAINING PROGRAMS, IN ORDER TO ENTER THE WORKFORCE OR UPGRADE THEIR SKILLS FOR LIVING WAGE EMPLOYMENT WITH A CONTRACT FROM HENNEPIN COUNTY, WE CONTINUE TO PROVIDE 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 SERVED OVER 99 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. TWENTY-THREE SCHOLARSHIPS WERE AWARDED LAST YEAR. WE ALSO ASSIST STUDENTS AND FAMILIES WHO ARE CONSIDERING AND EVALUATING COLLEGE CHOICES. WE HAVE LAUNCHED OUR IT PATHWAYS PROGRAM, IN COOPERATION WITH IT FUTURES, AN ORGANIZATION THAT PROVIDES COMPTIA CERTIFICATION TO INDIVIDUALS, FOCUSING ON THOSE WHO ARE TRADITIONALLY NOT IN THIS INDUSTRY (WOMEN, VETERANS, AND PEOPLE OF COLOR), AND TRAINS THEM FOR POSITIONS IN THE COMPUTER SERVICE INDUSTRY. WE WORK WITH INDIVIDUALS TO PREPARE THEM FOR THE TRAINING AND TO HELP PLACE THEM, ONCE THEY HAVE COMPLETED THE TRAINING AND A 6 MONTH PAID INTERNSHIP. WE SERVED 86 PEOPLE IN THIS PROGRAM. WE ALSO WORK WITH THE CITY OF MINNEAPOLIS TO PROVIDE SCREENING TO INDIVIDUALS WHO MAY BE ELIGIBLE FOR SHORT TERM TRAINING IN HIGH NEED AREAS (IT, HEALTH CARE). WE SERVED 50 INDIVIDUALS IN THAT PROGRAM AND ARE ALSO COLLABORATING WITH THE CITY IN ANOTHER PROGRAM TO PROVIDE JOB SCREENING AND PLACEMENT, BY COOPERATING WITH BUSINESSES AND HOSTING JOB FAIRS. WE HAVE PLACED OVER 75 PEOPLE IN THIS PROGRAM WHICH HAS ONLY BEEN IN PLACE A FEW MONTHS.						
4b	(Code)	(Expenses \$ 1,436,343	including grants of \$ 293,357	(Revenue \$ 500,231		
AGING AND DISABILITY SERVICES - SEE SCHEDULE OAGING AND DISABILITY SERVICESJFCS 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 CAPACITY 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. LAST YEAR, WE SERVED 32 PEOPLE IN THIS PROGRAM. 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, AND OVER 4,000 ARE SERVED BY OUR CONGREGATIONAL NURSES. OUR ST. LOUIS PARK NORC PROGRAM IS A PILOT SITE FOR THE STATE OF MINNESOTA'S ACT ON ALZHEIMER'S INITIATIVE AND AS SUCH, HAS WORKED TO DEVELOP A PROGRAM WHICH TRAINS COMMUNITY MEMBERS TO BE "DEMENTIA FRIENDS," WHO SUPPORT PEOPLE IN THEIR COMMUNITY WITH A VISIT, AN INTERVENTION WHEN THEY APPEAR CONFUSED AT A PLACE OF BUSINESS OR CARE FOR A CAREGIVER. 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 75 PEOPLE PARTAKE IN THESE PROGRAMS, AND ARE JOINED BY THEIR FAMILIES. MANY OF THE PROGRAMS ARE STAFFED BY VOLUNTEERS.						
4c	(Code)	(Expenses \$ 976,065	including grants of \$ 117,621	(Revenue \$ 528,657		
CLINICAL AND CASE MANAGEMENT SERVICES - SEE SCHEDULE OClinical and Case Management ServicesClinical 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, 186 individuals, couples and families were seen for multiple sessions each. We also provide licensing supervision for MSW graduates who are in working toward taking the licensure exam. We served 25 people in this program. Our Intake and Referral Services (IRC) worked with over 2,800 callers, providing them referrals, resources and emergency financial assistance. Last year we distributed 250 grants to more than 200 individuals, for a total of \$109,314. 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. We currently have 33 loans out, for a total of \$99,000. In the eleven years we have had this program, we have had three defaults. 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. We served 137 people in this program last year. We also added waived services to this program for people who are on a CADI (Community Alternatives for Disabled Individuals) waiver. We are serving 61 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 200 people were served by volunteers in this program. In addition, 40 rabbis serve on our "Rabbi Rotation," and visit unaffiliated Jews who request time with a Rabbi.						
	(Code)	(Expenses \$ 280,250	including grants of \$ 9,002	(Revenue \$ 0		
