			EXTENDED TO MAY 15, 201	L9						
	Ω	00	Return of Organization Exempt Fro	om In	come Tax		OMB No. 1545-00	047		
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod	de (exce	pt private foundati	ons)	2017	7		
		of the Treasury	Do not enter social security numbers on this form as it	-	-		Open to Publ			
_		enue Service	Go to www.irs.gov/Form990 for instructions and the				Inspection			
AF	or th		ar year, or tax year beginning JUL 1,2017 and endir [;] organization	<u> </u>	N 30, 2018					
B c a	heck if pplicab	D Employer identif	ficati	on number						
	Addre		SH FAMILY AND CHILDREN'S SERVICES							
	Name chang	ge Doing b	usiness as		94-1	L15	56528			
	return _Final _return		and street (or P.O. box if mail is not delivered to street address) Room OX 159004	n/suite E	E Telephone numb 415 (449-1200			
	termin ated	n	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		37,461,67	71.		
	Amer		FRANCISCO, CA 94115-9004		H(a) Is this a group	returr	<u>ו</u>			
	Appli tion	^{ca-} F Name a	nd address of principal officer: DR . ANITA FRIEDMAN		for subordinate	s?	🗌 Yes 🛛	No		
	pend	SAME	AS C ABOVE	H	H(b) Are all subordinates	includ	ed? Yes	No		
		empt status:		527	If "No," attach	a list.	(see instructions	3)		
			JFCS.ORG		H(c) Group exempti					
KF	orm o	f organization: 🛽	X Corporation Trust Association Other ▶ L	L Year of	formation: 1904	M Sta	ate of legal domicile	<u>;;</u> CA		
Pa	art I	Summary								
ė	1	Briefly describ	e the organization's mission or most significant activities: ${{{\rm{SEE}}} { m{SCH}}}$	IEDUL	E O					
anc										
ern	2	Check this bo	$\mathbf{x} \models \square$ if the organization discontinued its operations or disposed o	of more t	han 25% of its net a	asset	3.			
Š	3		ting members of the governing body (Part VI, line 1a)			_		27		
8	4		ependent voting members of the governing body (Part VI, line 1b) \ldots					27		
Activities & Governance	5		of individuals employed in calendar year 2017 (Part V, line 2a)				704			
ivit	6		of volunteers (estimate if necessary)			-	10	099		
Act			d business revenue from Part VIII, column (C), line 12			_	<u> </u>	0.		
	b	Net unrelated	business taxable income from Form 990-T, line 34	·····		<u>v </u>	33,33	35.		
				-1	Prior Year		Current Year			
ne	8		and grants (Part VIII, line 1h)	<u> </u>	.8,488,417. .7,840,059.	•	16,872,30 18,389,77			
Revenue	9	•	ce revenue (Part VIII, line 2g)		1,982,750	836,43				
Re			come (Part VIII, column (A), lines 3, 4, and 7d)	··	-497,474	•	-427,20	<u> </u>		
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,813,752		35,671,35			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,299,453		2,095,23	$\frac{33}{37}$		
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		<u>2,255,455</u>	_	2,055,25	<u> </u>		
		-	to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10)		5,582,480		26,017,19	•••		
Expenses	160	Brofossional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 2 ,460,756.		0,		20,011,12	0.		
oen	104	Total fundraia	and alsing lees (Part IX, column (D) line 25) $\sim 2.460.756$					••		
Ĕ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	-	7,773,391.		8,022,60	07.		
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,655,324		36,135,03			
	19		expenses. Subtract line 18 from line 12		2,158,428		-463,68	81.		
es	13	nevenue less			nning of Current Year		End of Year	<u> </u>		
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)		0,642,207		72,306,58	86.		
Ass Bal	21		(Part X, line 26)	<u> </u>	6,554,014		27,027,67			
Net -unc	22		fund balances. Subtract line 21 from line 20		4,088,193		45,278,91			
	art II	Signature			, ,					
			I declare that I have examined this return, including accompanying schedules and	statemen	ts, and to the best of r	ny kno	owledge and belief.	it is		
			Declaration of preparer (other than officer) is based on all information of which pr			-				

Sign	Signature of officer			Date								
Here	LAURA JAMIESON, CFO											
	Type or print name and title											
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN								
Paid	BRUCE WRIGHT			if self-employed P00083251								
Preparer	Firm's name SINGERLEWAK LLP			Firm's EIN 95-2302617								
Use Only	Firm's address 262 GRAND AVENUE											
	S SAN FRANCISCO,	CA 94080		Phone no. (650) 872-7600								
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)											
732001 11-2	732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)											

	JEWISH FAMILY AND CHILDREN'S SERVICES 94-1156528 Page 2
Pa	rt 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: SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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 X 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 \$ 17,003,367. including grants of \$ 956,149. (Revenue \$ 10,132,432.) OLDER ADULTS: SEE SCHEDULE O
4b	(Code:) (Expenses \$ 7,210,191. including grants of \$ 692,527.) (Revenue \$ 3,087,677.) CHILDREN AND FAMILIES: THROUGH OUR PARENTS PLACE FAMILY RESOURCE
	CENTERS; PARENT EDUCATION AND CONSULTATION PROGRAMS; CENTER FOR
	SPECIAL NEEDS; EARLY CHILDHOOD MENTAL HEALTH; YOUTHFIRST YOUTH DEVELOPMENT PROGRAMS; ADOPTION CONNECTION; DREAM PROGRAM FOR VICTIMS OF
	DEVELOPMENT PROGRAMS; ADOPTION CONNECTION; DREAM PROGRAM FOR VICTIMS OF DOMESTIC VIOLENCE; CHILD TRAINING INSTITUTE; FINANCIAL AID CENTER
	PROVIDING SCHOLARSHIPS, CAMPERSHIPS AND EMERGENCY FINANCIAL ASSISTANCE;
	FAMILY AND CHILD COUNSELING SERVICES, JFCS HELPS TO BUILD AND NURTURE
	HEALTHY, SELF-SUSTAINING FAMILIES, AND ENSURES THAT AT-RISK CHILDREN
	GET THE EARLY INTERVENTION AND ASSISTANCE THAT THEY NEED.
4c	(Code:) (Expenses 3,196,758. including grants of 296,148.) (Revenue 2,513,650.) EMIGRES AND REFUGEES: THROUGH OUR COMPREHENSIVE EMIGRE SERVICES, THE
	ORGANIZATION WARMLY WELCOMES IMMIGRANTS AND REFUGEES, HELPING THEM TO
	BUILD NEW LIVES AND BECOME ACTIVE, INVOLVED MEMBERS OF THEIR NEW
	COMMUNITY. JEWISH FAMILY AND CHILDREN'S SERVICES EMIGRE PROGRAMS INCLUDE BILINGUAL MENTAL HEALTH SERVICES, CITIZENSHIP ASSISTANCE, LEGAL
	ASSISTANCE, REFUGEE RESETTLEMENT AND IMMIGRATION SERVICES, CLUB NOON,
	EMIGRE YOUTH DEVELOPMENT PROGRAM, AND OUR L'CHAIM SENIOR SERVICES AND
	L'CHAIM ADULT DAY HEALTH CENTER. L'CHAIM ADULT DAY HEALTH CENTER IS A
	LIFELINE FOR LOW INCOME, IMMIGRANT SENIORS AND PROVIDES THEM WITH MANY
	CRITICAL SOCIAL AND MEDICAL SERVICES.

4d	Other program services (Describe in Sch	edule O.)			
	(Expenses \$ 3,474,866.	including grants of \$	150,413.) (Revenue \$	1,891,162. ₎	
4e	Total program service expenses 🕨	30,885,182.			

