

**** PUBLIC DISCLOSURE COPY ****

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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.

2022
 Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS Doing business as		D Employer identification number 41-0693860
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5905 GOLDEN VALLEY ROAD		E Telephone number 952-546-0616
	City or town, state or province, country, and ZIP or foreign postal code GOLDEN VALLEY, MN 55422		G Gross receipts \$ 16,596,958.
	F Name and address of principal officer: JUDY HALPER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number

J Website: WWW.JFCSMPLS.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1910 **M State of legal domicile:** MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SUPPORT PEOPLE OF ALL BACKGROUNDS TO REACH THEIR FULL POTENTIAL.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	42
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	42
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	139
	6 Total number of volunteers (estimate if necessary)	6	815
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,256,669.	6,453,144.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,920,385.	5,461,967.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	763,028.	4,334,768.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	230,945.	214,803.
		11,171,027.	16,464,682.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,486,274.	2,809,233.
	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)	6,427,370.	7,075,527.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	783,401.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,943,229.	2,167,653.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,856,873.	12,052,413.	
19 Revenue less expenses. Subtract line 18 from line 12	314,154.	4,412,269.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	33,981,144.	32,804,849.
	22 Net assets or fund balances. Subtract line 21 from line 20	871,595.	900,323.
	33,109,549.	31,904,526.	

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.

Preparer: DANIEL BELICH, CFO
 Signature of officer: *Daniel Belich* Date: 11/10/2023 | 12:08 PM CST
 Signature of preparer: ASHLEY REHN, CPA Date: 11/10/23
 PTIN: P00965922
 Firm's name: REDPATH AND COMPANY, LLC Firm's EIN: 92-0370318
 Firm's address: 4810 WHITE BEAR PARKWAY WHITE BEAR LAKE, MN 55110 Phone no. (651) 426-7000

May the IRS discuss this return with the preparer shown above? See instructions Yes No

JEWISH FAMILY AND CHILDREN'S SERVICE
OF MINNEAPOLIS

Form 990 (2022)

41-0693860

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS PROVIDES ESSENTIAL
SERVICES TO PEOPLE OF ALL AGES AND BACKGROUNDS TO SUSTAIN HEALTHY
RELATIONSHIPS, EASE SUFFERING AND OFFER SUPPORT IN TIMES OF NEED.

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 2,635,457. including grants of \$ 892,630.) (Revenue \$ 2,710,719.)
CAREER SERVICES - SEE SCHEDULE O

CAREER SERVICES

4b (Code: _____) (Expenses \$ 1,821,460. including grants of \$ 581,660.) (Revenue \$ 1,462,469.)
CHILDREN AND FAMILY SERVICES - SEE SCHEDULE O

4c (Code: _____) (Expenses \$ 2,296,990. including grants of \$ 277,059.) (Revenue \$ 1,100,049.)
COUNSELING AND MENTAL HEALTH SERVICES - SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)
(Expenses \$ 2,606,561. including grants of \$ 1,057,884.) (Revenue \$ 188,730.)

4e Total program service expenses 9,360,468.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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Part IV Checklist of Required Schedules (continued)

	Yes	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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>	X	
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>		X
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>		X
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>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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>	X	
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>		X
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>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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 on 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?	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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		
	2a		139
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
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)?		X
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
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 the instructions and file Form 4720, Schedule N.		X
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.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 42 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 42		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed MN
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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
 DANIEL BELICH - 952-546-0616
 5905 GOLDEN VALLEY ROAD, GOLDEN VALLEY, MN 55422

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JUDY HALPER CEO	37.50 0.30			X				261,033.	0.	41,099.
(2) LEE FRIEDMAN COO	37.50			X				146,597.	0.	10,891.
(3) DANA RUBIN DEVELOPMENT DIRECTOR	37.50					X		117,247.	0.	12,315.
(4) LORI LEAVITT COMMUNICATIONS DIRECTOR	37.50					X		108,011.	0.	7,696.
(5) JOHN MALOY CFO	37.50 0.30			X				45,267.	0.	26,635.
(6) STUART ACKERBERG DIRECTOR	2.00	X						0.	0.	0.
(7) MARISSA BADER DIRECTOR	2.00	X						0.	0.	0.
(8) ABBY BARIN DIRECTOR	2.00	X						0.	0.	0.
(9) JEFF BARIN IMMEDIATE PAST PRESIDENT	2.00	X						0.	0.	0.
(10) BEN BERRY DIRECTOR	2.00	X						0.	0.	0.
(11) SHARI BARRY DIRECTOR	2.00	X						0.	0.	0.
(12) FRAN BAYER DIRECTOR	2.00	X						0.	0.	0.
(13) PAM BERKWITZ ADVISORY	2.00	X						0.	0.	0.
(14) ERIC BRESSLER DIRECTOR	2.00	X						0.	0.	0.
(15) KATIE CERA DIRECTOR	2.00	X						0.	0.	0.
(16) CAROLE DAVIDSON DIRECTOR	2.00	X						0.	0.	0.
(17) JENNIFER EZRILOV ADVISORY	2.00	X						0.	0.	0.

JEWISH FAMILY AND CHILDREN'S SERVICE
OF MINNEAPOLIS

Form 990 (2022)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JULIE EZRILOV DIRECTOR	2.00	X						0.	0.	0.
(19) RACHEL FRAILICH DIRECTOR	2.00	X						0.	0.	0.
(20) LISA FURMAN DIRECTOR	2.00	X						0.	0.	0.
(21) RACHEL GANANI DIRECTOR	2.00	X						0.	0.	0.
(22) MARNI GENSLER DIRECTOR	2.00	X						0.	0.	0.
(23) ROY GINSBURG DIRECTOR	2.00	X						0.	0.	0.
(24) LISA GOODMAN ADVISORY	2.00	X						0.	0.	0.
(25) TERRI GREENSTEIN DIRECTOR	2.00	X						0.	0.	0.
(26) JILL HALPER DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								678,155.	0.	98,636.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								678,155.	0.	98,636.

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MINNESOTA JEWISH COMMUNITY FOUNDATION 4330 CEDAR LAKE ROAD, MNNEAPOLIS, MN 55416	INVESTMENT ADVISORY FEES	157,276.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

JEWISH FAMILY AND CHILDREN'S SERVICE
OF MINNEAPOLIS

Form 990

41-0693860

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) HOWARD HOFFMAN VP FUND DEVELOPMENT	2.00	X		X				0.	0.	0.
(28) JEAN HOLLOWAY ADVISORY	2.00	X						0.	0.	0.
(29) GREG HORWITZ VP FINANCE	2.00	X		X				0.	0.	0.
(30) DANNY KAPLAN ADVISORY	2.00	X						0.	0.	0.
(31) LENNIE KAUFMAN ADVISORY	2.00	X						0.	0.	0.
(32) BESTY KULLER DIRECTOR	2.00	X						0.	0.	0.
(33) AMY LIEBERMAN ADVISORY	2.00	X						0.	0.	0.
(34) JEFF LIFSON DIRECTOR	2.00	X						0.	0.	0.
(35) NOAH LONDER DIRECTOR	2.00	X						0.	0.	0.
(36) KRIS MACDONALD ADVISORY	2.00	X						0.	0.	0.
(37) AUDRA MINTZ DIRECTOR	2.00	X						0.	0.	0.
(38) STACY MOSOW DIRECTOR	2.00	X						0.	0.	0.
(39) GAL NOYMAN DIRECTOR	2.00	X						0.	0.	0.
(40) JON PASSMAN VP MARKETING	2.00	X		X				0.	0.	0.
(41) SCOTT RUBIN DIRECTOR	2.00	X						0.	0.	0.
(42) ANDREW SAVITZ DIRECTOR	2.00	X						0.	0.	0.
(43) SHLOMO SCHLOSS DIRECTOR	2.00	X						0.	0.	0.
(44) JAYE SNYDER VP ADVOCACY	2.00	X		X				0.	0.	0.
(45) ANDREW STILLMAN DIRECTOR	2.00	X						0.	0.	0.
(46) HINDY TANKENOFF VP BOARD DEVELOPMENT	2.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