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. IN OUR BEYOND SAFETY PROGRAM, 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. EACH WOMAN IN THIS PROGRAM IS SUPPORTED BY A VOLUNTEER ADVOCATE. LAST YEAR, WE SERVED 18 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. WE SERVE 450 YOUTH IN THIS PROGRAM THIS 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 13TH, WAS ON NOVEMBER 13TH AND ONCE AGAIN, ATTRACTED MORE THAN 500 ATTENDEES. KEYNOTE SPEAKER WAS RONALD BRAUNSTEIN, A MUSICIAN AND MUSICAL DIRECTOR, WHO WITH HIS WIFE, CAROLINE WHIDDON, HAVE CREATED AN ORCHESTRA OF MUSICIANS WITH MENTAL ILLNESS IN BURLINGTON, VERMONT. MR. BRAUNSTEIN SPOKE AND THEN THROUGHOUT THE DAY, MUSICIANS WITH MENTAL ILLNESS AND THEIR LOVED ONES CAME TOGETHER AND REHEARSED A MARVELOUS CONCERT THAT THEY PRESENTED AT THE END OF THE CONFERENCE. IT WAS A TRULY INSPIRING EXPERIENCE. THE PROGRAM ALSO PROVIDES WORKSHOPS ON ALZHEIMER'S DISEASE THROUGHOUT THE COMMUNITY AND AN ONGOING SUPPORT GROUP FOR CAREGIVERS OF PEOPLE WITH ALZHEIMER'S DISEASE IN ST. PAUL. EACH YEAR WE SERVE APPROXIMATELY 750 PEOPLE THROUGH THIS PROGRAM. FAMILY LIFE EDUCATION PRESENTS PROGRAMS WHICH ARE FOCUSED ON PREVENTION. EXAMPLES INCLUDE PARENTING AND GRANDPARENTING INTERFAITH FAMILIES. OUR PROGRAM MANAGER PRESENTED A SERIES ON GRIEF, WHICH ATTRACTED MANY ATTENDEES, AND SHE FACILITATES TWO SUPPORT GROUPS FOR CAREGIVERS OF PEOPLE WITH DEMENTIA. ADDITIONALLY, SHE MAKES PRESENTATIONS AS REQUESTED IN THE AREAS OF DIVORCE, PARENTING, AND BULLYING, FOR EXAMPLE. SHE ALSO HAS A COLUMN IN OUR EDIRECTIONS, ASKBARBARA, WHICH RESPONDS TO PARENTING ISSUES. IN TOTAL, 520 PEOPLE WERE SERVED IN THIS PROGRAM. J-PRIDE ORGANIZES ACTIVITIES IN THE JEWISH LGBT COMMUNITY, FOCUSING ON HAVING A JEWISH PRESENCE AT THE GAY PRIDE FESTIVAL AND DEMONSTRATING THE JEWISH COMMUNITY SUPPORT FOR ISSUES THAT AFFECT LGBT INDIVIDUALS AND FAMILIES. THIS PAST YEAR, WITH FUNDS FROM A GENEROUS DONOR, WE WERE ABLE TO COMPLETE OUR NEEDS ASSESSMENT, AND HIRED A PART-TIME COORDINATOR TO ADDRESS THOSE NEEDS IDENTIFIED BY MEMBERS OF THE LGBT COMMUNITY. WE HAVE HAD SEVERAL FUNCTIONS, AND THERE HAS BEEN EXCELLENT PARTICIPATION. WE GAVE ALSO BEGUN TO OFFER SOME EVENTS TO TEENS IN THIS PROGRAM WHICH HAVE BEEN WELCOMED AND WELL-ATTENDED. 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 80 FAMILIES AT PASSOVER. OVER 500 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. THEY SERVE AS HOME VISITORS, TELEPHONE OUTREACH VOLUNTEERS FOR SENIORS AND PEOPLE WITH MENTAL ILLNESS, ACT AS BIG BROTHERS AND SISTERS, VISIT PEOPLE WHO ARE ILL OR IN HOSPICE, PACK OUR "BLIZZARD BAGS" (FOR KOSHER MEALS ON WHEELS CLIENTS, IF WEATHER PREVENTS A DELIVERY). IN ADDITION, THEY PLAN AND STAFF OUR ANNUAL BENEFIT, AND OUR ANNUAL MEETING, AND SERVE ON OUR BOARD OF DIRECTORS AND A HOST OF AGENCY COMMITTEES. OUR VOLUNTEERS PROVIDE OVER 40,000 HOURS OF SERVICE TO THE ORGANIZATION, AND WITHOUT THEIR DEDICATION, WE WOULD NOT BE ABLE TO CARRY OUT MANY ACTIVITIES AND SERVICES AS WE DO.						
	(Code)	(Expenses \$ 789,316	including grants of \$ 159,023	(Revenue \$ 0		
CHILDREN'S 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 60 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. 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 one half hour twice per week, 30 weeks per year, visiting a family. The first visit they take an educational toy or book and model its use with the child. The second visit, the visitor watches the parent interact with the child around the toy or book and gives encouragement to the interaction. The program teaches parents to be their children's primary educator and children who have had this program, although they come from families that are both educationally and economically disadvantaged, graduate from high school at the same rate as their middle class peers. PCHP has served over 160 families to date and served 144 families last year in Western Hennepin County, Cass County and Minneapolis. Last year, we "graduated" 87 families, and are currently following up with families whose children are now in kindergarten and first grade with very promising outcomes. Our Jewish Big Brother/Big Sister program matches Jewish adults with children ages 5 through high school, to provide them with a mentor who meets with them two to three times per month to spend time together doing activities, having conversation, and being a friend. This program also places supervised teens with a "little," and matches moms who have issues in common. The program has approximately 60 matches at any given time and matches often last 5-10 years. Half of the children in the program are children with disabilities. 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 900 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. In 2014, we provided 128 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.						
4d	Other program services (Describe in Schedule O)					
	(Expenses \$ 1,069,566	including grants of \$ 168,025	(Revenue \$ 0			
4e	Total program service expenses ▶		5,083,850			