732003 11-28-17

aan	(2017	'n		JEW	ISH	FAMILY	AND	CHILDREN	v's	SERVICE	ES	94-1156
t IV			st of I			hedules						
Is the If "Y Is the Did Did Sec duri Is the Did Did the	ne orga res, " c ne orga the or lic offi tion 5 ng the orga lar arr the or vide ac the or enviro	anizatio omplete anizatio ganizat ice? <i>If</i> " 501(c)(3 e tax ye anizatio nounts a ganizat dvice or ganizat onment,	on desc e Sche on requ ion enq Yes, " c) orga ar? <i>If</i> " on a se as defir ion ma n the d ion rec histori	cribed in s edule A irred to co gage in dii complete S nizations . (Yes, " corr ction 501(ned in Rev aintain any listribution ceive or ho ic land are	section omplete rect or Schedu . Did th nplete s (c)(4), 5 venue l y donoi n or inv old a co eas, or	501(c)(3) or Schedule B indirect politive Je C, Part I ne organization Schedule C, 501(c)(5), or 50 Procedure 98 r advised function estment of a ponservation of historic struct	, Schedu ical camp on engag Part II i01(c)(6) (3-19? If "' ds or any mounts i easement ctures? If) (other than a p le of Contributor paign activities o e in lobbying act organization that Yes," complete S v similar funds or n such funds or c, including easer "Yes," complete prical treasures, o	s? ivities receiv Schedu accou accou ments Sche	alf of or in opp , or have a sec ves membersh <i>ule C, Part III</i> unts for which nts? <i>If</i> "Yes," c to preserve op <i>dule D, Part II</i> .	osition to cand tion 501(h) elec ip dues, asses donors have th complete Scher pen space,	didates for ction in effect sments, or ne right to dule D, Part I
Sch Did	<i>edule</i> the or	<i>D, Part</i> ganizat	III ion rep	oort an am	nount ir	n Part X, line	21, for es	scrow or custodi ot management,	al acc	ount liability, s	erve as a custo	odian for
Did	the or	ganizat	ion, dir	rectly or th	hrough	a related or	ganizatio	n, hold assets in edule D, Part V	tempo	orarily restricte	d endowments	s, permanent
lf th as a	e orga Ipplica	anizatio able.	n's ans	swer to an	ny of th	e following q	uestions	is "Yes," then co	omplet	e Schedule D,	Parts VI, VII, V	/III, IX, or X
<i>Part</i> Did	the or	ganizat	ion rep	oort an am	nount f	or investmen	ts - other	securities in Par le D, Part VII	rt X, lir	ne 12 that is 5%	% or more of its	s total
Did asse	the or ets rep	ganizat ported i	ion rep n Part	oort an am X, line 161	nount f ? If "Ye	or investmen es," complete	ts - progr Schedui	am related in Pa le D, Part VIII	urt X, lii	ne 13 that is 5	% or more of it	ts total
Part	t X, lin	e 16? <i>lf</i>	"Yes,"	" complete	e Sche	dule D, Part I	хx	t X, line 15 that is				
Did the	the or organ	ganizat	ion's s s liabili	eparate o ty for unco	or conso ertain t	olidated finar ax positions:	ncial state under Fl	art X, line 25? <i>If</i> ' ements for the ta N 48 (ASC 740)? nancial statemen	ax yeai ? If "Ye	r include a foot s, " <i>complete</i> S	tnote that addr Schedule D, Pa	resses art X

Schedule D, Parts XI and XII

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,

investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

foreign organization? If "Yes," complete Schedule F, Parts II and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19

Form 990 (2017)

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Form 990 (2	
Part IV	Chec

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complete Schedule G, Part III

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Form 990 (2017)					CHILDREN'S	SERVICES			
Part IV Checklist of Required Schedules (continued)									

			Yes	No
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	165	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
210	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.14		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
_0	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2017)

					Yes						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	168		100						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0								
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming								
	(gambling) winnings to prize winners?			1c	Х						
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	704								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	Ο		3b	Х						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a							
b	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?			5a							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action	?	5b							
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he org	anization solicit								
	any contributions that were not tax deductible as charitable contributions?			6a							
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?										
7											
а	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?										
b	, , , , , , , , , , , , , , , , , , , ,										
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired								
	to file Form 8282?		I	7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained										
•				8							
9	Sponsoring organizations maintaining donor advised funds.			0-							
a L	Did the sponsoring organization make any taxable distributions under section 4966?			9a							
b				9b							
10	Section 501(c)(7) organizations. Enter:	100	I								
a ⊾	Initiation fees and capital contributions included on Part VIII, line 12	10a									
	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										
	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 11a										
U	amounts due or received from them.)	11b									
12-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		l	12a							
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1								
	Is the organization licensed to issue qualified health plans in more than one state?			13a							
a	Note. See the instructions for additional information the organization must report on Schedule O.			134							
	recei des momentatione for additional information the organization must report on obliedule 0.										

JEWISH FAMILY AND CHILDREN'S SERVICES Statements Regarding Other IRS Filings and Tax Compliance

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

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

c Enter the amount of reserves on hand ______ 13c

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

No

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х Х

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14b

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13b

Form 990 (2017)

Part V

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 in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee? 1b 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 7a Did the organization have members, stockholders? 7b Did the organization have members, stockholders? 7a Did the organization nate during the year of a significant diversion of the organization's assets? 6 Did the organization have members, stockholders? 7a Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members, stockholders? 7a Did the organization have members or the governing body? b Are any governance decisions of the organization res	27 27 2	Yes	No
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13 Did the organization have a written whistleblower policy?			
14 Did the organization have a written document retention and destruction policy?	14	t 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			
b Other officers or key employees of the organization	15	b X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
taxable entity during the year?	16	a	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?	16	b	
Section C. Disclosure			
17 List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA			
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)	s only) avail	able	
for public inspection. Indicate how you made these available. Check all that apply.			
X Own website X Upon request Other (explain in Schedule O)		-	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po		ancial	
statements available to the public during the tax year.	licy, and fin		
20 State the name, address, and telephone number of the person who possesses the organization's books and records:	-		
LAURA JAMIESON - (415) 449-1200 PO BOX 159004, SAN FRANCISCO, CA 94115-9004	-		

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 instructions for definition of "key employee."

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

 List all of the organization's former officers, key employees, 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.

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

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

(A)	(B)	(C)						(D)	(E)	(F)		
Name and Title	Average Position (do not check more than one						000	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of		
	week		cer ar	nd a d	irecto	or/trus	tee)	from	from related	other		
	(list any	ector						the	organizations	compensation		
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC)	from the		
	related	istee	truste		e	pensi		(W-2/1099-MISC)		organization		
	organizations below	ual tri	ional		ploye	t com				and related organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations		
(1) JIM SHAPIRO	2.00	<u> </u>	<u> </u>	0	×	포히	E.					
PRESIDENT		x		x				0.	0.	0.		
(2) SCOTT KAY	2.00											
VICE PRESIDENT		X		X				0.	0.	0.		
(3) DAVID DOSSETTER	2.00											
VICE PRESIDENT		X		X				0.	0.	0.		
(4) KERRI LEHMANN	2.00											
VICE PRESIDENT		Х		Х				0.	0.	0.		
(5) DOUG WINTHROP	2.00									_		
TREASURER		X		х				0.	0.	0.		
(6) LUBA TROYANOVSKY	2.00									_		
VICE PRESIDENT		X		х				0.	0.	0.		
(7) ZOE SCHWARTZ	2.00											
SECRETARY		х		Х				0.	0.	0.		
(8) JOSEPH ALOUF	2.00									•		
DIRECTOR	0.00	X						0.	0.	0.		
(9) LISA BARDIN	2.00							0		0		
DIRECTOR	0.00	X						0.	0.	0.		
(10) ROBERT BLUM	2.00							0		0		
DIRECTOR		X						0.	0.	0.		
(11) MARCI DOLLINGER	2.00							0		0		
DIRECTOR	2 00	X						0.	0.	0.		
(12) STEVEN FEINBERG	2.00							0.	0.	0		
DIRECTOR	2.00	X						0.	0.	0.		
(13) CARL GRUNFELD DIRECTOR	2.00	x						0.	0.	0.		
(14) DEBORAH HOFFMAN	2.00	^				-		0.	0.	0.		
(14) DEBORAH HOFFMAN DIRECTOR	2.00	x						0.	0.	0.		
(15) ALEX INGERSOLL	2.00	<u>^</u>					<u> </u>	0.	0.	<u>U•</u>		
DIRECTOR	2.00	x						0.	0.	0.		
(16) MICHAEL JANIS	2.00	<u> </u>				-		0.	0.	<u>.</u>		
DIRECTOR	2.00	x						0.	0.	0.		
(17) DAVID KIACHKO	2.00						-					
DIRECTOR		x						0.	0.	0.		
	I	<u> </u>	L									