JEWISH FAMILY AND CHILDREN'S SERVICE
OF MINNEAPOLIS

Form 990 (2022)

41-0693860

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	381,588.				
	d Related organizations	1d	393,944.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,677,612.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 96,000.				
	h Total. Add lines 1a-1f			6,453,144.			
	Program Service Revenue	2 a GOVERNMENT CONTRACTS	Business Code				
		624100	4,317,232.	4,317,232.			
b PROGRAM SERVICE FEES		624100	1,144,735.	1,144,735.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				5,461,967.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		320,304.			320,304.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	131,386.			
			(ii) Personal				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	131,386.				
	d Net rental income or (loss)			131,386.		131,386.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	4,014,464.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	4,014,464.				
	d Net gain or (loss)			4,014,464.		4,014,464.	
8 a Gross income from fundraising events (not including \$ 381,588. of contributions reported on line 1c). See Part IV, line 18	8a		172,826.				
b Less: direct expenses	8b	132,276.					
c Net income or (loss) from fundraising events			40,550.		40,550.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue	900099	42,867.			42,867.	
	e Total. Add lines 11a-11d			42,867.			
	12 Total revenue. See instructions			16,464,682.	5,461,967.	0.	4,549,571.

Form 990 (2022)

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 ...	738,023.	738,023.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,071,210.	2,071,210.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	776,790.		556,588.	220,202.
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	4,986,842.	4,322,190.	399,944.	264,708.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	847,940.	610,672.	168,646.	68,622.
10 Payroll taxes	463,955.	329,908.	97,148.	36,899.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	157,276.		157,276.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	203,434.	68,292.	132,414.	2,728.
12 Advertising and promotion	25,658.	21,994.	3,371.	293.
13 Office expenses	416,149.	271,477.	122,307.	22,365.
14 Information technology	138,427.	6,540.	67,573.	64,314.
15 Royalties				
16 Occupancy	379,928.	293,048.	58,121.	28,759.
17 Travel	55,207.	53,585.	176.	1,446.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	36,435.	20,432.	11,508.	4,495.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	486,061.	362,663.	82,408.	40,990.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	99,004.	99,004.		
b STAFF DEVELOPMENT	17,829.	13,316.	2,739.	1,774.
c MEMBERSHIP DUES	17,765.	8,625.	9,140.	
d GRANT ADMINISTRATION	4,550.		2,550.	2,000.
e All other expenses	129,930.	69,489.	36,635.	23,806.
25 Total functional expenses. Add lines 1 through 24e	12,052,413.	9,360,468.	1,908,544.	783,401.
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)				

Form 990 (2022)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,983,760.	1	2,856,577.
	2 Savings and temporary cash investments	1,197,802.	2	1,198,920.
	3 Pledges and grants receivable, net	1,299,124.	3	2,446,147.
	4 Accounts receivable, net	1,082,898.	4	867,567.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	7,655.	7	83.
	8 Inventories for sale or use	19,861.	8	29,640.
	9 Prepaid expenses and deferred charges	151,608.	9	167,149.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,588,199.		
	b Less: accumulated depreciation	10b 2,038,563.		
	11 Investments - publicly traded securities	9,967,347.	10c	9,549,636.
	12 Investments - other securities. See Part IV, line 11	16,952,003.	11	15,389,252.
	13 Investments - program-related. See Part IV, line 11	306,514.	12	287,306.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	12,572.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	33,981,144.	15	12,572.	
		16	32,804,849.	
Liabilities	17 Accounts payable and accrued expenses	565,081.	17	613,017.
	18 Grants payable		18	
	19 Deferred revenue		19	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	306,514.	25	287,306.
	26 Total liabilities. Add lines 17 through 25	871,595.	26	900,323.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	16,940,951.	27	16,395,627.
	28 Net assets with donor restrictions	16,168,598.	28	15,508,899.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	33,109,549.	32	31,904,526.
33 Total liabilities and net assets/fund balances	33,981,144.	33	32,804,849.	

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	16,464,682.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,052,413.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,412,269.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	33,109,549.
5	Net unrealized gains (losses) on investments	5	-6,095,326.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	478,034.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	31,904,526.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
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 on Schedule O and describe any steps taken to undergo such audits _____		

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,367,689.	3,843,305.	5,717,838.	5,236,141.	6,453,144.	27,618,117.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,367,689.	3,843,305.	5,717,838.	5,236,141.	6,453,144.	27,618,117.
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)						3,519,904.
6 Public support. Subtract line 5 from line 4.						24,098,213.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	6,367,689.	3,843,305.	5,717,838.	5,236,141.	6,453,144.	27,618,117.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	287,260.	373,305.	318,586.	354,994.	451,690.	1,785,835.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		41,050.	64,800.	49,600.	40,550.	196,000.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	34,976.	45,336.	41,699.	49,560.	42,867.	214,438.
11 Total support. Add lines 7 through 10						29,814,390.
12 Gross receipts from related activities, etc. (see instructions)					12	24,702,364.
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	80.83 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	67.95 %
16a 33 1/3% support test - 2022. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 5 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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
1		
2		

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>		
1		

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 on line 2, above, 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>		
1		
2		
3		

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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
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 on line 2a, above, 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 lines 3a and 3b 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>If "Yes" or "No" 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>			
2a			
2b			
3a			
3b			

JEWISH FAMILY AND CHILDREN'S SERVICE
OF MINNEAPOLIS

Schedule A (Form 990) 2022

41-0693860

Page 6

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

- 1 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):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year (optional)
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2	Enter 0.85 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).		

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS	Employer identification number 41-0693860
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,016,853.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 251,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 393,944.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 615,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS	Employer identification number 41-0693860
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 205,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS	Employer identification number 41-0693860
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS	Employer identification number 41-0693860
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Table with 2 columns: Name of organization (JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS) and Employer identification number (41-0693860)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2022

LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			0.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

JFCS MINNEAPOLIS ORGANIZES AND PARTICIPATES IN LEGISLATIVE OUTREACH TO

ADVOCATE FOR CONTINUED FUNDING FOR THE PARENT CHILD+ PROGRAM.

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 instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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

Employer identification number 41-0693860

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a and 1b regarding reporting of art and historical treasures, and question 2 regarding financial gain reporting.

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 make 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 program
 - 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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 on 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	28,966,513.	26,587,666.	25,659,180.	23,546,039.	11,595,741.
b Contributions	2,351,264.	473,467.	551,031.	718,611.	12,775,755.
c Net investment earnings, gains, and losses	-1,761,591.	3,120,923.	1,492,218.	2,386,283.	-239,271.
d Grants or scholarships	2,253,816.	1,059,888.	991,306.	872,627.	470,520.
e Other expenditures for facilities and programs					
f Administrative expenses	157,276.	155,655.	123,457.	119,126.	115,666.
g End of year balance	27,145,094.	28,966,513.	26,587,666.	25,659,180.	23,546,039.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 12.0000 %
 - b Permanent endowment 67.0000 %
 - c Term endowment 21.0000 %
- 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 | X | |
| (ii) Related organizations | X | |
- b If "Yes" on line 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		10,078,490.	1,229,722.	8,848,768.
c Leasehold improvements		285,620.	47,211.	238,409.
d Equipment		1,224,089.	761,630.	462,459.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,549,636.

JEWISH FAMILY AND CHILDREN'S SERVICE
OF MINNEAPOLIS

Schedule D (Form 990) 2022

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

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	
(2) DEFERRED COMPENSATION	287,306.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2022

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.