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	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 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
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 and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19 Yes	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29	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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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 11b 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 or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	11	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	142	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line 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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	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?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	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?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	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?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," 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?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶MN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
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 during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶MICHAEL ROCK13100 WAYZATA BLVD NO 400 MINNETONKA,MN 55305 (952) 546-0616

Check if Schedule O contains a response or note to any line 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 all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

☐ Check this box if neither the organization nor any related organization compensated any current 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)	▼	359,347	0	75,645

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. **3**

		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

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	1,375,358			
	b	Membership dues	1b				
	c	Fundraising events	1c	460,885			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,119,962			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,294,252			
	g	Noncash contributions included in lines 1a-1f \$		233,544			
	h	Total. Add lines 1a-1f		5,250,457			
Program Service Revenue	2a	PROGRAM SERVICE FEES	Business Code				
			900099	1,083,882	1,083,882		
	b	GOVERNMENT CONTRACTS	900099	692,002	692,002		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,775,884			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		252,312			252,312
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		2,400			2,400
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		793,599			793,599
	8a	Gross income from fundraising events (not including \$ 460,885 of contributions reported on line 1c) See Part IV, line 18					
			a	34,425			
	b	Less direct expenses	b	177,667			
	c	Net income or (loss) from fundraising events . . .		-143,242			-143,242
	9a	Gross income from gaming activities See Part IV, line 19					
			a	17,925			
	b	Less direct expenses	b	2,453			
	c	Net income or (loss) from gaming activities . . .		15,472			15,472
	10a	Gross sales of inventory, less returns and allowances .					
			a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory . . .					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS REVENUE	900099	28,943			28,943
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		28,943			
	12	Total revenue. See Instructions		7,975,825	1,775,884	0	949,484

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).

