

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **10-01-2018**, and ending **09-30-2019**

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
JEWISH FAMILY AND CHILDREN'S SERVICE
INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
4747 N 7TH STREET NO 100

City or town, state or province, country, and ZIP or foreign postal code
PHOENIX, AZ 85014

D Employer identification number
86-0096781

E Telephone number
(602) 279-7655

G Gross receipts \$ 45,581,477

F Name and address of principal officer
LORRIE HENDERSON
4747 N 7TH STREET NO 100
PHOENIX, AZ 85014

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 JFCSAZ ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1955 **M** State of legal domicile AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
JFCS IS A NON PROFIT, NON-SECTARIAN ORGANIZATION THAT STRENGTHENS THE COMMUNITY BY PROVIDING QUALITY BEHAVIORAL HEALTH AND SOCIAL SERVICES TO CHILDREN, FAMILIES AND ADULTS OF ALL AGES

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

3 Number of voting members of the governing body (Part VI, line 1a)	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	15
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	958
6 Total number of volunteers (estimate if necessary)	115
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

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,766,708	2,237,606
9 Program service revenue (Part VIII, line 2g)	42,192,826	43,223,523
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,565,891	88,668
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-28,508	-23,663
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,496,917	45,526,134
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	241,939	159,272
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	34,536,839	33,181,521
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,065,995		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,654,090	11,515,947
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	46,432,868	44,856,740
19 Revenue less expenses Subtract line 18 from line 12	64,049	669,394
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	25,210,153	25,908,404
21 Total liabilities (Part X, line 26)	8,111,779	9,066,936
22 Net assets or fund balances Subtract line 21 from line 20	17,098,374	16,841,468

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: ***** Date: 2020-08-17
TERRENCE DANIELS CFO Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-08-14
Check if self-employed PTIN: P02087031
Firm's name: ▶ CLIFTONLARSONALLEN LLP Firm's EIN: ▶ 41-0746749
Firm's address: ▶ 20 EAST THOMAS ROAD SUITE 2300 Phone no: (602) 266-2248
PHOENIX, AZ 85012

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

STRENGTHENING THE COMMUNITY BY PROVIDING BEHAVIORAL HEALTH, HEALTHCARE AND SOCIAL SERVICES TO ALL AGES, FAITHS AND BACKGROUNDS AT JFCS, WE HOPE FOR A FUTURE WHERE FAMILIES ARE STRONG, WHERE OUR ELDERS ARE CARED FOR AND WHERE CHILDREN ARE SAFE OUR DEDICATION TO OUR MISSION IS STRENGTHENED BY OUR COMMITMENT TO OUR CORE JEWISH VALUES THAT HONOR COMMUNITY AND THE CONTINUITY OF THE GENERATIONS

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 \$ 31,815,479	including grants of \$ 29,246)	(Revenue \$ 33,700,570)
	See Additional Data			

4b	(Code)	(Expenses \$ 5,099,746	including grants of \$ 100,774)	(Revenue \$ 5,439,284)
	See Additional Data			

4c	(Code)	(Expenses \$ 883,408	including grants of \$ 3,883)	(Revenue \$ 744,240)
	See Additional Data			

	(Code)	(Expenses \$ 371,304	including grants of \$ 25,369)	(Revenue \$ 3,339,429)
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4d	Other program services (Describe in Schedule O)	(Expenses \$ 371,304	including grants of \$ 25,369)	(Revenue \$ 3,339,429)
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4e	Total program service expenses ▶	38,169,937			
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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	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
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		No
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		No
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		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
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>	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>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>		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>		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 "Yes," complete Schedule L, Part II</i>		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>		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>		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>		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>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	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>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>		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>		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>		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	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		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

<p>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</p>	2a	958			
<p>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)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a		No
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b		
<p>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)?</p>			4a		No
<p>b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>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?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>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?</p>			7a	Yes	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	Yes	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h		
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
8					
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>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</p>			13a		
<p>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</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15		No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16		No

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 [x] 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, address, and telephone number of the person who possesses the organization's books and records: JEANIE WYNN 4747 N 7TH STREET NO 100 PHOENIX, AZ 85014 (602) 279-7655

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 273,683			
	b Membership dues	1b			
	c Fundraising events	1c 346,374			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,617,549			
	g Noncash contributions included in lines 1a - 1f \$ _____				
h Total. Add lines 1a-1f		2,237,606			

Program Service Revenue			Business Code			
	2a PROGRAM FEES REVENUE		624100	41,329,961	41,329,961	
b THIRD-PARTY FEES		624100	941,168	941,168		
c OTHER PROGRAM REVENUE		624100	762,290	762,290		
d CLIENT PROGRAM FEES		624100	165,222	165,222		
e MANAGEMENT SERVICES		624100	24,882	24,882		
f All other program service revenue						
g Total. Add lines 2a-2f			43,223,523			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			88,668			88,668
	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)						
	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)						
	8a Gross income from fundraising events (not including \$ 346,374 of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b		31,680			
	c Net income or (loss) from fundraising events				-23,663		-23,663
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			45,526,134	43,223,523	0	65,005	