PART V, LINE 4:

USE OF THE ENDOWMENT FUNDS IS ALIGNED WITH DONOR RESTRICTIONS, AND THE

ENDOWMENT DRAWS ARE USED TO FUND THE AGENCY'S SERVICES IN AGING AND

DISABILITY, CHILDREN'S PROGRAMS, CLINICAL AND CASE MANAGEMENT SERVICES,

COMMUNITY SERVICES AND CAREER SERVICES. IN ADDITION, FUNDS ARE USED TO

PROVIDE EMERGENCY ASSISTANCE AND SCHOLARSHIPS AND LOANS TO THOSE IN NEED

IN THE COMMUNITY. THE AGENCY DRAWS FUNDS FROM THE ENDOWMENT AT A RATE OF

4% TO 5% OF THE AVERAGE OF THE ENDOWMENT BALANCE OVER THE PRIOR THREE

YEARS.

PART X, LINE 2:

A TAX EXPENSE OR BENEFIT FROM AN UNCERTAIN TAX POSITION (INCLUDING

Part XIII Supplemental Information *(continued)*

TAX-EXEMPT STATUS) MAY BE RECOGNIZED ONLY WHEN IT IS MORE LIKELY THAN NOT

THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY TAXING

AUTHORITIES. MANAGEMENT BELIEVES THE ORGANIZATION HAS NO UNCERTAIN INCOME

TAX POSITIONS THAT WOULD RESULT IN AN ACCRUAL, EXPENSE OR BENEFIT UNDER

THE MORE LIKELY THAN NOT STANDARD.

JEWISH FAMILY AND CHILDREN'S SERVICE
OF MINNEAPOLIS

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.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		ANNUAL BENEFIT (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	554,414.			554,414.
	2 Less: Contributions	381,588.			381,588.
	3 Gross income (line 1 minus line 2)	172,826.			172,826.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	110,492.			110,492.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	21,784.			21,784.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				132,276.
11 Net income summary. Subtract line 10 from line 3, column (d)				40,550.	

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	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: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NORTHLAND AREA FAMILY SERVICE CENTER - 320 EAGLE AVE. NE - REMER, MN 55672	41-1851016	501(C)(3)	85,761.	0.	N/A	N/A	FOR PROVIDING EARLY LITERACY SERVICES (PARENTCHILD+) IN NORTHERN MN
JEWISH FAMILY SERVICES 1633 WEST 7TH STREET ST. PAUL, MN 55102	41-0694697	501(C)(3)	157,504.	0.	N/A	N/A	FOR PROVIDING SERVICES TO HOLOCAUST SURVIVORS IN ST. PAUL AND EASTERN METROPOLITAN AREA
ROCHESTER IMAA 2500 VALLEYHIGH DRIVE NW ROCHESTER, MN 55901	41-1497753	501(C)(3)	142,267.	0.	N/A	N/A	FOR PROVIDING EARLY LITERACY SERVICES (PARENTCHILD+) IN MN
NORTHFIELD HEALTHY COMMUNITY INITIATIVE - 1651 JEFFERSON PARKWAY - NORTHFIELD, MN 55057	26-2852506	501(C)(3)	219,038.	0.	N/A	N/A	FOR PROVIDING EARLY LITERACY SERVICES (PARENTCHILD+) IN NORTHERN MN
PROMISE NEIGHBORHOOD PO BOX 6082 SAINT CLOUD, MN 56302	45-3233276	501(C)(3)	133,453.	0.	N/A	N/A	FOR PROVIDING EARLY LITERACY SERVICES (PARENTCHILD+) IN NORTHERN MN

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **5.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

JEWISH FAMILY AND CHILDREN'S SERVICE
OF MINNEAPOLIS

41-0693860

Schedule I (Form 990) 2022

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMERGENCY FINANCIAL ASSISTANCE	272	287,058.	0.	N/A	N/A
CAMP SCHOLARSHIPS	196	100,915.	0.	N/A	N/A
ACADEMIC SCHOLARSHIPS	62	158,490.	0.	N/A	N/A
PERSONAL CARE	6	252,637.	0.	N/A	N/A
CAREER SERVICES SCHOLARSHIP/TRAINING	130	644,842.	0.	N/A	N/A

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PRIOR TO APPROVAL OF THE GRANT, THE PROGRAM MANAGER CONFIRMS THAT THE GRANT

REQUEST IS APPROPRIATE AND THAT FUNDS ARE AVAILABLE. A REPORT IDENTIFYING

HOW MUCH HAS BEEN USED IS RUN PRIOR TO EACH GRANT APPROVAL AS WELL AS

WEEKLY AND MONTHLY TO ENSURE THAT PAYMENTS DO NOT EXCEED AVAILABILITY.

JEWISH FAMILY AND CHILDREN'S SERVICE
OF MINNEAPOLIS

41-0693860

Page 2

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TRANSPORTATION	828.	31,665.	0.	N/A	N/A
FOOD ASSISTANCE	51.	59,062.	0.	N/A	N/A
HOME HELPER	22.	216,448.	0.	N/A	N/A
HOUSING	175.	159,048.	0.	N/A	N/A
EMPLOYMENT/RELATED	158.	12,309.	0.	N/A	N/A
WAGES	1.	3,988.	0.	N/A	N/A
HEALTH INSURANCE	5.	4,379.	0.	N/A	N/A
OTHER	38.	140,369.	0.	N/A	N/A

Schedule I (Form 990)

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

Employer identification number
41-0693860

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

JEWISH FAMILY AND CHILDREN'S SERVICE

Schedule J (Form 990) 2022

OF MINNEAPOLIS

41-0693860

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 aren't 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 and/or 1099-NEC 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) JUDY HALPER CEO	(i)	257,533.	3,500.	0.	28,850.	12,249.	302,132.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LEE FRIEDMAN COO	(i)	146,597.	0.	0.	0.	10,891.	157,488.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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JEWISH FAMILY AND CHILDREN'S SERVICE

Schedule J (Form 990) 2022

OF MINNEAPOLIS

41-0693860

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.

PART I, LINE 1A:

JUDY HALPER: DISCRETIONARY SPENDING ACCOUNT - CAR ALLOWANCE IS FOR BUSINESS

PURPOSES AND IS INCLUDED IN TAXABLE INCOME. EXPENSE ALLOWANCE IS FOR

BUSINESS PURPOSES AND IS NOT INCLUDED IN TAXABLE INCOME.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
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
OF MINNEAPOLIS**

Employer identification number
41-0693860

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	17	80,000.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>SUPPLIES</u>)	X	25	16,000.	FAIR MARKET VALUE
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2022

JEWISH FAMILY AND CHILDREN'S SERVICE

Schedule M (Form 990) 2022 OF MINNEAPOLIS

41-0693860

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

SCHEDULE M, PART I, COLUMN (B):

COLUMN B REFLECTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, LINE 32B:

A THIRD PARTY IS USED FOR STOCK DONATION SALES.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS	Employer identification number 41-0693860
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CAREER SERVICES HELPED 1,242 INDIVIDUALS OVERCOME BARRIERS TO

EMPLOYMENT AND FIND MEANINGFUL WORK WITH WAGES THAT MEET THEIR NEEDS

AND GOALS. IN THE PROGRAMS DESCRIBED BELOW, PROFESSIONAL EMPLOYMENT

COUNSELORS PROVIDE COMPLETE CAREER ASSISTANCE INCLUDING RESUME

DEVELOPMENT, SOCIAL MEDIA STRATEGIES, INTERVIEWING SKILLS, NETWORKING

OPPORTUNITIES AND MORE. OUR PROGRAMS EMPOWER PEOPLE TO EXPLORE AND

IDENTIFY THEIR VISIONS OF CAREER SUCCESS, INCLUDING ACCESS TO OR

SUPPORT FOR CAREER TRAINING.

CAREER COUNSELING HELPS PEOPLE WHO HAVE LOST THEIR JOBS, WHO ARE

ENTERING THE WORKFORCE, OR WHO WANT TO SEEK A BETTER JOB. THIS SERVICE

INCLUDES CAREER ASSESSMENTS WITH PROFESSIONAL INTERPRETATION,

INDIVIDUAL JOB-SEARCH COACHING SESSIONS, RESUME AND COVER LETTER

CRITIQUE, AND GOAL-SETTING SESSIONS TO CREATE AN INDIVIDUAL ACTION

PLAN. CAREER COUNSELING INCLUDES PROJECT EM, AN INITIATIVE OF THE

NETWORK FOR JEWISH HUMAN SERVICE AGENCIES, THROUGH WHICH JFCS PROVIDES

SERVICES TO PARTICIPANTS WHO ARE UNEMPLOYED OR UNDEREMPLOYED AND WHO DO

NOT QUALIFY FOR OUR STANDARD GOVERNMENT-FUNDED PROGRAMS. WE SERVED 44

PEOPLE.