Check if Schedule O contains a response or note to any line 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.	146,792	146,792		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	811,765	811,765		
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.	435,010	50,609	308,183	76,218
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.	3,696,360	2,719,477	551,898	424,985
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	97,033	80,670	9,644	6,719
9	Other employee benefits.	452,305	328,632	76,021	47,652
10	Payroll taxes.	373,488	252,402	66,850	54,236
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	36,716	3,159	33,373	184
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	101,516		101,516	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	167,173	99,144	49,843	18,186
12	Advertising and promotion.	9,748	6,498	2,818	432
13	Office expenses.	240,415	152,100	53,864	34,451
14	Information technology.				
15	Royalties.				
16	Occupancy.	237,616	177,028	35,775	24,813
17	Travel.	123,840	116,001	5,777	2,062
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	67,591	23,838	18,578	25,175
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	52,653	37,034	9,905	5,714
23	Insurance.	15,573		15,573	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	EQUIPMENT & MAINTENANCE	53,055	17,241	17,521	18,293
b	MEMBERSHIP DUES	33,778	24,091	6,463	3,224
c	STAFF DEVELOPMENT	29,537	21,862	6,561	1,114
d	MISCELLANEOUS	26,529	15,507	553	10,469
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	7,208,493	5,083,850	1,370,716	753,927
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

☒

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		263,063	1	256,048
	2	Savings and temporary cash investments		29,101	2	29,231
	3	Pledges and grants receivable, net		2,550,700	3	2,451,403
	4	Accounts receivable, net		226,079	4	268,818
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		833	6	
	7	Notes and loans receivable, net		106,834	7	107,695
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		113,927	9	121,728
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a1,325,978			
	b	Less accumulated depreciation	10b1,132,636	149,432	10c	193,342
	11	Investments—publicly traded securities		9,335,631	11	10,696,701
	12	Investments—other securities See Part IV, line 11		57,307	12	83,426
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,535,734	15	2,162,218
	16	Total assets. Add lines 1 through 15 (must equal line 34)		15,368,641	16	16,370,610
Liabilities	17	Accounts payable and accrued expenses		416,495	17	394,349
	18	Grants payable			18	
	19	Deferred revenue		230,340	19	284,244
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		30,936	23	119,880
	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		164,371	25	169,032
	26	Total liabilities. Add lines 17 through 25		842,142	26	967,505
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		2,335,375	27	2,403,737
	28	Temporarily restricted net assets		8,133,901	28	8,855,093
	29	Permanently restricted net assets		4,057,223	29	4,144,275
	Organizations that do not follow SFAS 117 (ASC 958), 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		14,526,499	33	15,403,105
	34	Total liabilities and net assets/fund balances		15,368,641	34	16,370,610

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,975,825
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,208,493
3	Revenue less expenses Subtract line 2 from line 1	3	767,332
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,526,499
5	Net unrealized gains (losses) on investments	5	443,466
6	Donated services and use of facilities	6	-344,334
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	10,142
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,403,105

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☒

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

8

☐

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

9

☐

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2013

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	7,526,859	7,196,093	5,038,802	4,566,554	5,250,457	29,578,765
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	7,526,859	7,196,093	5,038,802	4,566,554	5,250,457	29,578,765
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						29,578,765

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	7,526,859	7,196,093	5,038,802	4,566,554	5,250,457	29,578,765
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	129,675	951,087	199,341	228,263	254,712	1,763,078
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	30,924	64,499	15,271	32,987	28,943	172,624
11 Total support (Add lines 7 through 10)						31,514,467
12 Gross receipts from related activities, etc. (see instructions)					12	9,450,465
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 2013 (line 6, column (f) divided by line 11, column (f))	14 93 860 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15 94 250 %
16a	33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
17a	10%-facts-and-circumstances test—2013. 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—2012. 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	
Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS INCOME

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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

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

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the 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, and not on a historic structure listed in the National Register

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	
- 2a

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

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	9,554,018	8,082,397	7,551,671	6,732,005	5,913,900
b Contributions	296,037	680,293	259,505	361,289	595,540
c Net investment earnings, gains, and losses	1,489,206	1,184,884	622,009	795,853	547,945
d Grants or scholarships	40,676	48,232	43,152	50,819	54,949
e Other expenditures for facilities and programs	292,071	253,388	227,124	207,735	204,466
f Administrative expenses	101,517	91,932	80,512	78,922	65,965
g End of year balance	10,904,997	9,554,018	8,082,397	7,551,671	6,732,005