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 domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22	159,272	159,272		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	772,362	309,288	463,074	
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	27,076,259	23,283,328	3,207,781	585,150
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	428,482	382,479	36,811	9,192
9 Other employee benefits	2,745,570	2,374,364	315,914	55,292
10 Payroll taxes	2,158,848	1,813,433	280,650	64,765
11 Fees for services (non-employees)				
a Management				
b Legal	166,526	39,489	127,037	
c Accounting	74,411	24,829	48,942	640
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,172,061	4,626,984	421,326	123,751
12 Advertising and promotion				
13 Office expenses	1,021,668	810,188	97,037	114,443
14 Information technology				
15 Royalties				
16 Occupancy	2,612,436	2,211,530	347,444	53,462
17 Travel	1,199,052	1,185,163	11,663	2,226
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	53,338	26,368	14,959	12,011
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	299,493	281,811	13,660	4,022
23 Insurance	175,135	150,602	20,643	3,890
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 R & M	621,313	415,410	190,873	15,030
b MEMBERSHIP DUES	60,439	49,040	9,402	1,997
c MISCELLANEOUS	60,075	26,359	13,592	20,124
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	44,856,740	38,169,937	5,620,808	1,065,995
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 <input type="checkbox"/> 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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	4,329,139	1	3,746,839
	2 Savings and temporary cash investments	5,199,782	2	3,321,448
	3 Pledges and grants receivable, net	406,357	3	335,344
	4 Accounts receivable, net	2,112,006	4	4,410,616
	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		6	
	7 Notes and loans receivable, net	1,718,729	7	1,718,729
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	396,759	9	394,759
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,967,216		
	b Less accumulated depreciation	10b 575,981	1,098,029	10c 2,391,235
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	1,997,542	12	1,809,429
	13 Investments—program-related See Part IV, line 11	7,758,630	13	7,576,824
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	193,180	15	203,181
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,210,153	16	25,908,404	
Liabilities	17 Accounts payable and accrued expenses	3,237,610	17	3,401,584
	18 Grants payable		18	
	19 Deferred revenue	3,374,169	19	4,165,352
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	1,500,000	25	1,500,000
	26 Total liabilities. Add lines 17 through 25	8,111,779	26	9,066,936
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	15,176,042	27	14,605,571
	28 Temporarily restricted net assets	1,649,225	28	1,959,584
	29 Permanently restricted net assets	273,107	29	276,313
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	17,098,374	33	16,841,468	
34 Total liabilities and net assets/fund balances	25,210,153	34	25,908,404	

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	45,526,134
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,856,740
3	Revenue less expenses Subtract line 2 from line 1	3	669,394
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,098,374
5	Net unrealized gains (losses) on investments	5	-403,796
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-522,504
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,841,468

Part XII Financial Statements and Reporting

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

- 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
- b** 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
- c** 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
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 86-0096781

Name: JEWISH FAMILY AND CHILDREN'S SERVICE
INC

Form 990 (2018)

Form 990, Part III, Line 4a:

JFCS BEHAVIORAL HEALTH AND PRIMARY CARE - SEE SCHEDULE O

Form 990, Part III, Line 4b:

CHILD & FAMILY SOLUTIONS - SEE SCHEDULE O

Form 990, Part III, Line 4c:

JFCS OLDER ADULT SERVICES COUNSELING TO HELP SENIORS - SEE SCHEDULE O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL E STANDER CHAIRMAN	1 50 0 00	X		X				0	0	0
JANICE DINNER VICE CHAIR	0 80 0 00	X		X				0	0	0
NOEL WILLIAMS SECRETARY	0 80 0 00	X		X				0	0	0
ROBERT MEZA LEFT 719 IMMEDIATE PAST VICE CHAIR	0 80 0 00	X		X				0	0	0
CAROL KERN BOARD MEMBER	0 80 0 30	X						0	0	0
VICKI CABOT BOARD MEMBER	0 80 0 00	X						0	0	0
JAY FRUCHTMAN LEFT 619 BOARD MEMBER	0 80 0 00	X						0	0	0
JOHN LINDER BOARD MEMBER	0 80 0 00	X						0	0	0
LARRY LYTLE LEFT 319 BOARD MEMBER	0 80 0 00	X						0	0	0
JEFFREY PACKER BOARD MEMBER	0 80 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK T CALLESEN MD CHIEF MEDICAL OFFICER	40 00 0 00				X			266,421	0	17,629
FRANK JACOBSON VP MARKETING & DEVELOPMENT	40 00 0 00					X		146,700	0	15,154
STEPHEN E PRAY NURSE PRACTITIONER	40 00 0 00					X		163,708	0	11,432
MARY JO WHITFIELD VP BEHAVIORAL HEALTH	40 00 0 50					X		150,222	0	11,486
REBECCA GREEN NURSE PRACTITIONER	40 00 0 00					X		148,294	0	11,167
JANET COOPER NURSE PRACTITIONER	40 00 0 00					X		142,567	0	12,271

SCHEDULE A
(Form 990 or 990-EZ)

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.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

JEWISH FAMILY AND CHILDREN'S SERVICE
INC

Employer identification number

86-0096781

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	2,217,988	4,078,783	2,484,853	2,766,708	2,237,606	13,785,938
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	2,217,988	4,078,783	2,484,853	2,766,708	2,237,606	13,785,938
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)						389,149
6	Public support. Subtract line 5 from line 4						13,396,789

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	2,217,988	4,078,783	2,484,853	2,766,708	2,237,606	13,785,938
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,592	3,946	25,382	84,200	88,668	205,788
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 VI.)	53,615	27,149				80,764
11	Total support. Add lines 7 through 10						14,072,490
12	Gross receipts from related activities, etc. (see instructions)					12	217,889,049

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	95.200 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	95.240 %

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	SPECIAL EVENTS - 2014 AMOUNT \$ 53,615 2015 AMOUNT \$ 27,149

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, SECTION B, LINE 13	THE ORGANIZATION CHANGED ITS YEAR END TO 9/30 EFFECTIVE FOR THE PERIOD ENDING 9/30/2015. AS A RESULT, THE 2015 COLUMN IN PART II OF SCHEDULE A INCLUDES BOTH THE 3 MONTH SHORT PERIOD ENDED 9/30/2015 AND THE FISCAL YEAR ENDED 9/30/2016.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
JEWISH FAMILY AND CHILDREN'S SERVICE
INC

Employer identification number
86-0096781

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on 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	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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" on 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 |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	273,107				
b Contributions		273,107			
c Net investment earnings, gains, and losses	3,206				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	276,313	273,107			

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 100 000 %
 - c** Temporarily restricted endowment ▶ 0 %
- The percentages on 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
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | No |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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" on 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		717,025	344,222	372,803
d Equipment		166,490	65,163	101,327
e Other		2,083,701	166,596	1,917,105
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,391,235