THE DISLOCATED WORKER PROGRAM PROVIDES CAREER COUNSELING TO WORKERS WHO

ARE LAID OFF OR HAVE RECEIVED NOTICE OF PERMANENT LAYOFF OR

TERMINATION. THIS PROGRAM PROVIDES CAREER COUNSELING TO HELP PEOPLE

MAKE STRATEGIC DECISIONS ABOUT THEIR PROFESSIONAL FUTURES. THOSE WHO

QUALIFY RECEIVE TRAINING FUNDS TO DEVELOP NEW SKILLS, UPDATE EXISTING

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

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SKILLS, OR OBTAIN REQUIRED CERTIFICATIONS OR CREDENTIALS. WE SERVED 153
PEOPLE.

IT PATHWAYS HELPS ENSURE THAT TWIN CITIES WORKERS HAVE THE SKILLS THEY
NEED TO SECURE HIGH-WAGE, IN-DEMAND JOBS IN THE INFORMATION TECHNOLOGY
(IT) INDUSTRY. THE PROGRAM FOCUSES ON SKILL & CAREER ASSESSMENTS, JOB
SKILLS TRAINING, & JOB PLACEMENT. IT PATHWAYS SUPPORTS PEOPLE
TRADITIONALLY UNDERREPRESENTED IN THE IT FIELD, INCLUDING WOMEN,
VETERANS, PEOPLE OF COLOR, AND PEOPLE WHO HAVE LOW INCOMES. IT PATHWAYS
ALSO SUPPORTS LOCAL EMPLOYERS TO FILL IT JOBS. JFCS'S PARTNERS INCLUDE
PRIME DIGITAL ACADEMY, THE SOFTWARE GUILD, ADULT OPTIONS IN EDUCATION,
NORMANDEALE COMMUNITY COLLEGE, IT CAREER LAB, AND OUR STRONG NETWORK OF
EMPLOYERS. THE IT PATHWAYS PROGRAM SERVED 130 PEOPLE.

THE JFCS MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP) CAREER SERVICES
PROGRAM SERVES PEOPLE WITH LOW INCOMES WHO ARE PARENTS OF MINOR
CHILDREN TO MOVE TOWARD SELF-SUFFICIENCY THROUGH EMPLOYMENT. ALL
PARTICIPANTS RECEIVE AN ASSESSMENT AND AN EMPLOYMENT PLAN, WHICH
OUTLINES PERSONALIZED STEPS NECESSARY TO REACH THEIR EMPLOYMENT GOAL.
MFIP STAFF WORKED WITH 578 PEOPLE.

THE VOCATIONAL REHABILITATION PROGRAM PROVIDES PERSONALIZED SERVICES
FOR INDIVIDUALS WITH DISABILITIES, INCLUDING MENTAL ILLNESS AND OTHER
PHYSICAL AND COGNITIVE DISABILITIES, WHO ARE SEEKING TO IMPROVE THEIR
WORK LIVES OR FIND EMPLOYMENT. THE PROGRAM OFFERS VOCATIONAL
EVALUATION, JOB PLACEMENT, WORK ADJUSTMENT TRAINING AND EXTENDED
EMPLOYMENT. WE SERVED 77 PEOPLE IN VOCATIONAL REHABILITATION.

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WE DISTRIBUTED 926 EMERGENCY FINANCIAL ASSISTANCE GRANTS TO 260 CAREER

SERVICES CLIENTS, TOTALING \$214,862. RECIPIENTS USED THESE FUNDS TO

HELP WITH RENT, UTILITY BILLS, CAR REPAIRS, MEDICAL BILLS,

TRANSPORTATION COSTS AND FOOD.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILDREN AND FAMILY SERVICES

OUR PROGRAMS FOR CHILDREN AND FAMILIES STRIVE TO PROVIDE THE TOOLS AND

SUPPORT NEEDED TO LIVE STABLE AND ENGAGED LIVES. THIS INCLUDES

COUNSELING, CASE MANAGEMENT, EARLY CHILDHOOD EDUCATION, MENTORSHIP,

FINANCIAL ASSISTANCE AND OTHER PROGRAMS THAT AID STABILITY,

SELF-SUFFICIENCY AND FOOD SECURITY. 3,801 PEOPLE PARTICIPATED IN

CHILDREN AND FAMILY PROGRAMS IN 2022.

THE ACT PROGRAM SERVED FAMILIES IN ELEMENTARY SCHOOL AND EARLY

CHILDHOOD PROGRAMS IN THE ST LOUIS PARK SCHOOL DISTRICT FOR MANY YEARS,

PROVIDING RESOURCES TO ASSIST WITH PARENTING SUPPORT, SCHOOL AND

EDUCATIONAL CONCERNS, AND ACCESS TO COMMUNITY RESOURCES. 29 FAMILIES

RECEIVED SERVICES DURING SPRING 2022, BEFORE THE PROGRAM ENDED DUE TO

LACK OF ONGOING FUNDING.

JFCS CAMP SCHOLARSHIPS ARE AWARDED WITH FUNDING FROM DEDICATED

ENDOWMENTS, PROVIDING THE OPPORTUNITY TO ATTEND CAMP TO BUILD NEW LIFE

SKILLS, BECOME MORE INDEPENDENT AND CONNECT WITH PEERS ON A DEEPER

LEVEL. 196 SCHOLARSHIPS WERE AWARDED TO CHILDREN, TOTALING \$104,715.

FAMILY LIFE EDUCATION (FLE) TAKES JFCS OUT INTO THE COMMUNITY AND

BRINGS THE COMMUNITY INTO JFCS THROUGH PRESENTATIONS, TRAININGS,

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WORKSHOPS, CLASSES, SUPPORT GROUPS, INDIVIDUAL MEETINGS AND
CONSULTATIONS. THE FOUNDATIONS OF FLE ARE COLLABORATION, PREVENTION AND
EDUCATION WITH THE GOAL OF PROMOTING INDIVIDUAL, FAMILY AND COMMUNITY
WELL-BEING AND EMPOWERMENT THROUGHOUT THE LIFESPAN. CUSTOMIZED
PROGRAMMING INCLUDES TOPICS SUCH AS PARENTING WORKSHOPS, TEACHER
TRAININGS, ADDRESSING INTERFAITH CHALLENGES, BULLYING, GRIEF AND LOSS,
SUPPORTING CAREGIVERS, ADDRESSING CHALLENGING CURRENT EVENTS IN
MEANINGFUL WAYS, AND BUILDING HEALTHY RELATIONSHIPS. PARENT COACHING
PROVIDES TAILORED AND EVIDENCE-BASED SUPPORTS FOR PARENTS WHO ARE
DEALING WITH A SPECIFIC ISSUE OR CONCERN WITH THEIR CHILDREN OR FAMILY.
1,296 PEOPLE PARTICIPATED IN FLE PROGRAMS.

ADDICTION AND RECOVERY SERVICES SUPPORT FAMILIES AND INDIVIDUALS WHO
ARE IMPACTED BY SUBSTANCE USE DISORDER AND OTHER ADDICTIONS. ADDICTION
IS A FAMILY DISEASE, AND OUR PROGRAMS SUPPORT THE FAMILY AS A WHOLE.
PROGRAMMING INCLUDES EDUCATION ABOUT ADDICTION FOR DIVERSE AUDIENCES,
CONFIDENTIAL CONSULTATIONS WITH FAMILY MEMBERS, AND REFERRALS TO A
VARIETY OF RESOURCES IN THE TWIN CITIES AND BEYOND. WE WORK CLOSELY
WITH THE FAMILY LIFE EDUCATION DEPARTMENT AT JFCS AND FOCUS ON
EDUCATION, PREVENTION AND COLLABORATION TO SUPPORT FAMILIES AND REDUCE
STIGMA AROUND ADDICTION IN ALL FORMS. OUR WORK IS INFORMED BY THE
PRINCIPLES OF HARM REDUCTION. ADDICTION AND RECOVERY SERVICES SUPPORTED
81 PEOPLE.