732007 11-28-17

	AMILY AN	ND.	CF	III	LDI	REN	1'	S SERVICES	94-11	565	528	P	age 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	d Hi	ighes	st C	Compensated Employe	es (continued)				
(A)	(B)				C)	-		(D)	(E)			(F)	
Name and title	Average	(-1-			ition			Reportable	Reportable		Es	timate	əd
	hours per	box	, unle	ss pe	erson i	than d is both	n an	compensation	compensation		an	nount	of
	week	offi	cer an	d a d	lirecto	or/trus	tee)	from	from related			other	
	(list any	ector						the	organizations		com	pensa	ation
	hours for	r dire				ted		organization	(W-2/1099-MIS0	C)	fr	om th	е
	related	stee o	ustee			ensa		(W-2/1099-MISC)			org	anizat	ion
	organizations	al trus	nal tr		oyee	e omp						d relat	
	below	Individual trustee or director	Institutional trustee	Officer	emp	Highest compensated employee	Former				orga	anizati	ons
	line)	hul	lns	Offi	Key	em	Ъ			$ \rightarrow $			
(18) DAVID KREMER	2.00												•
DIRECTOR		X						0.		0.			0.
(19) JAN MAISEL, MD	2.00												
DIRECTOR		Х						0.		0.			0.
(20) MARK MENELL	2.00												
DIRECTOR		Х						0.		0.			0.
(21) MICHAEL ROLNICK	2.00												
DIRECTOR		X						0.		0.			0.
(22) JOHN SAMPSON	2.00												
DIRECTOR		x						0.		0.			Ο.
(23) LELA SARNAT, PH.D	2.00												
, DIRECTOR		x						0.		0.			0.
(24) RICHARD SEGAL	2.00									-			
DIRECTOR		x						0.		0.			Ο.
(25) ROBERT TANDLER	2.00												
DIRECTOR	2.00	x						0.		0.			0.
(26) MARINA TIKHMAN	2.00					$\left \right $				<u> </u>			
DIRECTOR	2.00	x						0.		0.			Ο.
		Δ						0.		0.			0.
1b Sub-total			•••••					•••		0.	1 2	<u> </u>	
c Total from continuation sheets to Part V								1,493,740.		-			85.
d Total (add lines 1b and 1c)								1,493,740.		0.	13	0,/	85.
2 Total number of individuals (including but	not limited to th	ose	liste	ed a	bove	e) wh	io r	eceived more than \$100	,000 of reportable	,			1.0
compensation from the organization													10
										r		Yes	No
3 Did the organization list any former officer													
line 1a? If "Yes," complete Schedule J for	such individual										3		X
4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	n anc	l ot	her compensation from	the organization				
and related organizations greater than \$15	50,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		[4	Х	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," cor	nplete Schedul	e J f	or su	uch	pers	son .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest c	ompensated in	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of comp	bensa	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
(A)								(B)			(0)	
Name and busines	s address							Description of s	services	Co		nsatio	'n
UPTIME USA, LLC, 3470 MT	. DIABLO) I	3L1	7D	, ,	STE	2						
A130, LAFAYETTE, CA 9454							h	NETWORK SERV	ICES		48	8,6	09.
UNITRANS, 236 WEST PORTA		STI	Ξ 7	774	4.								
SAN FRANCISCO, CA 94127	,		_	-	-,			TRANSPORTATI	ON		32	1.9	59.
BELI DELI, INC., 8105 ED	GEWATER	DF	<u>र T र</u>	/E		STF					<u> </u>	_ / 5	
109, OAKLAND, CA 94621					, .			CATERER			30	0.8	31.
HEADFIRST ARTS & MEDIA								FILMING AND			50	-,0	<u> </u>
1375 SANTA ROSA DRIVE, S	ልእጥል ፑፑ	ז	M	8'	750	05		PHOTOGRAPHY			22	55	00.
RHODA GOLDMAN PLAZA		, 1	411	0	, 50	55	-†	- 110 I OGIVAF 111				5,5	50.
2180 POST STREET, SAN FR	ANCTOCO		הר	0	11-	1 5		CATERER			11	ົ່	00.
VION LOOI DIVEEI' DAN LK	UJGTONIA	, (-4	24	± ⊥ _	гJ	ľ	CUIRUEU			<u>т</u> 4	4,4	

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 ► 12

Form 990 JEWISH F								S SERVICES	94-115	6528
Part VII Section A. Officers, Directors, Tr		mplo	oyee			ligh	est			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(C	hecł	k all i	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensatio
	(list any	ector				mplc		organization	(W-2/1099-MISC)	from the
	hours for	or dir				ted e		(W-2/1099-MISC)		organizatior
	related	stee c	uster			ensa				and related
	organizations	Ita	nal t		loyee	dmo				organization
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			
	line)	Indi	Insti	Officer	Key	High	Former			
(27) ALEX VARUM	2.00									
DIRECTOR	45.00	X						0.	0.	
(28) DR. ANITA FRIEDMAN	45.00							440 000	0	
EXECUTIVE DIRECTOR				X				449,203.	0.	37,80
(29) LAURA L JAMIESON	45.00							104 517	0	20 67
CHIEF FINANCIAL OFFICER (30) NANCY GAIL MASTERS	45.00		<u> </u>	X				194,517.	0.	30,67
(30) NANCY GAIL MASTERS ASSOCIATE EXECUTIVE DIRECT	45.00					x		230,052.	0.	18,70
(31) BARBARA ANN FARBER	45.00							230,032.	0.	10,70
DIR. OF DEVEL/PERM. ENDOW	15100					x		209,702.	0.	16,87
(32) CHRISTINE ANN COLEMAN	45.00							20077020		
MARKETING DIRECTOR						x		141,936.	0.	7,349
(33) GREGORY MURPHY	45.00							,		
DIRECTOR OF OPERATION						Х		132,607.	0.	19,76
(34) APRIL P ECHAVARRIA-BATES	45.00									
HR DIRECTOR						Х		135,723.	0.	5,61
		-								
		-			-					
		1								

Pa	rt VI	II Statement of Rever						
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
our		Membership dues						
Am C		Fundraising events		820,870.				
lar Iar		Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contribut						
r s	f	All other contributions, gifts, gran	ts, and					
l the		similar amounts not included abo	ve 1f	16,051,491.				
dr	g	Noncash contributions included in lines	a 1a- 1f: \$	1,979,342.				
a Ö	h	Total. Add lines 1a-1f		►	16,872,361.			
				Business Code				
e	2 a	PROGRAM SERVICE FEES		624100	18,382,677.	18,382,677.		
ervi	b	LOAN INTEREST INCOME		624100	7,093.	7,093.		
Program Service Revenue	c							
	c	l						
р Б	е							
٩	f	All other program service reve						
	g	Total. Add lines 2a-2f		►	18,389,770.			
	3	Investment income (including						
		other similar amounts)			766,283.			766,283.
	4 Income from investment of tax-exempt bond pro		-					
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents	327,047.					
		Less: rental expenses	316,932.					
		Rental income or (loss)	10,115.					
		Net rental income or (loss)		····· 🕨	10,115.			10,115.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	907,425.	43,189.				
	b	Less: cost or other basis		110 005				
		and sales expenses	768,439.					
		Gain or (loss)				50.450		
		Net gain or (loss)			70,150.	70,150.		
an	8 a	Gross income from fundraisin	g events (not					
ven		including \$ 820						
Other Revenue		contributions reported on line		108,570.				
her	h	Part IV, line 18						
ð		 Less: direct expenses Net income or (loss) from function 		>	-484,350.			-484,350.
		Gross income from gaming ac	-	····· •				
	54	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale		L				
		Miscellaneous Revenu		Business Code				
ł	11 a	MISCELLANEOUS INCOME		624100	47,026.			47,026.
	b							,
	c							
		All other revenue						
		Total. Add lines 11a-11d			47,026.			
	12	Total revenue. See instructions.			35,671,355.	18,459,920.	0.	339,074,