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) INVESTMENTS AT THE JEWISH COMMUNITY FOUNDATION	1,137,420	F
(B) INVESTMENTS IN TOPAZ INFO LLC	641,509	C
(C) TIMESHARES	30,500	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	1,809,429	

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENTS IN SUBSIDIARIES	7,576,824	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	7,576,824	

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
RECOUPMENT PAYABLE	1,500,000
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,500,000

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 86-0096781

Name: JEWISH FAMILY AND CHILDREN'S SERVICE
INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	JFCS AGENCY ENDOWMENT FUND IS ESTABLISHED FOR THE EXPRESS PURPOSE OF CREATING AN EVER-INCREASING SOURCE OF FUTURE FINANCIAL SUPPORT OF JFCS. IT IS THE INTENT OF JFCS TO PRESERVE THE PRINCIPAL AMOUNT OF THE ENDOWMENT FUND AND TO DISTRIBUTE AMOUNTS FROM THE FUND FOR THE OPERATION OF THE ORGANIZATION BASED ON REALIZED AND/OR UNREALIZED GAINS TO THE ENDOWMENT FUND BASED ON SPENDING RATES, FORMULAS AND PROCEDURES THAT ARE ESTABLISHED BY THE BOARD OF JFCS AND WHICH, FROM TIME TO TIME, MAY BE MODIFIED BY THE BOARD. JFCS ENDOWMENT FUNDS ARE HELD AND ADMINISTERED AS PROVIDED FOR THROUGH THE OVERSIGHT OF THE FINANCE COMMITTEE. THE ENDOWMENT FUNDS ARE CURRENTLY INVESTED, WITH THE JEWISH COMMUNITY FOUNDATION MONIES ARE CO-MINGLED WITH OTHER FUNDS FOR THE COLLECTIVE INVESTMENT AND REINVESTMENT THEREOF AT THE FOUNDATION.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	JEWISH FAMILY AND CHILDREN'S SERVICE, INC IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) OF 1954 AS AMENDED AND FROM STATE INCOME TAXES UNDER ARS 43-1201 IN ADDITION, JFCS HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE (IRS) NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME (UBTI) WOULD BE TAXABLE MANAGEMENT BELIEVES THAT JFCS HAS NO UNCERTAIN TAX POSITIONS AS OF SEPTEMBER 30, 2019 AND 2018

Part II Fundraising Events. Complete if the organization answered "Yes" on 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.

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		BRIGHTER TOMORROW LUNCHEON (event type)	(event type)	1 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	378,054			378,054
2	Less Contributions	346,374			346,374
3	Gross income (line 1 minus line 2)	31,680			31,680
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	34,533			34,533
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	20,810			20,810
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				55,343
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-23,663

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct 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 conducted in
- | | | | |
|----------|-----------------------------|------------|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |

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

Name ▶

Address ▶

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 ▶

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 provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization JEWISH FAMILY AND CHILDREN'S SERVICE INC

Employer identification number 86-0096781

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC 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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) HOUSING ASSISTANCE	54	14,640		N/A	N/A
(2) OTHER/MISC ASSISTANCE	1136	124,689		N/A	N/A
(3) RECREATION ASSISTANCE	24	1,799		N/A	N/A
(4) CLOTHING ASSISTANCE	63	8,339		N/A	N/A
(5) UTILITY ASSISTANCE	77	9,805		N/A	N/A
(5)					
(6)					
(7)					

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	DOCUMENTATION THAT IS REQUIRED TO DETERMINE ELIGIBILITY IS COLLECTED PRIOR TO DISBURSEMENT OF ASSISTANCE ACCOUNTING DEPARTMENT KEEPS RECORDS ON FILE AND WORKS CLOSELY WITH GRANT MANAGER FOR REQUIRED GRANT REPORTING GRANT/ASSISTANCE TO INDIVIDUALS IS BASED ON ELIGIBILITY AND NEEDS AND DETERMINED BY CLINICAL TEAM TO BE CLINICALLY APPROPRIATE FOR TREATMENT GOALS CLINICAL RECORD IS DOCUMENTED AND SIGNED OFF BY CLINICIAN AND SUPERVISOR ALL REQUESTS MUST HAVE THESE APPROVALS BEFORE A REQUEST CAN BE SUBMITTED TO ACCOUNTING FOR PAYMENT

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" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
JEWISH FAMILY AND CHILDREN'S SERVICE
INC

Employer identification number
86-0096781

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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</p>	1b				
<p>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?</p>	2				
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes			
<p>8 Were any amounts reported on 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.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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 on 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LORRIE HENDERSON PRESIDENT & CEO	(i)	253,900	0	0	13,341	9,210	276,451	0
	(ii)	0	0	0	0	0	0	0
2 MARK T CALLESEN MD CHIEF MEDICAL OFFICER	(i)	261,245	5,176	0	14,390	3,239	284,050	0
	(ii)	0	0	0	0	0	0	0
3 FRANK JACOBSON VP MARKETING & DEVELOPMENT	(i)	143,516	3,184	0	4,305	10,849	161,854	0
	(ii)	0	0	0	0	0	0	0
4 STEPHEN E PRAY NURSE PRACTITIONER	(i)	163,708	0	0	4,911	6,521	175,140	0
	(ii)	0	0	0	0	0	0	0
5 MARY JO WHITFIELD VP BEHAVIORAL HEALTH	(i)	147,177	3,045	0	4,415	7,071	161,708	0
	(ii)	0	0	0	0	0	0	0
6 REBECCA GREEN NURSE PRACTITIONER	(i)	148,294	0	0	4,354	6,813	159,461	0
	(ii)	0	0	0	0	0	0	0
7 JANET COOPER NURSE PRACTITIONER	(i)	140,370	2,197	0	4,472	7,799	154,838	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental 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 7	BONUSES ARE CONSIDERED A ONE-TIME PAYMENT AND ARE BASED ON PERFORMANCE AND OVERALL BUDGET



SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

JEWISH FAMILY AND CHILDREN'S SERVICE
INC

Employer identification number

86-0096781

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>JFCS BEHAVIORAL HEALTH AND PRIMARY CARE BEHAVIORAL HEALTH/INTEGRATED CARE DIVISION SERVED 21,252 PEOPLE IN 2019 AT THE FOUR JFCS FACILITIES AND THROUGH COMMUNITY-BASED OUTREACH I NTEGRATED HEALTHCARE CENTERS OFFERS OUTPATIENT COUNSELING, PSYCHIATRIC CARE, MEDICATION S ERVICES, YOUTH TRANSITION PROGRAM, PLAY THERAPY, CRISIS SUPPORT, MARRIAGE/COUPLE COUNSELIN G, BEREAVEMENT/GRIEF SUPPORT, AND WELLNESS MANAGEMENT IN FOUR MARICOPA COUNTY CLINICS JFC S'S HEALTHCARE CENTERS (EAST VALLEY, GLENDALE, AND PHOENIX/MARYVALE) OFFER BOTH PRIMARY ME DICAL AND BEHAVIORAL HEALTH SERVICES IN ONE CONVENIENT LOCATION INCLUDING AN ONSITE LABORA TORY JFCS' BEHAVIORAL HEALTH SERVICES CONTINUUM OF CARE COMPONENTS CHILDREN AND YOUTH SE RVICES SERVICES INCLUDE COUNSELING, PLAY THERAPY & TREATMENT (FOR YOUNGER CHILDREN), AND ADOLESCENT SUBSTANCE ABUSE COUNSELING, PSYCHIATRIC CARE, MEDICATION SERVICES, CARE COORDIN ATION, AND POSITIVE BEHAVIORAL SUPPORTS FOR CHILDREN ADULT SERVICES SERVICES INCLUDE COU NSELING, PSYCHIATRIC CARE, MEDICATION SERVICES, CARE COORDINATION, PARENTING GROUP WORKSHO PS, MARRIAGE/COUPLE COUNSELING, BEREAVEMENT/GRIEF SUPPORT, AND CARE MANAGEMENT HEALTHCARE CENTERS LOCATED IN PHOENIX/MARYVALE AND GLENDALE ARE DESIGNED SPECIFICALLY TO PROVIDE BO TH MEDICAL AND BEHAVIORAL HEALTH SERVICES IN AN ENVIRONMENT WHERE CLINICAL AND SUPPORT STA FF WORK TOGETHER, SHARING TREATMENT INFORMATION ELECTRONICALLY TO DETERMINE THE BEST COUR S E OF ACTION FOR EACH PERSON'S HEALTH BIRTH TO 5 PROGRAM SPECIALISTS WORK WITH CHILDREN A GES 0-5 WHO HAVE BEEN ABUSED OR NEGLECTED TO ASSESS THEIR DEVELOPMENTAL NEEDS AND PROVIDE EMOTIONAL, THERAPEUTIC, AND EDUCATIONAL SUPPORT WE FOCUS ON BONDING AND ATTACHMENT STYLES AND EXPOSURE TO UNSTABLE FAMILY ENVIRONMENTS SUCH AS DOMESTIC VIOLENCE OR SUBSTANCE ABUSE TRANSITION TO ADULTHOOD WE ASSISTS FOSTER TEENS AND YOUNG ADULTS (AGES 14-21) WITH PATH WAY TO INDEPENDENCE AS THEY STRUGGLE WITH MENTAL HEALTH ISSUES THEY RECEIVE HELP WITH CA REER PLANNING, DAILY LIVING SKILLS, HOUSING AND MONEY MANAGEMENT, WORK-LIFE SKILLS, COMMUN ICATION AND SOCIETAL RELATIONSHIPS LIFE COACHING FOCUSES ON TEENS EXITING THE FOSTER CARE SYSTEM AND TRANSITIONING INTO THE ADULT BEHAVIORAL HEALTH SYSTEM CHILD CRISIS HOSPITAL T EAM THE TEAM STEPS IN AS AN ANCILLARY SERVICE TO ASSESS CHILDREN 17 AND UNDER WHO ARE IN CRISIS AND MAY BE A DANGER TO THEMSELVES OR OTHERS, YET DO NOT MEET THE CRITERIA FOR MENTA L HEALTH INPATIENT HOSPITALIZATION WE PROVIDE A PLAN OF ACTION FOR CRISIS STABILIZATION W HICH MAY INCLUDE BEHAVIORAL EDUCATION, SKILL BUILDING, TREATMENT PLAN DEVELOPMENT AND SOME COUNSELING WHERE NEEDED OUR GOAL IS DECREASED HOSPITALIZATIONS AND THE TEAM WORKS CLOSEL Y WITH THE CHILD AND THE FAMILY OR GUARDIAN TO PROVIDE THE SERVICES NEEDED TO MAINTAIN STA BILITY AND ENSURE THAT ONGOING SERVICES ARE IN PLACE COACHING CLUB BEHAVIOR COACHES PROV IDE SHORT-TERM BEHAVIORAL INTERVENTION SERVICES FOR CHILDREN AND FAMILIES STRUGGLING WITH SERIOUS BEHAVIORAL ISSUES THAT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	ARE PREVENTING THE CHILD FROM EXPERIENCING SUCCESS IN SCHOOL, HOME, OR THE COMMUNITY THROUGH A 90-DAY COACHING CLUB INTERVENTION, JFCS STAFF WORKS WITH THE CHILD AND FAMILY ON STRATEGIES AROUND COMMUNICATION SKILLS, COPING SKILLS, EMOTIONAL REGULATION, SELF-CARE, PARENTING SKILLS, REWARD SYSTEMS, DAILY ROUTINES, AND MORE BEHAVIOR COACHES PROVIDE COACHING ON STRATEGIES TO INCREASE OR REINFORCE POSITIVE BEHAVIORS AND DECREASE DISRUPTIVE OR