OUR JEWISH YOUTH MENTORING PROGRAM IS A COMMUNITY-BASED MENTORING
PROGRAM FOR JEWISH-IDENTIFIED YOUTH THAT IS DESIGNED TO PROMOTE
POSITIVE SOCIAL-EMOTIONAL-SPIRITUAL DEVELOPMENT AND INCREASE ENGAGEMENT
IN THE JEWISH COMMUNITY. MATCH ACTIVITIES ARE TAILORED TO INDIVIDUAL

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NEEDS, INTERESTS, AND ABILITIES. MATCHES ARE MONITORED AND SUPPORTED BY

PROFESSIONAL STAFF AND PROVIDE POSITIVE ROLE MODELING, ACCESS TO JEWISH

HOLIDAYS AND EVENTS, AND THE CHANCE TO HAVE SOME FUN WITH A FRIEND. 61

PEOPLE PARTICIPATED IN THE PROGRAM, INCLUDING YOUTH, MENTORS, AND

FAMILY MEMBERS.

PARENTCHILD+, AN EVIDENCE-INFORMED EARLY LITERACY, PARENTING, AND

SCHOOL READINESS PROGRAM, IS COMMITTED TO CLOSING THE OPPORTUNITY GAP

BY PROVIDING FAMILIES WITH LOW-INCOMES THE SKILLS AND RESOURCES THEY

NEED TO PREPARE THEIR CHILDREN FOR SCHOOL AND LIFE SUCCESS. EARLY

LEARNING SPECIALISTS WORK WITH FAMILIES IN THEIR HOMES TWO TIMES EACH

WEEK FOR TWO YEARS STARTING WHEN THEIR CHILD IS 18 MONTHS TO 2 YEARS

OLD. PARTICIPATING FAMILIES RECEIVE EDUCATIONAL BOOKS AND TOYS AT NO

COST TO THE FAMILY, LEARN CREATIVE WAYS TO LEARN AND PLAY TOGETHER, AND

RECEIVE SUPPORT TO HELP YOUNG CHILDREN GROW, LEARN, AND BE READY FOR

PRESCHOOL AND KINDERGARTEN. PARENTCHILD+ PROVIDES INSTRUCTION IN

ENGLISH, SPANISH, AND SOMALI. JFCS IS A REPLICATION SITE FOR THE

INTERNATIONAL PARENTCHILD+ PROGRAM. JFCS SERVES FAMILIES IN THE

MINNEAPOLIS/ST. PAUL METROPOLITAN AREA, AND WE PARTNER WITH COMMUNITY

ORGANIZATIONS TO PROVIDE PARENTCHILD+ IN FOUR GREATER MINNESOTA

LOCATIONS: CASS COUNTY, ROCHESTER, RICE COUNTY, AND ST. CLOUD. IN THE

2022-23 PROGRAM YEAR, PARENTCHILD+ SERVED 308 CHILDREN AND 339

PARENTS/CAREGIVERS.

PJ LIBRARY IS AN INTERNATIONAL AWARD-WINNING PROGRAM DESIGNED TO

STRENGTHEN JEWISH IDENTITY BY SENDING JEWISH-CONTENT BOOKS AND MUSIC ON

A MONTHLY BASIS TO CHILDREN FROM AGE 6 MONTHS THROUGH 8 YEARS. PJ OUR

WAY, A KID-DRIVEN PROGRAM FOR KIDS AGES 8 -11 ALLOWS THE KIDS TO CHOOSE

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THEIR OWN BOOK BASED ON THEIR OWN READING LEVEL AND INTERESTS. PJ

LIBRARY ALSO HOSTS REGULAR COMMUNITY EVENTS FOR FAMILIES. ANY FAMILY

WITH A JEWISH CONNECTION IS INVITED TO ENROLL AND RECEIVE BEAUTIFUL,

AGE-APPROPRIATE BOOKS. SHALOM BABY WELCOMES FAMILIES OF NEWBORNS AND

BABIES, UP TO AGE TWO, TO THE JEWISH COMMUNITY. FAMILIES WITH NEWBORNS

ARE INVITED TO OUR COMMUNITY BABY SHOWERS TO MEET OTHER FAMILIES AND

RECEIVE FREE GOODIE BAGS AND A SUBSCRIPTION TO PJ LIBRARY. SHALOM BABY

CIRCLE TIME IS AN ACTIVITY GROUP WITH MUSIC, SHAKERS, STORY TIME,

TUMBLE TIME, YOGA, MASSAGE AND PARACHUTE PLAY. 1,491 FAMILIES

SUBSCRIBED TO PJ LIBRARY. 715 FAMILIES PARTICIPATED IN 56 EVENTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

COUNSELING AND MENTAL HEALTH SERVICES

JFCS COUNSELING AND MENTAL HEALTH SERVICES' HIGHLY SKILLED, LICENSED

THERAPISTS, SOCIAL WORKERS, AND CASE MANAGERS WORK WITH CARE AND

COMPASSION TO ADDRESS THE CHALLENGES PEOPLE FACE THROUGHOUT THEIR

LIVES. 2,799 PEOPLE PARTICIPATED IN COUNSELING AND MENTAL HEALTH

SERVICES.

COUNSELING IS A COLLABORATIVE EFFORT BETWEEN THE COUNSELOR AND CLIENT.

OUR LICENSED THERAPISTS HELP CLIENTS IDENTIFY GOALS AND POTENTIAL

SOLUTIONS TO PROBLEMS THAT CAUSE EMOTIONAL TURMOIL, IMPROVE

COMMUNICATION AND COPING SKILLS AND SYMPTOM MANAGEMENT, STRENGTHEN

SELF-ESTEEM, PROMOTE BEHAVIOR CHANGE, FEEL BETTER AND FUNCTION AT THEIR

BEST. OUR COUNSELING SERVICES INCLUDE INDIVIDUAL PSYCHOTHERAPY FOR

ADULTS, ADOLESCENTS & CHILDREN, COUPLES THERAPY, FAMILY THERAPY, PLAY

THERAPY, PARENTING COACHING, GRIEF SUPPORT AND MORE. CLIENTS ARE

REFERRED FROM OTHER PROGRAMS WITHIN THE AGENCY, FROM OTHER AGENCIES, OR

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ARE SELF-REFERRED. OUR SERVICES ARE CONFIDENTIAL. WE ACCEPT MOST INSURANCE INCLUDING MEDICARE. 307 PEOPLE RECEIVED COUNSELING.

WE DISTRIBUTED 297 EMERGENCY FINANCIAL ASSISTANCE (EFA) GRANTS TOTALING \$273,757. RECIPIENTS USED THESE FUNDS TO HELP WITH RENT, UTILITY BILLS, CAR REPAIRS, MEDICAL BILLS, TRANSPORTATION COSTS AND FOOD. THESE GRANTS ARE SEPARATE FROM, AND IN ADDITION TO, CAREER SERVICES EFA GRANTS DESCRIBED ABOVE.

OUR INTAKE AND RESOURCE CONNECTION (IRC) WORKED WITH 1,846 CALLERS, PROVIDING THEM WITH REFERRALS, RESOURCES AND EMERGENCY FINANCIAL ASSISTANCE. DEPENDING ON THE CALLERS' NEEDS, CLINICALLY TRAINED PROFESSIONAL STAFF REFER THEM TO THE BEST-MATCHED PROGRAM, WHETHER AT JFCS OR ANOTHER COMMUNITY ORGANIZATION.