JEWISH FAMILY AND CHILDREN'S SERVICES

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Page 9

JEWISH FAMILY AND CHILDREN'S SERVICES

Sect	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 respor	nse or note to any line in	this Part IX								
	not include amounts reported on lines 6b, 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	381,474.	381,474.								
2	Grants and other assistance to domestic	1	,								
-	individuals. See Part IV, line 22	1,680,763.	1,680,763.								
3	Grants and other assistance to foreign	_,,	_,,								
•	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16	33,000.	33,000.								
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
-	trustees, and key employees	487,003.		487,003.							
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	19,672,446.	17,338,192.	920,835.	1,413,419.						
8	Pension plan accruals and contributions (include			-							
	section 401(k) and 403(b) employer contributions)	939,497.		70,136.	121,830.						
9	Other employee benefits	3,350,372.		-2,791.	165,065.						
10	Payroll taxes	1,567,874.	1,374,667.	84,248.	108,959						
11	Fees for services (non-employees):			-							
а	Management										
	Legal	64,521.	54,303.	-574.	10,792.						
	Accounting	121,000.	160.	120,821.	19.						
	Lobbying										
	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,										
	column (A) amount, list line 11g expenses on Sch 0.)	1,960,837.		345,376.	218,770.						
12	Advertising and promotion	492,765.			12,841.						
13	Office expenses	1,132,801.	915,698.	65,484.	151,619.						
14	Information technology										
15	Royalties										
16	Occupancy	1,459,620.		123,288.	143,797.						
17	Travel	663,878.	654,052.	6,769.	3,057.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	207,995.	78,397.	103,349.	26,249.						
20	Interest	342,730.		342,730.							
21	Payments to affiliates	1 104 880	1 000 000	4.6 5.65							
22	Depreciation, depletion, and amortization	1,121,779.	1,009,826.	46,795.	65,158.						
23		291,237.	208,161.	69,883.	13,193.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)										
2	RECRUITMENT	68,579.	62,511.	2,614.	3,454.						
b	BAD DEBTS	53,121.	53,121.	_, (-,						
c	DUES AND SUBSCRIPTIONS	41,744.	36,078.	3,132.	2,534						
d		,	,		,						
e	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	36,135,036.	30,885,182.	2,789,098.	2,460,756.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)				Eorm 990 (2017						

JEWISH	FAMILY	AND	CHILDREN'	S	SERVICES
			•••••	-	~ ~ _ ~

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Check if Schedule Q contains a response or note to any line in the Part X (A) (A) (B) 1 Cash-non-interest-bearing 55,173,1 1 600,7381,7 1 998,798,7 3 Pledges and grants receivable, net 5,511,573,8 2 7,998,292,3 2 7,998,292,3 2 7,938,867,4 2,003,023,5 1 2,838,87,7 2,753,867,4 2,003,023,5 1 2,753,867,4 2,003,023,5 1 2,753,867,4 2,003,023,5 1 1 1,834,513,5 2 1,938,258,87,7 3 8 3 5 6 0 1 1,634,513,7 2 1,534,573,867,4 2,003,023,5 1 <th>Pa</th> <th>πΧ</th> <th>Balance Sneet</th> <th></th> <th></th> <th></th> <th></th> <th></th>	Pa	πΧ	Balance Sneet					
Beginning of year End of year 1 Cash- non-interest bearing 56, 17.3, 1 1, 600, 381, 2 1, 983, 513, 2 1, 998, 292, 3 3 Predges and gurats receivables (net 5, 511, 579, 3 5, 428, 877, 3 2, 753, 867, 4 2, 003, 023, 5 4 Accounts receivables (non-current and forme officers, directors, trustees, key employees, and highest companiated employees. Complete 5 5 5 5 5 6 Loans and other receivables from other disquallied persons (as defined under section 4958(10)), persons described in section 4958(10)), persons described in section 501(c)(8) voluntary employees beneficiary organizations of section 501(c)(8) voluntary employees beneficiary organizations (see inst). Complete Part II of Schedule D 350, 724, 7 383, 558, 3073, 9 429, 352. 10 Lass, complete Part V of Schedule D 100, 15, 292, 242. 19, 603, 397, 10c 18, 903, 542. 11 Investments - publicly traded securities. See Part N, line 11 13 14 14, 475, 258. 12 Investments - publicly traded securities. See Part N, line 11 14 16, 232, 302. 14 14 Total assets. Add lines 1 through 16 (mut equal line 34) 70, 642, 207. 16, 6, 232, 604. 16, 6, 232, 604.			Check if Schedule O contains a response or not	te to any	line in this Part X			
1 Cash - non-interest-bearing 55,7173.1 1 600,781.1 2 Savings and temporary cash investments 1,834,513.2 1,998,232.2 3 Diedges and grants receivable, net 5,511.579.3 2 1,998,232.2 4 Accounts receivable, net 2,753,867.4 2,003,023.5 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and hiphest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivable from current and former officers, directors, trustees, key employees and goans receivable, net 350,724.7 383,558.4 9 Prepatid expenses and lears receivable, net 350,724.7 383,558.4 10 Los, 350,724.7 38,903,542.5 18,700.8 21,705.5 10a 16,2292,242.1 19,603,397.1 10,8903,542.5 11,062,598.7 14,41,475,258.5 11 Investments. other socialities. Be Part IV, line 11 13 11,41,475,258.5 14,427,236.5 14,903,542.5 11 Investments. other socialities. Be Part IV, line 11 13 14,475,258.5 14,427,236.5 14,23,06.16.5 14,429,23.7								
g Swings and temporary cash investments 1, 834, 513, 2 1, 998, 292, 3 3 Pledges and grants receivable, net 5, 511, 579, 3 5, 5428, 877, 4 2, 003, 023, 5 5 Loans and other neceivables from other disqualified persons (as defined under section 4958/(1)), persons described in section 4958/(1)), persons described in section 4958/(1)), persons described in section 4958/(1), persons described in section 4958/(1)), persons described in section 4958/(1), persons described in 4058/(1), persons described in 5 described in 4058/(1), persons descri						0 0 ,		
g Pledges and grants receivable, net 5,511,579. 3 5,428,877. Accounts neekvable, net 2,753,867. 4 2,003,023. G Lans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 5 G Lans and other receivables from other disqualified persons (as defined under sector 49580(ff)), persons desched bei sector 49580(ff)), persons desched bei sector 49580(ff). Persons 4229,352. 10 Land, buildings, and equipment: cost or other beast. Complete Part IV of Schedule D 18, 903, 542. 11 Investments - other securities. See Part IV. Ine 11 12, 12, 300. 14, 1, 062, 598. 11 Investments - other securities. See Part IV. Ine 11 12, 12, 300. 14, 1, 062, 598. 12 Twestments - other securities. See Part IV. Ine 11 12, 12, 300. 14, 1, 062, 598. 13 Twestments - other securitie		1	Cash - non-interest-bearing				1	600,381.
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		1.91				.,,		Form 990 (2017)

Form **990** (2017)

Part X Balance Sheet

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⊢orm	990	(2017)