CHALLENGING BEHAVIORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>CHILD & FAMILY SOLUTIONS CHILD & FAMILY SOLUTIONS DIVISION PROVIDES A FOCUSED CONTINUUM OF PREVENTION, INTERVENTION, AND RECOVERY SERVICES TO ADDRESS THE NEEDS OF CHILDREN, YOUTH AND FAMILIES AT DIFFERENT POINTS IN THEIR LIVES CHILD & FAMILY SOLUTIONS HOUSES FOUR PROGRAMS CREATING PEACEFUL FAMILIES, HOMEBASED SERVICES (INCLUDES FAMILY PRESERVATION, FAMILY REUNIFICATION, PARENT AIDE AND SUPERVISED VISITATION), REAL WORLD JOB DEVELOPMENT, AND SHELTER WITHOUT WALLS THE IMPACT TO THE COMMUNITY IS BOTH QUANTITATIVE AND QUALITATIVE WITH 10,499 PERSONS PROVIDED SERVICES AND SUPPORT IN FY19 CREATING PEACEFUL FAMILIES PREVENTION AND INTERVENTION CURRICULUMS HELP CHILDREN, PARENTS, AND SCHOOL PERSONNEL TO FIND HEALTHY SOLUTIONS TO SOCIAL AND EMOTIONAL PROBLEMS, AND LEARN STRATEGIES TO IDENTIFY AND COMMUNICATE ISSUES BEFORE THEY ESCALATE INTO CRISES PREVENTION STAFF IDENTIFY AND ADDRESS CRITICAL FAMILY ISSUES, INCLUDING DIVORCE, FAMILY CONFLICT, CHILD ABUSE AND NEGLECT, VIOLENCE, BULLYING, AND SUBSTANCE ABUSE TARGET POPULATIONS K-12 STUDENTS WHO ARE HAVING DIFFICULTY MANAGING BEHAVIORS, INTERACTING WITH PEERS, PERFORMING ACADEMICALLY AND/OR COPING WITH STRESSORS AT HOME SCHOOL AND COMMUNITY-BASED PROGRAM STAFF PARTICIPATE IN PARENT EDUCATION WORKSHOPS AND IN-SERVICE TRAININGS TO IDENTIFY AND ADDRESS CRITICAL ISSUES AFFECTING CHILDREN CREATING PEACEFUL FAMILIES SERVED 5,190 CHILDREN, YOUTH, AND ADULTS IN FY19 HOMEBASED SERVICES WE COLLABORATE WITH ARIZONA DEPARTMENT OF CHILD SAFETY (ADCS) TO ASSESS THE RISKS OF VIOLENCE OR ABUSE IN THE HOME, PROVIDE PARENT COACHING AND THERAPY SUPPORT FOR CHILDREN, AND DEVELOPMENT OF FAMILY PRESERVATION AND REUNIFICATION PLANS STAFF ARE TRAINED IN FAMILY-CENTERED TRAUMA-INFORMED PRACTICES TO BUILD NURTURING PARENTING SKILLS AS AN ALTERNATIVE TO ABUSIVE AND NEGLECTING PARENTING AND CHILD-REARING PRACTICES TARGET POPULATION'S HIGH-RISK FAMILIES REFERRED BY ADCS WHO HAVE A CASE PLAN MANDATING FAMILY PRESERVATION, REUNIFICATION, PARENT AID, OR SUPERVISED VISITATION SERVICES HOMEBASED SERVICES SERVED 3,496 CHILDREN, YOUTH, AND ADULTS IN FY19 REAL WORLD JOB DEVELOPMENT PROVIDES FOSTER CARE YOUTH COMPREHENSIVE SERVICES THAT ADDRESS THEIR NEEDS TO SUCCESSFULLY TRANSITION TO ADULT HOOD SERVICES INCLUDE AN ONLINE HIGH SCHOOL FOR CREDIT RECOVERY, HIGH SCHOOL EQUIVALENCY EXAM PREPARATION AND TUTORING, SKILL ATTAINMENT TRAINING, WORK READINESS, JOB PLACEMENT, LEADERSHIP DEVELOPMENT, COUNSELING, CASE MANAGEMENT, SUPPORTIVE SERVICES, AND MENTORING TARGET POPULATIONS "DISCONNECTED/OPPORTUNITY YOUTH," AGES 16-24 WHO ARE OUT OF SCHOOL, OUT OF WORK AND/OR PHASING OUT OF THE FOSTER CARE SYSTEM WHO NEED A VARIETY OF EDUCATION AND SOCIAL SUPPORTS TO SUCCESSFULLY TRANSITION TO ADULTHOOD, SELF-SUFFICIENCY AND INDEPENDENT LIVING REAL WORLD JOB DEVELOPMENT SERVED 200 YOUTH AND YOUNG ADULTS IN FY19 SHELTER WITHOUT WALLS OFFERS COMPREHENSIVE SERVICES TO ADDRESS THE UNMET NEEDS OF DOMESTIC VIOLENCE SURVIVORS (FEMALE AND MALE) AND</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	THEIR CHILDREN WHO ARE LIVING OUTSIDE OF SHELTER SETTINGS THE PROGRAM OFFERS CRISIS INTER VENTION, SAFETY PLANNING, LAY LEGAL ADVOCACY, CASE MANAGEMENT, THERAPY, DOMESTIC VIOLENCE EDUCATION, AND SUPPORT GROUPS TARGET POPULATIONS DOMESTIC VIOLENCE SURVIVORS (FEMALE AND MALE) AND THEIR CHILDREN WHO ARE LIVING OUTSIDE OF SHELTER SETTINGS THE PROGRAM IS SPECI FICALLY DIRECTED AT INDIVIDUALS WHO HAVE BEEN IDENTIFIED AS "FALLING THROUGH THE CRACKS" I N THE CONTINUUM OF SERVICES PROVIDED BY LOCAL DOMESTIC VIOLENCE PROGRAMS SHELTER WITHOUT WALLS SERVED 1,613 CHILDREN, YOUTH, AND ADULTS IN FY19