THE JEWISH FREE LOAN PROGRAM LENDS UP TO \$7,500 TO RESIDENTS OF THE JEWISH COMMUNITY OF THE GREATER TWIN CITIES MINNESOTA AREA WITH A SPECIFIC NEED, WHO ARE ABLE TO PROVIDE A CO-SIGNER. THE LOAN, TOGETHER WITH OTHER RESOURCES AND PROGRAMS, ENABLES RECIPIENTS TO BRIDGE AN OFTEN-UNEXPECTED FINANCIAL CHALLENGE. TWO PEOPLE HAD LOANS.

JFCS PROVIDES LICENSING SUPERVISION FOR MSW GRADUATES WHO ARE WORKING TOWARD TAKING THE SOCIAL WORK LICENSURE EXAM. WE SERVED 20 PEOPLE IN THIS PROGRAM.

OUR MENTAL HEALTH SUPPORT SERVICES (MHSS) PROGRAM SERVES ADULTS WITH SERIOUS AND PERSISTENT MENTAL ILLNESS TO HELP PROMOTE AND MAINTAIN INDEPENDENCE, STABILITY AND HEALTH. PROFESSIONAL CASE MANAGERS ASSIST

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ADULTS LIVING WITH MENTAL HEALTH CHALLENGES BY COORDINATING AND
OBTAINING A WIDE RANGE OF SERVICES FOR THEM, INDIVIDUALLY TAILORED TO
HELP PROMOTE AND MAINTAIN INDEPENDENCE, STABILITY AND HEALTH. CASE
MANAGERS ASSIST WITH HOUSING, EMPLOYMENT, MEDICATION MANAGEMENT,
EMERGENCY FINANCIAL ASSISTANCE, SUPPORT AND ENCOURAGEMENT. MHSS SERVED
327 PEOPLE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY SERVICES AND ENGAGEMENT

THROUGH OUR COMMUNITY SERVICES AND ENGAGEMENT PROGRAMS, JFCS OFFERS
NUMEROUS OPPORTUNITIES TO GET INVOLVED AND CONNECT WITH OTHERS IN THE
COMMUNITY. JFCS LOOKS FOR OPPORTUNITIES THAT HELP BUILD AND SUSTAIN
WELL-BEING AND MEANINGFUL CONNECTIONS, CREATING A STRONGER COMMUNITY.
CHILDREN, YOUNG ADULTS, PARENTS, AND SENIORS PARTICIPATE. 4,808 PEOPLE
PARTICIPATED IN COMMUNITY SERVICES AND ENGAGEMENT ACTIVITIES AND
EVENTS.

JFCS ADMINISTERS SEVERAL POST-SECONDARY ACADEMIC SCHOLARSHIP FUNDS.

SELECTION CRITERIA INCLUDE FINANCIAL NEED AND MERIT REQUIREMENTS UNIQUE
TO EACH FUND. WE AWARDED 62 SCHOLARSHIPS TOTALING \$158,490.

CARING CONNECTIONS PROVIDES OPPORTUNITIES FOR JEWISH ADULTS WITH
DEVELOPMENTAL DISABILITIES TO TAKE PART IN SOCIAL AND EDUCATIONAL
EVENTS AND LEARN ABOUT AND PARTICIPATE IN JEWISH HOLIDAYS AND
TRADITIONS. WE COLLABORATE WITH SYNAGOGUES TO PROVIDE OPPORTUNITIES FOR
CARING CONNECTIONS PARTICIPANTS TO PARTICIPATE FULLY IN JEWISH LIFE.
496 PEOPLE, WITH AND WITHOUT DISABILITIES, PARTICIPATED IN EVENTS AND

HOME VISITS. THE JEWISH COMMUNITY INCLUSION PROGRAM FOR PEOPLE WITH

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DISABILITIES COORDINATES COMMUNITY-WIDE EFFORTS TO RAISE AWARENESS,
PROVIDE CONSULTATION, AND HELP JEWISH ORGANIZATIONS UNDERSTAND HOW TO
ELIMINATE BARRIERS TO FACILITATE MEANINGFUL PARTICIPATION AND
INVOLVEMENT FOR ALL PEOPLE. 30 PEOPLE ATTENDED EVENTS FOR JEWISH
DISABILITY AWARENESS, ACCEPTANCE AND INCLUSION MONTH.

OUR FOOD SECURITY PROGRAM IS BUILT AROUND OUR PARTNERSHIP WITH PRISM, A
SOCIAL SERVICE AGENCY THAT HOUSES A FOOD SHELF AND THRIFT STORE, AND
WHICH IS CO-LOCATED IN ONE BUILDING WITH JFCS. JFCS PARTNERS WITH PRISM
TO EXTEND THE CAPACITIES OF BOTH OUR AGENCIES TO MEET THE NEEDS OF
INDIVIDUALS AND FAMILIES EXPERIENCING FOOD INSECURITY. TOGETHER WE ARE
EXPANDING AND RE-ENVISIONING A FOOD SHELF AS A PLACE THAT NOT ONLY
PROVIDES FREE GROCERIES IN TIMES OF CRISIS, BUT ALSO OFFERS
COMPREHENSIVE SERVICES AND SUPPORTS THAT ARE ESSENTIAL TO ENSURING
LONG-TERM STABILITY, SELF-SUFFICIENCY AND FOOD SECURITY. OUR FOOD
SECURITY COORDINATOR PROVIDES OUTREACH IN THE COMMUNITY, HELPING
CONNECT INDIVIDUALS, ESPECIALLY SENIORS, WITH NEEDED BENEFITS. WE ALSO
ENGAGE IN ADVOCACY THROUGH EDUCATION AND WORKING TO INFLUENCE PUBLIC
POLICY. WE ENGAGED WITH APPROXIMATELY 1,050 HOUSEHOLDS ABOUT FOOD
RESOURCES, HELPED 58 HOUSEHOLDS WITH SNAP (FOOD STAMP) APPLICATIONS,
AND DISTRIBUTED 56 BOXES OF SHELF-STABLE FOOD. JFCS' FOOD FOR ALL
PROGRAM DISTRIBUTED 16,392 SNACK BAGS TO 18 COMMUNITY ORGANIZATIONS.

OUR HAG SAMEACH (HAPPY HOLIDAYS) PROGRAM PROVIDES HOLIDAY GIFTS FOR
CHANUKAH AND CHRISTMAS, AND KOSHER-FOR-PASSOVER FOOD BAGS FOR PASSOVER.
VOLUNTEERS PURCHASE, ORGANIZE, SORT, AND ASSEMBLE GIFT BAGS FOR
FAMILIES, WRAP GIFTS, AND DELIVER THEM. HAG SAMEACH SERVED 1,234
INDIVIDUALS AND FAMILIES.

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J-PRIDE CREATES COMMUNITY THROUGH QUEER-FOCUSED JEWISH PROGRAMMING FOR
LGBTQ+ JEWS AND THEIR ALLIES THROUGHOUT THE TWIN CITIES. 406 PEOPLE
PARTICIPATED IN J-PRIDE ACTIVITIES.

JFCS STAFF AND VOLUNTEERS PLAN AND PRESENT TWO COMMUNITY CONFERENCES.