Form	JEWISH FAMILY AND CHILDREN'S SERVICES	94-	11565	28	Pag	ge 12
Pai	rt 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	35,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,			
3	Revenue less expenses. Subtract line 2 from line 1	3				81.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	44,	088	3,1	93.
5	Net unrealized gains (losses) on investments	5	1,	654	1,4	04.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
-	column (B))	10	45,	278	3,9	16.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit			
	Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired auc	lit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	X	

Form **990** (2017)

SCHEDULE A	
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(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2017
Open to Public Inspection

Department of Internal Reve	of the Treasury nue Service		 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. 						Open to Public Inspection		
Name of	the organizati		de le transiger					Employer	identification number		
			SH FAMILY	AND CHILDREN	'S SE	RVICE	s		4-1156528		
Part I	Beason			All organizations must co					1 1150520		
	organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
			•				I)(A)(I).				
2				Attach Schedule E (Forn			•••				
3	•	•		anization described in s e			-				
4 📖	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
	city, and state:										
5 📖	-	-		ollege or university owned	d or opera	ited by a g	overnmental	unit descrik	bed in		
			Complete Part II.)								
6				mental unit described in							
7 X				antial part of its support f	from a gov	/ernmenta	l unit or from	the general	public described in		
			omplete Part II.)								
8 🛄	A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9	An agricultur	al research org	ganization described	l in section 170(b)(1)(A)(ix) operate	ed in conji	unction with a	a land-grant	college		
	or university	or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state o	of the colleg	e or		
	university:										
10	An organizati	on that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from		
	activities rela	ted to its exen	npt functions - subje	ect to certain exceptions,	and (2) no	o more tha	in 33 1/3% o	f its suppor	t from gross investment		
	income and ι	unrelated busi	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	uired by the c	rganization	after June 30, 1975.		
	See section	509(a)(2). (Co	mplete Part III.)								
11 🛄	An organizati	on organized	and operated exclus	sively to test for public sa	afety. See	section 5	09(a)(4).				
12	An organizati	on organized	and operated exclus	sively for the benefit of, to	o perform	the function	ons of, or to c	arry out the	e purposes of one or		
	more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in		
	lines 12a thro	ough 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, ar	nd 12g.			
a	J Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	' giving		
	the suppor	ted organizatio	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting		
	organizatio	n. You must c	complete Part IV, Se	ections A and B.							
b	Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	iving		
	control or r	nanagement c	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported		
	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.							
c 🗌	Type III fui	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	ally integrate	ed with,		
	its support	ed organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.				
d 🗌	Type III no	n-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	orted organi	zation(s)		
	that is not	functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement ar	nd an attent	iveness		
				nplete Part IV, Sections							
e 🗌	Check this	box if the orga	anization received a	written determination fro	om the IRS	S that it is a	a Type I, Type	e II, Type III			
		•		onally integrated support			J I / J I	, ,			
f Ente					0 0						
			n about the supporte						· .		
	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	of monetary	(vi) Amount of other		
	organizatior	ו		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)		

Schedule A (Form 990 or 990-EZ) 2017 JEWISH FAMILY AND CHILDREN'S SERVICES 94-1156528 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

See	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	13,615,108.	12,924,987.	14,775,664.	18,488,417.	16,872,361.	76,676,537.	
2	Tax revenues levied for the organ-							
	ization'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	13,615,108.	12,924,987.	14,775,664.	18,488,417.	16,872,361.	76,676,537.	
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)						8,927,080.	
6	Public support. Subtract line 5 from line 4.						67,749,457.	
	ction B. Total Support						•••,•••,•••,••••	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Amounts from line 4	13,615,108.	12,924,987.	14,775,664.	18,488,417.	16,872,361.	76,676,537.	
	Gross income from interest,	,		,,,	,,	,	,,	
U	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	536,094.	568,453.	698,181.	704,623.	766,283.	3,273,634.	
•		550,054.	500,455.	000,1011	104,025.	700,205.	5,275,054.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)						FO 0F0 1F1	
	Total support. Add lines 7 through 10						^{79,950,171.} ,691,930.	
	Gross receipts from related activities,	· ·	,				,091,930.	
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)		
<u> </u>	organization, check this box and stor ction C. Computation of Publ		roontago					
							84.74 %	
	Public support percentage for 2017 (14	00.04	
	Public support percentage from 2016					15		
16a	33 1/3% support test - 2017. If the o	•		•				
	stop here. The organization qualifies						►X	
b	33 1/3% support test - 2016. If the o							
	and stop here. The organization qual						▶∟	
17a	7a 10% -facts-and-circumstances test - 2017. 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 "fac			-	-	-		
	meets the "facts-and-circumstances"	•	•		•			
b	10% -facts-and-circumstances tes							
	more, and if the organization meets the							
	organization meets the "facts-and-cire	cumstances" test.	The organization o	ualifies as a public	cly supported orga	anization	▶∐	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ►	

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 JEWISH FAMILY AND CHILDREN'S SERVICES 94-1156528 Page 3 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	·					
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
	Add lines 7a and 7b						_
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1	1		
	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) org	anization,
	check this box and stop here						
Se	ction C. Computation of Publi	ic Support Pe	ercentage				
15	Public support percentage for 2017 (li	ine 8, column (f) c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2016	Schedule A, Par	t III, line 15			16	%
Se	ction D. Computation of Invest	stment Incom	e Percentage				
17	Investment income percentage for 20	17 (line 10c. colu	mn (f) divided by li	ne 13. column (f))		17	%
	Investment income percentage from 2		B			18	%
	33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box ar	-					
٢	33 1/3% support tests - 2016. If the						►
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization						
20	i mate roundation. Il the organizatio	and not check a					<u></u>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
1		
2		
3a		
- 3a		
3b		
3c		
30		
4a		
4b		
4c		
F -		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Schedule A (Form 990 or 990-EZ) 2017 JEWISH FAMILY AND CHILDREN'S SERVICES 94-1156528 Page 5

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	_		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? 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.	2		
Sec	tion 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)? 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).	1		
Sec	tion 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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions).			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ictions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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? 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	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "*Yes*," *describe in* **Part VI** *the role played by the organization in this regard.*

3b

Schedule A (Form 990 or 990-EZ) 2017 JEWISH FAMILY AND CHILDREN'S SERVICES 94-1156528 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.

(B) Current Year
ai (optional)
Current Year

7 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 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 JEWISH FAMILY AND CHILDREN'S SERVICES 94-1156528 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <u>(continued)</u>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	าร		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017	JEWISH	FAMILY	AND	CHILDRI	EN'S	SERVICES	94-1156528	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Prov , 2, 3b, 3c, 4b, lines 2 and 3; F	vide the explar 4c, 5a, 6, 9a, 9 Part IV, Sectior	nations re 9b, 9c, 1 ⁻ n E, lines	equired by Pa 1a, 11b, and 1c, 2a, 2b, 3a	rt II, line 11c; Part a, and 3b	10; Part II, line 17a (IV, Section B, lines; Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Sectio V, Section B, line 1e; Pa	
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, S	Section E, line	s 2, 5, an	id 6. Also con	nplete thi	is part for any additi	onal information.	

SCHEDULE D

(Form 990)

732051 10-09-17

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.