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4C</p>	<p>JFCS OLDER ADULT SERVICES COUNSELING TO HELP SENIORS OLDER ADULT AND JEWISH COMMUNITY SERVICES PROVIDES EMOTIONAL AND SOCIAL SUPPORT TO SENIOR MEMBERS OF OUR COMMUNITY THROUGH COUNSELING AND COMMUNITY ACTIVITIES JFCS HAS CREATED A NUMBER OF PROGRAMS THAT PROVIDE OLDER ADULTS ACCESS TO ACTIVITIES THAT HELP THEM RETAIN INDEPENDENCE AND PROMOTE HEALTHY LIVING IN BOTH MIND AND BODY WE PROVIDE RESOURCES AND GUIDANCE AS A RESPONSE TO THE SPECIFIC NEEDS OF JEWISH FAMILIES, INDIVIDUALS, AND THE COMMUNITY AT LARGE TO HELP OVERCOME LIFE'S CHALLENGES THROUGH CULTURALLY SENSITIVE PROGRAMS IN 2019, JFCS SERVED 9,571 ADULTS WITH A FOCUS ON THE PHYSICAL AND EMOTIONAL WELL-BEING OF PEOPLE OVER 60 AS WELL AS PEOPLE WITH DISABILITIES OLDER ADULT SERVICES IN-HOME SERVICES WE PROVIDE COMPREHENSIVE IN-HOME SUPPORTS SUCH AS VISITATION, COUNSELING, BEREAVEMENT SERVICES, CASE MANAGEMENT, ADVOCACY AND REFERRAL TO APPROPRIATE RESOURCES SERVICES ARE DESIGNED TO IMPROVE EMOTIONAL HEALTH, STRENGTHEN SUPPORT SYSTEMS, AND DEVELOP COMMUNITY CONNECTIONS IN ORDER TO ENHANCE INDEPENDENCE AND IMPROVE QUALITY OF LIFE CENTER FOR SENIOR ENRICHMENT LOCATED IN CENTRAL PHOENIX, THE CENTER OFFERS EDUCATION, HEALTH AND WELLNESS PROGRAMS, NUTRITIOUS LUNCHEONS, CULTURAL OUTINGS, AND A WIDE VARIETY OF COMMUNITY RESOURCES CREATIVE AGING A 30-WEEK SERIES OF SEQUENTIAL, PARTICIPATORY ARTS WORKSHOPS DESIGNED TO ENGAGE SENIORS IN ARTS-BASED LEARNING, PROMOTE SOCIAL ENGAGEMENT, AND INCREASE QUALITY OF LIFE PROVIDING AN OUTLET FOR ARTISTIC EXPRESSIONS, 6-WEEK CLASSES ARE OFFERED AROUND THE VALLEY, COVERING A BROAD RANGE OF ARTS, SUCH AS READERS THEATER, STORYTELLING, VOCAL MUSIC, DANCE, AND CLASSIC FILM DISCUSSION GROUPS MEMORY CAFE A SAFE SOCIALIZATION SETTING FOR THOSE WITH CHANGES IN THEIR THINKING, MEMORY, AND/OR MILD COGNITIVE IMPAIRMENT AND THEIR CARE PARTNERS EACH CAFE HAS A DIFFERENT THEME WITH MEANINGFUL ACTIVITIES TO ENGAGE THE PARTICIPANTS AND STIMULATE THE BRAIN AND BODY MONTHLY WORKSHOPS INVOLVE CREATIVE ARTS, SUCH AS MUSIC, DANCE, POETRY, VISUAL ARTS, AND ART EDUCATION AS THESE DRAW UPON ASPECTS OF COGNITIVE FUNCTIONING THAT ARE AFFECTED LAST AND LEAST BY MOST CONDITIONS CAUSING DEMENTIA JEWISH COMMUNITY SERVICES ALEINU WORKSHOPS THAT RAISE AWARENESS OF RELEVANT AND PRESSING ISSUES OF SOCIAL CONCERN IN THE JEWISH COMMUNITY, AND CRISIS AND RESPONSE TEAM TRAINING PLUS PARENTING GROUPS, SMALL GROUP DISCUSSIONS, AND INDIVIDUAL, GROUP OR FAMILY CRISIS INTERVENTIONS ARE OPEN TO ALL INDIVIDUALS AND FAMILIES IN MARICOPA COUNTY CAREER SERVICES ASSISTS JEWISH COMMUNITY MEMBERS WHO ARE UNEMPLOYED OR UNDEREMPLOYED TO FINE TUNE THEIR JOB SEARCH SKILLS THROUGH THE CREATION OF A PROFESSIONAL RESUME, COACHING ON THE NUANCES OF CRITICAL JOB SEARCH SKILLS SUCH AS NETWORKING AND INTERVIEWING, WE HELP EACH PROGRAM PARTICIPANT BECOME SAVVY IN TODAY'S COMPETITIVE JOB MARKET CHAGIM THE MISSION OF OUR HOLIDAY PROGRAMS IS TO BRING JOY INTO THE LIVES OF THOSE TOUCHED BY FINANCIAL, PHYSICAL,</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>OR EMOTIONAL HARDSHIP WE PROVIDE FINANCIAL ASSISTANCE FOR HOLIDAY MEALS, GIFTS FOR FAMILI ES IN NEED AND HIGH HOLIDAY TICKETS COUNSELING WE OFFER COUNSELING TO TREAT A RANGE OF L IFE'S CHALLENGES EXPERIENCED BY JEWISH CHILDREN, TEENS, ADULTS, AND SENIORS JFCS' LICENSE D JEWISH THERAPISTS PROVIDE THE EMOTIONAL AND SPIRITUAL SUPPORT NEEDED TO HELP CLIENTS' BE TTER COPE WITH DIFFICULT LIFE SITUATIONS CRISIS & RESPONSE WHEN A TRAUMA OCCURS, SUCH AS A MEDICAL EMERGENCY, FIRE, OR DEATH, PROFESSIONALS AND HIGHLY TRAINED PARAPROFESSIONALS H ELP THE AFFECTED CHILDREN, FAMILIES, SCHOOLS, SYNAGOGUES, AND JEWISH INSTITUTIONS DEAL WIT H THE REPERCUSSIONS THE PROGRAM OFFERS IMMEDIATE SUPPORT SERVICES TO HELP TRAUMATIZED CHI LDREN AND ADULTS COPE WITH THE IMPACT DURING THE FIRST DAYS OF THE CRISIS HELPING HANDS AN EMERGENCY ASSISTANCE FUND THAT PROVIDES SPECIFIC, SHORT-TERM FINANCIAL ASSISTANCE TO JE WISH INDIVIDUALS OR FAMILIES IN MARICOPA COUNTY WHO ARE OTHERWISE UNABLE TO MEET THEIR BAS IC NEEDS THROUGH GENEROUS GRANTS AND DONATIONS, WE ASSIST THOSE WHO MAY HAVE LOST THEIR J OB, ENDURED ILLNESS, SUFFERED A LOSS, OR HAD OTHER UNEXPECTED FINANCIAL HARDSHIP HOLOCAUS T SURVIVOR SERVICES PROVIDE SERVICES FOR HOLOCAUST SURVIVORS IN THE GREATER PHOENIX AREA, INCLUDING HOME VISITS, APPLICATIONS FOR REPARATIONS, EMERGENCY FINANCIAL ASSISTANCE, HOME CARE/HOUSEKEEPING AND DENTAL SERVICES OUR STAFF SERVES AS THEIR AGENT WITH THE BLUE CARD , INC AND THE CLAIMS CONFERENCE (THE CONFERENCE ON JEWISH MATERIAL CLAIMS