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

21 580 %

b

Permanent endowment

39 630 %

c

Temporarily restricted endowment

38 790 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

4

Describe in Part XIII the intended uses of the organization's endowment funds
- Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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 | | 753,790 | 689,630 | 64,160 |
| d Equipment | | 572,188 | 443,006 | 129,182 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 193,342 |
- Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	8,340,701
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	443,466
b	Donated services and use of facilities	2b	1,607
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	21,319
e	Add lines 2a through 2d	2e	466,392
3	Subtract line 2e from line 1	3	7,874,309
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	101,516
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	101,516
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	7,975,825

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	7,455,246
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	345,941
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	2,328
e	Add lines 2a through 2d	2e	348,269
3	Subtract line 2e from line 1	3	7,106,977
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	101,516
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	101,516
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	7,208,493

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	USE OF THE ENDOWMENT FUNDS IS ALIGNED WITH DONOR RESTRICTIONS, AND THE ENDOWMENT DRAWS ARE USED TO FUND THE AGENCY'S SERVICES IN AGING AND DISABILITY, CHILDREN'S PROGRAMS, CLINICAL AND CASE MANAGEMENT SERVICES, COMMUNITY SERVICES AND CAREER SERVICES. IN ADDITION, FUNDS ARE USED TO PROVIDE EMERGENCY ASSISTANCE AND SCHOLARSHIPS AND LOANS TO THOSE IN NEED IN THE COMMUNITY. THE AGENCY DRAWS FUNDS FROM THE ENDOWMENT AT A RATE OF 4% OF THE AVERAGE OF THE ENDOWMENT BALANCE OVER THE PRIOR THREE YEARS.
PART X, LINE 2	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, 2014 AND 2013. THE AGENCY'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES. THE TAX RETURNS FOR THE YEARS 2011 THROUGH 2013 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUST 10,142 REVENUES OF CONSOLIDATED SUPPORTING ORGANIZATION 10,410 GAMING EXPENSES 767
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES OF CONSOLIDATED SUPPORTING ORGANIZATION 1,561 GAMING EXPENSES 767

[illegible]

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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.
Form 990-EZ filers are not required to complete this part.

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 email 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.

(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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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	495,310		495,310
	2	Less Contributions . . .	460,885		460,885
	3	Gross income (line 1 minus line 2)	34,425		34,425
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .	67,949		67,949
	6	Rent/facility costs . . .			
	7	Food and beverages .	63,452		63,452
	8	Entertainment	42,187		42,187
	9	Other direct expenses .	4,079		4,079
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			
					(177,667)
					-143,242

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		17,925	17,925
	2	Cash prizes		1,686	1,686
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .		767	767
	6	Volunteer labor	Yes % No	Yes % No	Yes 95.000 % No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶			
					2,453
					15,472

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

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 Enter 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 of the third party

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 Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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. Part II can be duplicated 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
(1) NORTHLAND AREA FAMILY SERVICE CENTER 320 EAGLE AVENUE NORTHEAST REMER, MN 55672	41-1851016	501(C)(3)	65,081	0	N/A	N/A	FOR PROVIDING EARLY LITERACY SERVICES (PCHP) IN NORTHERN MINNESOTA
(2) WAY TO GROW 125 WEST BROADWAY AVENUE SUITE 110 MINNEAPOLIS, MN 55411	71-0956749	501(C)(3)	43,963	0	N/A	N/A	FOR PROVIDING EARLY LITERACY SERVICES (PCHP) IN NORTH MINNEAPOLIS
(3) JEWISH FAMILY SERVICES 1633 WEST 7TH STREET ST PAUL, MN 55102	41-0694697	501(C)(3)	37,748	0	N/A	N/A	FOR PROVIDING SERVICES TO HOLOCAUST SURVIVORS IN ST PAUL AND EASTERN METROPOLITAN AREA

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3

3 Enter total number of other organizations listed in the line 1 table 0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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