THE MENTAL HEALTH EDUCATION CONFERENCE RAISES AWARENESS ABOUT MENTAL

HEALTH ISSUES, PROVIDES SUPPORT FOR INDIVIDUALS AND FAMILIES, AND

OFFERS EDUCATION THROUGH AN ANNUAL CONFERENCE ON MENTAL HEALTH. THE

CONFERENCE DRAWS PROFESSIONALS, PEOPLE WITH MENTAL ILLNESS, AND FAMILY

MEMBERS. THE CONFERENCE INCLUDES A KEYNOTE SPEAKER AND BREAKOUT

WORKSHOPS. 314 PEOPLE REGISTERED FOR THIS YEAR'S ANNUAL CONFERENCE, AND

SESSION RECORDINGS WERE VIEWED 160 TIMES. THE BI-ANNUAL KEEPING THE

SPIRIT ALIVE CAREGIVERS CONFERENCE IS FOCUSED LARGELY ON CAREGIVERS WHO

SUPPORT A LOVED ONE WITH ALZHEIMER'S OR DEMENTIA. THIS FREE CONFERENCE

FOR CAREGIVERS, FAMILY MEMBERS, LAY LEADERS, CLERGY AND PROFESSIONALS

PROVIDES PRACTICAL APPROACHES FOR CAREGIVING, TACTICS TO TAKE CARE OF

THE CAREGIVER, PLUS EDUCATIONAL AND RESEARCH UPDATES ABOUT DEMENTIA,

THROUGH A JEWISH LENS. THE CONFERENCE ALSO PROVIDES INFORMATION ABOUT

COMMUNITY RESOURCES THAT ARE AVAILABLE. THERE WAS NOT A CAREGIVERS

CONFERENCE IN 2022.

NEXTGEN PROVIDES OPPORTUNITIES FOR YOUNG ADULTS AGES 21-36 TO DEVELOP

LEADERSHIP SKILLS AND DEEPEN CONNECTIONS TO JFCS AND ITS MISSION

THROUGH SOCIAL AND VOLUNTEER EXPERIENCES AND PHILANTHROPY. THE NEXTGEN

BOARD, AN ADVISORY GROUP OF AROUND 15 YOUNG ADULT LEADERS, PROVIDES

ESSENTIAL FEEDBACK, PLANNING, AND OUTREACH FOR THE PROGRAM. 292 PEOPLE

PARTICIPATED IN NEXTGEN.

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THE VOLUNTEER ENGAGEMENT PROGRAM RECRUITS, ASSESSES, MATCHES, TRAINS, AND SUPPORTS VOLUNTEERS WHO WORK IN MANY AGENCY PROGRAMS AND ACTIVITIES. SOME OF THE LARGEST VOLUNTEER ROLES INCLUDE OBTAINING, WRAPPING, AND DELIVERING GIFTS FOR OUR HAG SAMEACH PROGRAM; DRIVING CLIENTS TO ACTIVITIES AND APPOINTMENTS; SERVING AS YOUTH MENTORS; VISITING PEOPLE WHO ARE ILL OR ISOLATED; HELPING TO PLAN AND EXECUTE SPECIAL EVENTS; AND SERVING ON THE AGENCY'S BOARD OF DIRECTORS AND COMMITTEES. 810 VOLUNTEERS HELPED US DELIVER SERVICES AND ACHIEVE OUR MISSION.

SENIOR SERVICES

SENIOR SERVICES SUPPORT THE DIGNITY AND INDEPENDENCE OF OLDER ADULTS. WE PROVIDE NUMEROUS SERVICES FOR SENIORS INCLUDING TRANSPORTATION, GROCERY SHOPPING, AND KOSHER MEALS ON WHEELS, AS WELL AS HIGHLY-PERSONALIZED SENIOR CARE SERVICES, INCLUDING CASE MANAGEMENT, CARE PLANNING CONSULTATION AND CAREGIVER COACHING. OUR PROFESSIONAL STAFF WORKS CLOSELY WITH ADULTS 60 YEARS OF AGE AND OLDER AND THEIR FAMILIES TO ENSURE SAFE, SUPPORTED AND INDEPENDENT LIVING AT HOME, AND PROVIDES RESOURCES, EDUCATION AND RESPITE FOR CAREGIVERS. 488 PEOPLE PARTICIPATED IN SENIOR SERVICES PROGRAMS.

CASE MANAGEMENT IS AT THE HEART OF HELPING SENIORS AGE IN PLACE. JFCS CASE MANAGERS HELP SENIORS STAY SAFE, HEALTHY, ENGAGED WITHIN THE COMMUNITY AND IN THEIR OWN HOMES FOR AS LONG AS POSSIBLE. WITHIN A RESPECTFUL, PERSON-CENTERED PLANNING APPROACH, CLIENTS ACTIVELY PARTICIPATE IN THEIR GOAL SETTING AND DECISION-MAKING PROCESS. CASE MANAGERS ALSO PROVIDE A SHORT MEMORY-SCREENING EXAM FOR ALL

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PARTICIPANTS. IF CLIENTS DO NOT PASS THIS EXAM, JFCS REFERS THEM TO A

PHYSICIAN FOR ADDITIONAL TESTING. CASE MANAGERS PROVIDE CULTURALLY

SENSITIVE SERVICES, INCLUDING PROVISION OF SERVICES IN RUSSIAN FOR MANY

CLIENTS. 175 PEOPLE RECEIVED CASE MANAGEMENT.

CARE PLANNING CONSULTATION HELPS WHEN FAMILIES NOTICE CHANGES IN

PARENTS AND/OR SPOUSES, INCLUDING INCREASED FORGETFULNESS; WITHDRAWAL

FROM SOCIAL ACTIVITIES; DECREASED CONFIDENCE OR ABILITY IN DRIVING;

BECOMING OVERWHELMED BY NORMAL TASKS; OR OTHER CHANGES. BEFORE A CRISIS

ARISES, CARE PLANNING CONSULTATION HELPS FAMILIES ARTICULATE ISSUES AND

CHALLENGES, LEARN ABOUT AVAILABLE RESOURCES, CREATE A PLAN FOR

MAXIMIZING INDEPENDENCE AND MORE. WE SERVED SIX PEOPLE IN CARE PLANNING

CONSULTATIONS.

CAREGIVER SUPPORTS INCLUDE POWERFUL TOOLS FOR CAREGIVERS, WHICH IS A

SIX-WEEK CLASS DESIGNED TO PROVIDE PARTICIPANTS WITH A WEALTH OF

SELF-CARE TOOLS THAT WILL HELP THEM TAKE CARE OF THEMSELVES WHILE

TAKING CARE OF AN ADULT WITH CHRONIC ILLNESS. PARTICIPANTS LEARN TO

REDUCE STRESS, IMPROVE SELF-CONFIDENCE, BRING MORE BALANCE TO THEIR

LIVES, BETTER COMMUNICATE THEIR FEELINGS, AND INCREASE THEIR ABILITY TO

MAKE TOUGH DECISIONS. FOURTEEN PEOPLE RECEIVED POWERFUL TOOLS TRAINING.

JFCS' MEMORY CAF IS A GATHERING FOR PEOPLE WITH MEMORY LOSS AND THEIR

CAREGIVERS. CAF MEMBERS MEET TWICE PER MONTH AT THE JFCS OFFICE IN

GOLDEN VALLEY FOR ACTIVITIES AND CONVERSATIONS IN A COMFORTABLE,

SUPPORTIVE ENVIRONMENT. TWENTY-EIGHT PEOPLE PARTICIPATED IN THE MEMORY

CAF.

HOLOCAUST SURVIVOR SUPPORT SERVICES INCLUDE HOUSECLEANING,

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TRANSPORTATION, KOSHER MEALS ON WHEELS, SHOPPING, BATHING ASSISTANCE,

CARE COORDINATION AND MORE. THIS PROGRAM IS AVAILABLE TO JEWISH

SURVIVORS OF NAZI PERSECUTION AS THEY ENCOUNTER THE CHALLENGES OF

AGING, THANKS TO FUNDING FROM THE CONFERENCE ON JEWISH MATERIAL CLAIMS

AGAINST GERMANY. JFCS SERVED 66 HOLOCAUST SURVIVORS.

JACOB GARBER TRANSPORTATION SERVICES PROVIDES RIDES FOR CLIENTS WHO

RESIDE WITHIN A DEFINED SERVICE AREA IN HENNEPIN COUNTY. IT'S A

CONVENIENT, RELIABLE WAY FOR AMBULATORY ADULTS TO GET TO A DOCTOR'S

APPOINTMENT, FRIEND'S HOUSE, GROCERY STORE AND MORE. MOST RIDERS ARE

SENIORS WITH LOW INCOMES RANGING IN AGE FROM 60-98. MANY ARE OVER AGE

80 AND ARE LIVING WITH MILD COGNITIVE, PHYSICAL OR OTHER LIMITATIONS.

RIDES CAN BE CURB-TO-CURB OR WITH THE DRIVER ACCOMPANYING THE CLIENT

WHILE AT MEDICAL APPOINTMENTS, SHOPPING, OR PARTICIPATING IN SOCIAL

ACTIVITIES. JFCS PROVIDED 6,495 RIDES.