AGAINST GERMANY) HOSPITAL CHAPLAINCY PROVIDES SPIRITUAL CARE AND SUPPORT BY ADDRESSING THE INDIVIDUAL N EEDS OF PATIENTS AND THEIR FAMILIES ACROSS THE BROAD SPECTRUM OF JEWISH LIFE, WHETHER AFFI LIATED WITH SYNAGOGUES/ ORGANIZATIONS OR NOT, AND OFFERS EDUCATION/TRAINING TO STAFF AND A DMINISTRATION OF THE HOSPITALS WE SERVE THREE CHAPLAINS VISIT 25 HOSPITALS WEEKLY THROUGH OUT THE PHOENIX METRO AREA THE RABBI ASSESSES THE PATIENT AND FAMILY'S SPIRITUAL NEEDS AN D ASSISTS THEM IN USING THEIR FAITH IN DEALING WITH ILLNESS, TRAUMA AND STRESS, VISITS NEW LY ADMITTED PATIENTS AND PATIENTS WITH SPECIAL REQUESTS, VISITS CRITICAL CARE WAITING AREA S, AND FOLLOWS UP WITH PATIENTS FROM PREVIOUS VISITS WHEN APPROPRIATE SENIOR CONCIERGE PR OGRAM HELPS CONNECT OUR OLDER ADULT POPULATION TO PROGRAMS AND SERVICES THEY NEED AND WAN T OUR GOAL IS TO ENSURE THAT OLDER ADULTS, THEIR FAMILY MEMBERS, AND CAREGIVERS ALL HAVE KNOWLEDGE OF AND EASY ACCESS TO EXISTING RESOURCES THAT HELP SENIORS REMAIN ACTIVE, HEALTH Y, SAFE, CONNECTED AND INDEPENDENT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE OFFICERS OF THIS CORPORATION SHALL CONSTITUTE THE EXECUTIVE COMMITTEE THE CHAIR OF THE BOARD SHALL ACT AS CHAIR OF THE EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE SHALL BE COMPRISED OF THE CHAIRMAN OF THE BOARD, THE VICE-CHAIRMAN, SECRETARY, TREASURER, FUND DEVELOPMENT AND COMMUNITY RELATIONS COMMITTEE CHAIR, PROGRAM EVALUATIONS COMMITTEE CHAIR, AND BOARD DEVELOPMENT COMMITTEE CHAIR THE EXECUTIVE COMMITTEE SHALL MEET AT LEAST FOUR (4) TIMES A YEAR TO CONSIDER THE NORMAL COURSE OF CORPORATION BUSINESS AND FOR PERIODIC REVIEW OF CORPORATE STRUCTURE AND PROGRAM AND SHALL BRING RECOMMENDATIONS TO THE BOARD THIS COMMITTEE SHALL HAVE ALL THE POWERS CONFERRED UPON THE BOARD OF DIRECTORS, WHICH POWERS SHALL BE EXERCISED, HOWEVER, ONLY IN EMERGENCY OR DURING THE PERIOD THE BOARD IS NOT IN SESSION AND CANNOT REASONABLY OR TIMELY BE CONVENED ANY ACTION OF THIS COMMITTEE TAKEN IN SUCH CIRCUMSTANCES SHALL BE REPORTED TO THE BOARD NO LATER THAN THE NEXT REGULAR MEETING OF THE BOARD FOR RATIFICATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT ONCE THE DRAFT IS AVAILABLE, IT IS REVIEWED BY MANAGEMENT AND ANY CHANGES INCORPORATED INTO THE FILING ONCE THIS DETAILED REVIEW IS COMPLETE, THE DRAFT OF THE FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENTS PRIOR TO FILING WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION B, LINE 12C</p>	<p>IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSIONS WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE BOARD OR THE COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING, BUT, AFTER SUCH PRESENTATION, HE/SHE SHALL LEAVE THE BOARD MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST. THE CHAIRPERSON OF THE BOARD OR CHAIRPERSON OF THE COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE CORPORATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER THE CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE CORPORATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION OR ARRANGEMENT IS FAIR AND REASONABLE TO THE CORPORATION AND SHALL MAKE ITS DECISION AS TO THE SHELTER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION. THE MINUTES OF THE BOARD AND ALL COMMITTEE WITH BOARD DELEGATED POWERS SHALL CONTAIN 1) THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT AND THE BOARD'S OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED 2) THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION THEREWITH. EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT THAT AFFIRMS THEY HAVE RECEIVED A COPY, READ AND UNDERSTOOD, AGREED TO COMPLY AND UNDERSTANDS THE REASON BEHIND THE POLICY. NEW EMPLOYEES ARE EDUCATED ON CONFLICT OF INTEREST POLICY DURING NEW HIRE ORIENTATION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	TATION AND REQUIRED TO SIGN AN ACKNOWLEDGEMENT THAT IS PUT IN THEIR EMPLOYEE FILE SENIOR MANAGEMENT IS TO MONITOR ACTIVITIES AND REQUIRED TO REPORT TO HR ANY VIOLATIONS OF THE POLICY FOR FURTHER INVESTIGATION IF ANY VIOLATION IS SUBSTANTIATED, A DETERMINATION OF CORRECTIVE ACTION WILL BE MADE SUCH AS COACHING, PERFORMANCE IMPROVEMENT PLAN AND OR TERMINATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE VICE PRESIDENT OF HUMAN RESOURCES DOES A MARKETPLACE SALARY COMPARISION AND REVIEWS THIS WITH THE CHAIRMAN OF THE BOARD FOR THE CEO POSITION AND REVIEWS WITH THE CEO FOR KEY MANAGEMENT POSITIONS THE VICE PRESIDENT OF HUMAN RESOURCES, CHAIRMAN AND CHIEF FINANCIAL OFFICER REVIEW AND APPROVE THE DEFERRED COMPENSATION PLAN FOR THE CEO AND IS DOCUMENTED