Department of the Treasury Internal Revenue Service Name of the organization

JEWISH FAMILY AND CHILDREN'S SERVICES

Employer identification number 94-1156528

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
1 Total number at end of year 38 2 Aggregate value of contributions to (during year) 1,015,812. 3 Aggregate value of antibiotic form (during year) 641,082. 4 Aggregate value of antibiotic form (during year) 641,082. 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor during that are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisor in form any other purpose conferring impermissible private benefit? Impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Propose(s) of conservation easements held by the organization (check all that apply). Improves(s) of conservation easements held by the organization (check all that apply). Preservation of a lastorically important land area Protection of natural habitat Preservation of a certified historic structure Za 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on a certified historic structure included in (a) Za 3 Number of conservation easements Za Za 4 Number of conservation easements modified, transferred, released, extinguished, or terminat		organization answered "Yes" on Form 990, Part IV, lin	ne 6.						
2 Aggregate value of contributions to (during year) 1,015,812. 3 Aggregate value of grants from (during year) 641,082. 4 Aggregate value of of year 1,614,610. 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantes, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors or for any other purpose conferring impermissible private benefit? Impermissible private benefit? 1 Purpose(s) of conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Impersentities and the organization in the donor of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Preservation of open space Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements 2 Complete lines 2 a through 2d if the organization easements 2a 2 Complete lines 2 a through 2d if the organization easements 2b 0 Number of conservation easements 2b 1 Outplete assertion of a conservation easements 2b 2 Immedia of the conservation easements 2b				(b) Funds and other accounts					
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Aggregate value at end of year	2								
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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.		include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for					
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.									
	Par			ther Similar Assets.					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,		Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.						
	1a								
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,		historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	nce of public service, provide, in Part XIII,					
the text of the footnote to its financial statements that describes these items.									
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical	b								
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts			education, or research in furtherance of pu	blic service, provide the following amounts					
relating to these items:		-							
(i) Revenue included on Form 990, Part VIII, line 1									
(ii) Assets included in Form 990, Part X	-								
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	2	-		ai gain, provide					
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	_								
a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X 5 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7									
				Schedule D (Form 990) 2017					