Additional Data

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	203	109,314	0	N/A	N/A
WAGES & TAXES	4	24,826	0	N/A	N/A
HOMEMAKING / CLEANING	68	0	93,754	FAIR MARKET VALUE	SUBSIDIZED SVC
SCHOLARSHIPS / TRAINING / VOCATIONAL ASSISTANCE	126	289,651	0	N/A	N/A
MENTAL HEALTH SUPPORT SERVICES	20	6,936	0	N/A	N/A
TRANSPORTATION ASSISTANCE	245	51,174	0	N/A	N/A
CAMP SCHOLARSHIPS	128	49,230	0	N/A	N/A
MEALS ON WHEELS	105		117,429	FAIR MARKET VALUE	MEALS
CHILDCARE ASSISTANCE	27	55,749	0	N/A	N/A
PERSONAL CARE ASSISTANCE	18	0	5,474	FAIR MARKET VALUE	SUBSIDIZED SVC
HAG SAMEACH / HOLIDAY GIFTS	800	0	8,228	FAIR MARKET VALUE	HOLIDAY GIFTS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☒ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
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 of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
	☒ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
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 Regulations 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	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HALPER JUDY CHIEF EXECUTIVE OFFICER	(i)	149,089	0	414	14,748	20,971	185,222	0
	(ii)	0	0	0	0	0	0	0

Part IIISupplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	JUDY HALPER DISCRETIONARY SPENDING ACCOUNT - CAR ALLOWANCE / EXPENSE ALLOWANCE THESE AMOUNTS ARE FOR BUSINESS PURPOSES AND ARE NOT INCLUDED IN TAXABLE INCOME JUDY HALPER HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - HEALTH CLUB MEMBERSHIP THESE AMOUNTS ARE FOR BUSINESS PURPOSES AND ARE NOT INCLUDED IN TAXABLE INCOME

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
41-0693860

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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	18	165,595	STOCK MARKET QUOTES
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (BENEFIT PRIZE)	X	356	67,949	ESTIMATED VALUE
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

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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

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 noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

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

Part II

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION REPORTS THE NUMBER OF CONTRIBUTORS ON PART I, COLUMN (B)

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

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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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	IN THE EVENT OF A TIE VOTE, THE PRESIDENT OF THE BOARD SHALL CAST THE TIE-BREAKING VOTE

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 COMMITTEE), 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, INCLUDING BUT NOT LIMITED TO MATTERS INVOLVING THE PROPOSED PUBLIC SUPPORT OF NON-CORE POLICIES. 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.

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

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

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.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE AGENCY MAINTAINS A CONFLICT OF INTEREST POLICY WHICH IS REVIEWED WITH BOARD MEMBERS AND EMPLOYEES AS PART OF THE ON BOARDING PROCESS EMPLOYEES ARE REQUIRED TO NOTIFY THE CEO OF ANY POTENTIAL CONFLICTS ON AN ONGOING BASIS, THESE ARE REVIEWED WITH THE AGENCY COMPLIANCE OFFICER AND APPROPRIATE ACTIONS ARE TAKEN IN ADDITION, STAFF WITH A CONFLICT OF INTEREST OR POTENTIAL CONFLICT OF INTEREST ARE PROHIBITED FROM PARTICIPATING IN DECISION-MAKING THAT WOULD INVOLVE THE AREA IN WHICH THE STAFF MEMBER HAS AN ACTUAL OR PERCEIVED CONFLICT 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 TRANSACTIONS WHERE A CONFLICT OF INTEREST EXISTS ARE UNDERTAKEN ONLY WHEN THE FOLLOWING CRITERIA ARE ALL MET 1 THE CONFLICTING INTEREST IS FULLY DISCLOSED, 2 THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION, 3 A COMPETITIVE BID OR COMPARABLE VALUATION EXISTS, AND 4 THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION

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 REVIEW IS DONE ANNUALLY WITH THE MOST RECENT REVIEW BEING SEPTEMBER 2014. 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 HAS BEEN AN INTERNAL PROCESS.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE AND ARE AVAILABLE, ALONG WITH GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY, UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUST 10,142

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 (if applicable) 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 STE 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 entity?	
						Yes	No
(1) HELENA BIGOS SUPPORTING FOUNDATION 13100 WAYZATA BLVD STE 400 MINNETONKA, MN 55305 46-1574321	SUPPORTING ORGANIZATION	MN	501(C)(3)	LINE 11A, I	JFCS OF MINNEAPOLIS	Yes	

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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 or (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

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

No

1q

No

1r

No

1s

No

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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