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER PROFESSIONAL SERVICES PROGRAM SERVICE EXPENSES 923,654 MANAGEMENT AND GENERAL EXPENSES 331,237 FUNDRAISING EXPENSES 17,327 TOTAL EXPENSES 1,272,218 MEDICAL SERVICES PROGRAM SERVICE EXPENSES 2,969,688 MANAGEMENT AND GENERAL EXPENSES 84 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,969,772 INTERPRETER SERVICES PROGRAM SERVICE EXPENSES 111,314 MANAGEMENT AND GENERAL EXPENSES 3,387 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 114,701 BUS TRANSPORTATION PROGRAM SERVICE EXPENSES 16,134 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 16,134 CONSULTING SERVICES PROGRAM SERVICE EXPENSES 606,194 MANAGEMENT AND GENERAL EXPENSES 86,618 FUNDRAISING EXPENSES 106,424 TOTAL EXPENSES 799,236

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PROVISION FOR DOUBTFUL ACCOUNTS -522,504

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 2C	THE AUDIT COMMITTEE OVERSEES THE AUDITED FINANCIAL STATEMENTS THERE HAS BEEN NO CHANGE IN THE PROCESS DURING THE TAX YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
JEWISH FAMILY AND CHILDREN'S SERVICE
INC

Employer identification number

86-0096781

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) CHILD AND FAMILY SOLUTIONS LLC 4747 N 7TH STREET STE 100 PHOENIX, AZ 85014 86-0096781	INACTIVE	AZ	0	0	JEWISH FAMILY AND CHILDREN'S SERVICES INC
(2) JFCS BEHAVIORAL HEALTH LLC 4747 N 7TH STREET STE 100 PHOENIX, AZ 85014 86-0096781	INACTIVE	AZ	0	0	JEWISH FAMILY AND CHILDREN'S SERVICES INC

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) TWENTY THIRTY THREE INC 4747 N 7TH STREET SUITE 100 PHOENIX, AZ 85014 74-2372607	LAND,PROPERTY & EQUIPMENT LEASING TO 501(C)(3) ORGANIZATIONS	AZ	501(C)(2)	N/A	JEWISH FAMILY AND CHILDREN'S SERVICE INC	Yes	
(2) SOJOURNER CENTER PO BOX 20156 PHOENIX, AZ 85036 94-2465081	SERVICES TO THOSE IMPACTED BY DOMESTIC VIOLENCE	AZ	501(C)(3)	LINE 7	JEWISH FAMILY AND CHILDREN'S SERVICE INC	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	
(1) TOPAZ INFORMATION LLC 2700 N CENTRAL AVENUE 15TH FLOOR PHOENIX, AZ 85004 86-1012187	INFORMATION TECHNOLOGY SERVICES	AZ	N/A	RELATED	-229,115	1,250,366		No			No	50 000 %
(2) BEHAVIORAL HEALTH INFORMATION NETWORK OF ARIZONA LLC 4747 N 7TH STREET STE 100 PHOENIX, AZ 85014 46-3570570	BEHAVIORAL HEALTH INFORMATION TEACHNOLOGY SERVICES	AZ	N/A	RELATED				No			No	19 430 %

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

	Yes	No
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		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)		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
(1) TWENTY THIRTY THREE INC	K	786,977	FMV
(2) TWENTY THIRTY THREE INC	D	1,118,729	COST
(3) SOJOURNER CENTER	L	90,462	COST
(4) TOPAZ INFORMATION LLC	M	261,483	COST
(5) TWENTY THIRTY THREE INC	Q	128,477	COST

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART I	CHILD AND FAMILY SOLUTIONS, LLC AND JFCS BEHAVIORAL HEALTH, LLC ARE TRADE NAMES THAT HAVE BEEN REGISTERED ONLY AND DO NOT HAVE THEIR OWN EIN