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(connued) a Length expanzion is acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a Police arbitron d Lean or exchange programs b Scholarly research e Other c Previse addescription of the organization is collections and explain how they further the organization's collection? Ves No Part IV Escrow and Custodial Arrangements. Complete if the organization action? Ves No Part IV Escrow and Custodial Arrangements. Complete if the organization action? Ves No b If the organization a aquent, those 0, Part X, Ine 21. Its the organization a aquent, those 0, Part X, Ine 21. Its the organization a aquent, those 0, Part X, Ine 21. Its the organization a aquent, those 0, Part X, Ine 21. Its the organization a aquent, those 0, Part X, Ine 21. Its the organization a aquent, those 0, Part X, Ine 21. Its the organization a aquent, those 0, Part X, Ine 21. Its the organization action the arragement in Part XIII. Arount Its the organization and aquent in Part XIII. Its the organization action the arragement in Part XIII. Its the organization action the arragement in Part XIII. Its the organization in aduent in Part XIII.	Sche				CHILDREN'					15652		age 2
check all that apply: □ Police collution □ Contact for sture generations □ Draw evaluation for thure generations □ Draw evaluation for more pole that than to be maintand as part of the organization collection? □ Draw evaluation for more pole that than to be maintand as part of the organization collection? □ Draw evaluation for more pole that than to be maintand as part of the organization collection? □ Draw evaluation included an amount on Form 990, Part X, line 21. 11 If the organization collection and the organization collection? □ Draw evaluation include an amount on Form 990, Part X, line 21. □ Draw evaluation include an amount on Form 990, Part X, line 21. 12 Bot the organization include an amount on Form 990, Part X, line 21. □ Draw evaluation include an amount on Form 990, Part X, line 10. □ Draw evaluation include an amount on Form 990, Part X, line 10. 13 Beginning of year balance □ Draw parts back (e) Traw years back (e	Par	t III Organizations Maintaining C	Collections of	of Art,	Historical Tr	easures,	or Oth	er Sim	ilar Ass	s ets (contii	nued)	
a Public exhibition d □ Can or exchange programs b Schalary research e □ Other c Preservation for future generations • □ Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 5 During the year, did the organization is collection? □ Yes No PartIVI Escore and Cutodial Arrangements. Complete tithe organization answerd "Yes" on Form 190, Part XI III. No FartIVI Escore and Cutodial Arrangements. Complete tithe organization answerd "Yes" on Form 190, Part XI III. Yes No b If Yes," explain the arrangement in Part XIII and complete the following table: It	3	Using the organization's acquisition, accessi	ion, and other re	ecords,	check any of the	following th	iat are a s	significar	nt use of i	ts collectio	n item	IS
b Scholarly research e Other 4 Provide a description of huture generations emprovement of provide a description of the organization scollections and explain how they further the organization sexempt purpose in Part XIII. 5 Uning the year, did the organization scollections response other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 3, or resported an amount on Form 990, Part X, line 21. Ta Is the organization and gent, fusite, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ta Is the organization and gent, fusite, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ta Is the organization and gent, fusite, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ta Is 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. Yes No Part V Endowment Funds. Complete If the erganization answered 'Yes' on Form 990, Part X, line 10. Ta Is a start in the the erganization answered 'Yes' on Form 990, Part X, line 10. 1a Beginning of year balance 35, 837, 892, 344, 943, 413, 43, 430, 455, 727, 22, 294, 117, 31, 799, 196, 196, 197, 198, 198, 198, 198, 198, 198, 198, 198		(check all that apply):										
c Previde a description of hours generations 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? Ves No Part IV Excore and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21. Ta is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Ta is the organization angent, trustee, custodial arrangement in Part XIII and complete the following table: Ves No If 'Yes, 'explain the arrangement in Part XIII and complete the following table: C Beginning balance Tedip balance Tedip balance Tedip balance If 'Yes, 'explain the arrangement in Part XIII. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. If 'Yes', vapian the arrangement in Part XIII. Part V Endowment table (All Current year (b) Prior year (c) Prior ye	а	Public exhibition		d	Loan or exc	hange prog	rams					
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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. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Imagent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Imagent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Imagent in Part XIII and complete the following table: Yes No C Beginning balance Id Armount Armount 2a Did the organization shurp the year It or is a state in the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Ves No b If "Yes." explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No a Beginning of year balance [a) Current year [a) Part V [a) Ourpersex [a) Ourpersex [a) Ourpersex [a) Ourpersex [a) Ourpersex 4a didtions during the year [a) Current year [a) Ourpersex [a) Ourpersex [a) Ourpersex	5	During the year, did the organization solicit o	or receive donati	ions of a	art, historical trea	sures, or ot	her simila	r assets				
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on Form 990, Part X2 Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1f 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if 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 IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. End organization include an amount on Form 990, Part X, line 21, 759, 664. 2, 403, 180. 2, 186, 397. 1, 321, 597. c Not investment earnings, gains, and losses 320, 491. 26, 696284, 96994, 382. 93, 278. Grants or scholarships c Other expenditures for facilities and programs 1, 227, 296. 912, 081. 820, 535. 720, 395. 829, 954. f. Administratify expenses 36, 549, 232. 35, 537, 592. 34, 963, 413. 33, 665, 737. 32, 294, 117. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a) held as: Be		reported an amount on Form 990, Pa	rt X, line 21.									
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (f) Three years back (e) Four years back (f) Three years back (f) Thee years bac		C							L	Yes		J No ∃
Image: fill of the set												
1a Beginning of year balance 35,837,892 34,963,413 33,665,737 32,294,117 31,709,196 b Contributions 1,618,145 1,759,864 2,403,180 2,186,397 1,321,597 c Net investment earnings, gains, and losses 32,0491 26,696 -284,969 -94,382 93,278 and programs 1,227,296 912,081 820,535 720,395 829,954 f Administrative expenses 36,549,232 35,837,892 34,963,413 33,665,737 32,294,117 g End of year balance 36,549,232 35,837,892 34,963,413 33,665,737 32,294,117 g End of year balance 36,549,232 35,837,892 34,963,413 33,665,737 32,294,117 g End of year balance 99.45 % - - - - g End of year balance	Fai		-	-		1			a vooro bo		NOORO	book
b Contributions 1,618,145 1,759,864 2,403,180 2,186,397 1,321,597 c Net investment earnings, gains, and losses 320,491 26,696 -284,969 -94,382 93,278 d Grants or scholarships 1,227,296 912,081 820,535 720,395 829,954 f Administrative expenses 1,227,296 912,081 820,535 720,395 829,954 g End of year balance 36,549,232 35,837,892 34,963,413 33,665,737 32,294,117 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a a a Board designated or quasi-endowment ▶	4		., , ,		())	., ,						
c Net investment earnings, gains, and losses 320,491. 26,696. -284,969. -94,382. 93,278. d Grants or scholarships 93,278. e Other expenditures for facilities and programs 1,227,296. 912,081. 820,535. 720,395. 829,954. f Administrative expenses 36,549,232. 35,837,892. 34,963,413. 33,665,737. 32,294,117. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a a Board designated or quasi-endowment ▶ 99.45 % b Permanent endowment ▶ 99.45 % Yes No (i) unrelated organizations .55 % Yes No (i) unrelated organizations .55 %												
d Grants or scholarships Cher expenditures for facilities and programs 1,227,296,912,081,820,535,720,395,829,954, f Administrative expenses 36,549,232,35,837,892,34,963,413,33,665,737,32,294,117. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ 99.45 55 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶ .55 b ?	u o							2				
e Other expenditures for facilities and programs 1,227,296. 912,081. 820,535. 720,395. 829,954. f Administrative expenses 36,549,232. 35,837,892. 34,963,413. 33,665,737. 32,294,117. g End of year balance 36,549,232. 35,837,892. 34,963,413. 33,665,737. 32,294,117. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a a Board designated or quasi-endowment ▶	с d		520,4		20,090.	2	54,505.		54,50	<u> </u>		270.
and programs 1,227,296 912,081 820,535 720,395 829,954 f Administrative expenses 36,549,232 35,837,892 34,963,413 33,665,737 32,294,117 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ 99.45 % % b Permanent endowment ▶ .555 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a for there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) X 3a(i) X d Describe in Part XIII the intended uses of the organization's endowment funds.												
f Administrative expenses 36,549,232. 35,837,892. 34,963,413. 33,665,737. 32,294,117. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 99.45 % b Permanent endowment ▶ 99.45 % Temporarily restricted endowment ▶ .55 % c 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 3a(i) X bit (i) unrelated organizations 3a(ii) X 3b 3d b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3d(ii) X 3b 3d 4 Describe in Part XIII the intended uses of the organization's endowment funds. Event of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land 6,751,355. 6,751,355. 6,751,355. b Buildings 19,971,975. 9,936,078.10,035,897. c c Leasehold improvements	е		1 227 2	96	912 081	8	20 535		720 39	5	829	954
g End of year balance 36,549,232. 35,837,892. 34,963,413. 33,665,737. 32,294,117. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 99.45 % b Permanent endowment ▶ 99.45 % % c Temporarily restricted endowment ▶ .55 % 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: (i) unrelated organizations 3a(i) X (i) unrelated organizations	£		1,227,2		512,001.		20,333.		120,35	J.	025,	554.
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% designated or quasi-endowment ▶% .55% c Temporarily restricted endowment ▶% designated or quasi-endowment ▶% .55% c Temporarily restricted endowment ▶% designated or quasi-endowment ▶% .55% c Temporarily restricted endowment ▶% designated or quasi-endowment ▶% .55% designated or quasi-endowment ▶% .55% designated or quasi-endowment ▶% designated or quasi-endowment ▶% designated or quasi-endowment ▶% designated or quasi-endowment ↓% designated or quasi-endowment ↓% designated or quasi-endowment ↓% designated or quasi-endowment ↓% designated or ganizations designated or ganization answered "Yes" on Form 990, Part IV, line 11a. See Form 9	י מ		36 549 2	32	35 837 892	34 9	53 413	33	665 73	7 32	294	117
a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % main 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:	9 2								, , ,		, _ , _ ,	<u></u> ,
b Permanent endowment ▶ 99.45 % c Temporarily restricted endowment ▶ .55 % 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: (i) unrelated organizations 3a(i) X (ii) related organizations 3a(i) X 3a(ii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 4 Part VI Land, Buildings, and Equipment. So 3b 3b 3c Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value depreciation 3c	2		rent year end ba			ajj nelu as.						
c Temporarily restricted endowment ▶	h	o ,	%	/	Ū.							
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: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations isted 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 6 , 751 , 355 . 742 , 919 . c Leasehold improvements 2 , 601 , 264 . 1 , 888 , 345 . 742 , 919 . e Other 2 , 601 , 264 . 1 , 888 , 345 . 742 , 919 . Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				%								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 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. (d) Book value 1a Land 6 , 751 , 355 . 6 , 751 , 355 . b Buildings 19 , 971 , 975 . 9 , 936 , 078 . 10 , 035 , 897 . c Leasehold improvements 2 , 407 , 967 . 1 , 794 , 332 . 613 , 635 . d Equipment 2 , 631 , 264 . 1 , 888 , 345 . 742 , 919 . e Other 3 , 433 , 223 . 2 , 673 , 487 . 759 , 736 .	•			-								
by: (i) unrelated organizations (ii) related organizations 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 Buildings c Leasehold improvements d Equipment e Other Cotal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) No Yes No 3a(i) X A A A A A A A A A A A A A	3a				on that are held a	nd adminis	tered for t	the organ	nization			
(i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b 3c Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated b Buildings 19,971,975. 9,936,078. 10,035,897. c Leasehold improvements 2,631,264. 1,888,345. 742,919. e Other 3,433,223. 2,673,487. 759,736. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 18,903,542.				,				5			Yes	No
(ii) related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3c 3b 3c		-								3a(i)		Х
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) basis (other) (c) Accumulated depreciation 1a Land 6,751,355. b Buildings 19,971,975. c Leasehold improvements 2,407,967. d Equipment 2,631,264. e Other 3,433,223. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 18,903,542.		AND 1 1 1 1										Х
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. (c) Accumulated depreciation Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 6,751,355. 6,751,355. b Buildings 19,971,975. 9,936,078. 10,035,897. c Leasehold improvements 2,631,264. 1,888,345. 742,919. e Other 3,433,223. 2,673,487. 759,736. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 18,903,542.	b	If "Yes" on line 3a(ii), are the related organiza	ations listed as r	equired	I on Schedule R?					3b		
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 value1a Land6,751,355.6,751,355.b Buildings19,971,975.9,936,078.10,035,897.c Leasehold improvements2,407,967.1,794,332.613,635.d Equipment2,631,264.1,888,345.742,919.e Other3,433,223.2,673,487.759,736.Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)18,903,542.	4	Describe in Part XIII the intended uses of the	e organization's	endowr	ment funds.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land6,751,355.6,751,355.b Buildings19,971,975.9,936,078.10,035,897.c Leasehold improvements2,407,967.1,794,332.613,635.d Equipment2,631,264.1,888,345.742,919.e Other3,433,223.2,673,487.759,736.Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)18,903,542.	Par	t VI Land, Buildings, and Equipm	nent.									
basis (investment) basis (other) depreciation 1a Land 6,751,355. 6,751,355. b Buildings 19,971,975. 9,936,078. 10,035,897. c Leasehold improvements 2,407,967. 1,794,332. 613,635. d Equipment 2,631,264. 1,888,345. 742,919. e Other 3,433,223. 2,673,487. 759,736. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 18,903,542.		Complete if the organization answere	d "Yes" on Forn	n 990, F	Part IV, line 11a. S	See Form 99	0, Part X	, line 10.				
1a Land 6,751,355. 6,751,355. b Buildings 19,971,975. 9,936,078. 10,035,897. c Leasehold improvements 2,407,967. 1,794,332. 613,635. d Equipment 2,631,264. 1,888,345. 742,919. e Other 3,433,223. 2,673,487. 759,736. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 18,903,542.		Description of property					. ,			(d) Boo	k valu	е
b Buildings 19,971,975. 9,936,078. 10,035,897. c Leasehold improvements 2,407,967. 1,794,332. 613,635. d Equipment 2,631,264. 1,888,345. 742,919. e Other 3,433,223. 2,673,487. 759,736. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 18,903,542.			basis (inv	vestmer	,			preciatio	on			
c Leasehold improvements 2,407,967. 1,794,332. 613,635. d Equipment 2,631,264. 1,888,345. 742,919. e Other 3,433,223. 2,673,487. 759,736. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 18,903,542.	1a	Land										
d Equipment 2,631,264. 1,888,345. 742,919. e Other 3,433,223. 2,673,487. 759,736. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 18,903,542.												
e Other 3,433,223. 2,673,487. 759,736. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 18,903,542.	С	Leasehold improvements										
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	d	Equipment										
3 1 1 7 7 7 7 7 7 7 7 7 7						-	2,	6/3,4	487.			
	Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990,	Part X,	column (B), line 1	10c.)				-		