JFCS PROVIDES KOSHER MEALS ON WHEELS TO CLIENTS WITHIN OUR SERVICE

AREA. DRIVERS DELIVER KOSHER NUTRITIOUS MEALS DIRECTLY TO CLIENTS'

HOMES, HELPING THEM MAINTAIN THEIR INDEPENDENT LIVING SITUATION. MANY

CLIENTS ARE FROM THE FORMER SOVIET UNION AND ENJOY DELIVERIES BY AND

SOCIAL INTERACTIONS WITH JFCS'S RUSSIAN-SPEAKING DRIVERS. JFCS STAFF

AND VOLUNTEER DRIVERS DELIVERED 8,337 MEALS TO 51 PARTICIPANTS.

OUR SENIOR COMPANIONS DEVELOP FRIENDSHIPS WITH AND SUPPORT OLDER ADULTS

TO HELP THEM MAINTAIN

EXPENSES \$ 1,525,760. INCLUDING GRANTS OF \$ 719,635. REVENUE \$ 188,730.

COMMUNITY ENGAGEMENT

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EXPENSES \$ 1,080,801. INCLUDING GRANTS OF \$ 338,249. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1A:

IN THE EVENT OF A TIE VOTE, THE PRESIDENT OF THE BOARD SHALL CAST THE
TIE-BREAKING VOTE.

THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE JFCS OFFICERS (INCLUDING THE
CHAIRPERSON OF EACH STANDING COMMITTEE), THE IMMEDIATE PAST-PRESIDENT, THE
PRESIDENT-ELECT (IF APPLICABLE) AND OTHERS AS APPOINTED BY THE PRESIDENT.

DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD, THE EXECUTIVE COMMITTEE
SHALL MEET UPON THE CALL OF THE PRESIDENT, AND SHALL TAKE FINAL ACTION ON
MATTERS UPON WHICH IT HAS BEEN PREVIOUSLY EMPOWERED BY THE BOARD TO ACT,
AND SHALL INVESTIGATE, CONSIDER, AND MAKE RECOMMENDATIONS TO THE BOARD ON
MATTERS AS TO WHICH NO PREVIOUS SPECIFIC POWER TO TAKE FINAL ACTION HAD
BEEN CONFERRED UPON IT, INCLUDING BUT NOT LIMITED TO MATTERS INVOLVING THE
PROPOSED PUBLIC SUPPORT OF NON-CORE POLICIES. ALL ACTION AND
RECOMMENDATIONS BY THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO THE BOARD
AT ITS MEETING NEXT FOLLOWING SUCH ACTION AND RECOMMENDATIONS, AND SUCH
RECOMMENDATIONS SHALL BE SUBJECT TO APPROVAL, REVISIONS, OR REJECTION BY
THE BOARD AT ITS PLEASURE.

FORM 990, PART VI, SECTION A, LINE 6:

ANY PERSON OR ENTITY, REGARDLESS OF RESIDENCE OR JURISDICTION OF GOVERNING
LAW, THAT HAS CONTRIBUTED PRESCRIBED MEMBERSHIP DUES TO JFCS FOR A FISCAL
YEAR SHALL BE A MEMBER OF JFCS FOR SUCH FISCAL YEAR.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS VOTE FOR SUCCESSORS TO BOARD MEMBERS WHOSE TERMS ARE EXPIRING.

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FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED WITH THE INVOLVEMENT OF SEVERAL MEMBERS OF THE
AGENCY'S MANAGEMENT TEAM. THE FORM 990 IS DISTRIBUTED TO THE CEO, COO AND
CFO AND THE FULL BOARD OF DIRECTORS BEFORE BEING SUBMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE AGENCY MAINTAINS A CONFLICT OF INTEREST POLICY WHICH IS REVIEWED WITH
BOARD MEMBERS AND EMPLOYEES AS PART OF THE ON BOARDING PROCESS. EMPLOYEES
ARE REQUIRED TO NOTIFY THE CEO OF ANY POTENTIAL CONFLICTS ON AN ONGOING
BASIS; THESE ARE REVIEWED WITH THE AGENCY COMPLIANCE OFFICER AND
APPROPRIATE ACTIONS ARE TAKEN. IN ADDITION, STAFF WITH A CONFLICT OF
INTEREST OR POTENTIAL CONFLICT OF INTEREST ARE PROHIBITED FROM
PARTICIPATING IN DECISION-MAKING THAT WOULD INVOLVE THE AREA IN WHICH THE
STAFF MEMBER HAS AN ACTUAL OR PERCEIVED CONFLICT. BOARD MEMBERS AND
ADMINISTRATIVE STAFF MEMBERS COMPLETE A CONFLICT OF INTEREST SURVEY ON AN
ANNUAL BASIS TO IDENTIFY ANY POTENTIAL CONFLICTS OF INTEREST.
ADMINISTRATIVE STAFF MEMBERS INCLUDE THE CEO, COO, CFO, DIRECTORS OF HUMAN
RELATIONS, PUBLIC RELATIONS, AND THE THREE PROGRAM DIRECTORS. TRANSACTIONS
WHERE A CONFLICT OF INTEREST EXISTS ARE UNDERTAKEN ONLY WHEN THE FOLLOWING
CRITERIA ARE ALL MET: 1. THE CONFLICTING INTEREST IS FULLY DISCLOSED; 2.
THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION
AND APPROVAL OF SUCH TRANSACTION; 3. A COMPETITIVE BID OR COMPARABLE
VALUATION EXISTS; AND 4. THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF
HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE
ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15A:

Name of the organization JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNEAPOLIS	Employer identification number 41-0693860
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THE COMPENSATION OF THE CEO IS DETERMINED BY THE COMPENSATION COMMITTEE, A COMMITTEE OF THE BOARD OF DIRECTORS, LED BY THE PRESIDENT OF THE BOARD. THE PERFORMANCE OF THE CEO IS REVIEWED ANNUALLY BY THIS COMMITTEE, WHICH ALSO COMPILES SURVEY INFORMATION WITH REGARD TO COMPENSATION OF SIMILAR POSITIONS AT SIMILAR AGENCIES. THEN THE COMPENSATION COMMITTEE DETERMINES AN APPROPRIATE SALARY AND BENEFITS PACKAGE AND COMMUNICATES THIS WITH THE CEO'S PERFORMANCE REVIEW TO THE CEO BOTH IN PERSON AND IN A SIGNED LETTER, WHICH IS PROVIDED TO HUMAN RESOURCES AND PAYROLL DEPARTMENTS TO EXECUTE ANY CHANGES TO THE CEO'S COMPENSATION. THIS REVIEW IS DONE ANNUALLY WITH THE MOST RECENT REVIEW BEING DECEMBER 2020.

COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES IS DETERMINED BY REFERENCE TO COMPENSATION SURVEYS FOR SIMILAR POSITIONS IN SOCIAL SERVICE AGENCIES. THE COMPENSATION IS DETERMINED BY THE CEO WITH CONSULTATION WITH THE HR DIRECTOR. THIS HAS BEEN AN INTERNAL PROCESS.

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

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2022

Open to Public Inspection

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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

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
HELENA BIGOS SUPPORTING FOUNDATION - 46-1574321, 5905 GOLDEN VALLEY ROAD, GOLDEN VALLEY, MN 55422	SUPPORTING ORGANIZATION	MINNESOTA	501(C)(3)	LINE 12A, I	JFCS OF MINNEAPOLIS	X	

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

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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) HELENA BIGOS SUPPORTING FOUNDATION	C	393,944.	COST
(2)			
(3)			
(4)			
(5)			
(6)			