Schedule D (Form 990) 2017

Complete if the organization answered "Yes" c (a) Description of security or Category (including name of security)			or end-of-vear market value
	(b) Book value	(c) Method of valuation: Cost of	or end-or-year market value
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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 of	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11d See Form 990 Part X line 15	
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		🕨
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		ne 25.
(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) SPLIT-INTEREST LIABILITIES	5	5,120,564.	
(3)			
(4)			
(5)			
(3)			
(6)			

JEWISH FAMILY AND CHILDREN'S SERVICES

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

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(8)

Schedule D (Form 990) 2017

	edule D (Form 990) 2017 JEWISH FAMILY AND CHILDREN				-1156528 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents Wi	ith Revenue per I	Retur	'n.
	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	37,312,094.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,654,404		
b	Donated services and use of facilities	2b	154,068	•	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е				2e	1,808,472.
3	Subtract line 2e from line 1			3	35,503,622.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	, , ,		167,733	<u>.</u>	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	167,733.
5					
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	35,671,355.
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents W		•	
Pa	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents W	/ith Expenses pe	r Ret	urn.
Pa 1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents W	/ith Expenses pe	•	
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents W	/ith Expenses pe	r Ret	urn.
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents W	/ith Expenses pe	r Ret	urn.
Pa 1 2	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	/ith Expenses pe	r Ret	urn.
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	/ith Expenses pe	r Ret	urn.
Pa 1 2 a b c d	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	/ith Expenses per 154 , 068		urn.
Pa 1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	/ith Expenses per 154 , 068	1 2e	urn. 36,121,371. 154,068.
Pa 1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	/ith Expenses per 154 , 068		urn.
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	/ith Expenses per 154,068	1 2e 3	urn. 36,121,371. 154,068.
Pa 1 2 b c d e 3	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	/ith Expenses per 154 , 068	1 2e 3	urn. 36,121,371. 154,068.
Pa 1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a	/ith Expenses per 154,068	1 2e 3	urn. 36,121,371. 154,068. 35,967,303.
Pa 1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents W	/ith Expenses per 154,068 167,733	r Reti	urn. 36,121,371. 154,068. 35,967,303. 167,733.
Pa 1 2 a b c d e 3 4 a b c 5	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents W	/ith Expenses per 154,068 167,733	1 2e 3	urn. 36,121,371. 154,068. 35,967,303.

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 - INTENDED USES OF ENDOWMENT FUND

THE JEWISH FAMILY AND CHILDREN'S SERVICES ENDOWMENT CONSISTS OF MORE THAN
300 DONOR-RESTRICTED FUNDS WHICH HAVE BEEN ESTABLISHED TO PROVIDE ONGOING
SUPPORT FOR THE MISSION OF THE ORGANIZATION. DONOR RESTRICTED FUNDS ARE
DESIGNATED TO PROVIDE FUNDING FOR VARIOUS PROGRAMS OR TO SUPPORT OVERALL
MISSION OF THE ORGANIZATION.
THE BOARD OF DIRECTORS OF THE ORGANIZATION HAS ADOPTED INVESTMENT AND
SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ARE INTENDED TO PROVIDE A
PREDICTABLE STREAM OF FUNDING FROM THE ENDOWMENT IN PERPETUITY.

Schedule D (Form 990) 2017	JEWISH	FAMILY	AND	CHILDREN'S	SERVICES	94-1156528	Page 5
Schedule D (Form 990) 2017 Part XIII Supplemental Info	rmation (cont	inued)					

Nam	e of the organization					Employer identif	ication number
JE	WISH FAMILY A	ND CHILD	REN'S SE	RVICES		94-115652	8
Pa				tside the United States. Complete	ete if the organ		
	Form 990, Part IN	/, line 14b.					
1				ds to substantiate the amount of its gra			
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance?	Yes X No
0	For grantmakera Daga	riba in Dart V th	orgonization's	procedures for monitoring the use of it:	o aronto and o	thar assistance out	aida tha
2	United States.		e organization s	procedures for monitoring the use of its	s grants and 0	iner assistance out	side the
3		he following Parl	t I, line 3 table ca	an be duplicated if additional space is r	needed.)		
	(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures
		in the region	employees, agents, and independent contractors in the region	gram services, investments, grants to recipients located in the region)		e specific type (s) in the region	for and investments in the region
			0				
	Sub-total	0	0				0.
b	Total from continuation	0	0				0.
ſ	sheets to Part I Totals (add lines 3a		0				0.
Ū	and 3b)	o	0				0.

Statement of Activities Outside the United States

Attach to Form 990.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

Schedule F (Form 990) 2017

OMB No. 1545-0047

Open to Public

Inspection

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SCHEDULE F

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule F (Form 990) 2017

JEWISH FAMILY AND CHILDREN'S SERVICES

94-1156528

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			l recognized as charities by the				<u> </u>	<u> </u>
by the IRS, or for whic 3 Enter total number of			tion 501(c)(3) equivalency lette	er				

Schedule F (Form 990) 2017

Page **2**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
HOLOCAUST SURVIVORS							
ASSISTANCE	EUROPE	3	33,000.	CHECKS, WIRE TRANSFERS	0.		
			,	,			

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 JEWISH FAMILY AND CHILDREN'S SERVICES 94-1156528 Page 4 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

Schedule F	(Form 990) 2017	JEWISH	FAMILY	AND	CHILDREN'S	SERVICES	94-1156528	Page 5
Part V	Supplementa							, uge e
				0 (mani	taring of fundaly Dart I	line 2 column (f) (coo	ounting mothod, amounto of	
							ounting method; amounts of	
							ethod); and Part III, column (c)	
	(estimated number	er of recipients), as applicable	e. Also c	complete this part to pr	ovide any additional ir	formation. See instructions.	
_								
								<u> </u>

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	e organization answered " organization entered more Attach to F Go to www.irs.gov/Fo	Yes" on Fo than \$15,0 orm 990 or	orm 9 000 o r For	990, F on Foi m 99	Part IV, line 17, 18, o rm 990-EZ, line 6a. 0-EZ.			OMB No. 1545-0047
Name of the organization									entification number
		FAMILY AND CHI						4-115	
	omplete this par	 Complete if the organization 	on answere	d "Ye	es" or	n Form 990, Part IV,	line 17.	Form 990-l	Z filers are not
 a Mail solicitati b Internet and c c Phone solicit d In-person sol 2 a Did the organization key employees lister 	ons email solicitations ations icitations n have a written c ed in Form 990, P highest paid indiv	g or oral agreement with any ir art VII) or entity in connection viduals or entities (fundraise	Solicitation Solicitation Special fun Individual (in Ion with prof	n of r n of g ndrai nclud fessio	non-g gover ising ling o onal f	overnment grants nment grants events fficers, directors, true undraising services?	stees, o	🗌 Ye	
(i) Name and address or entity (fund					Did aiser stody rol of tions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization
			Y	/es	No				
Total			•						
	ch the organizatio	on is registered or licensed to	o solicit cor	ntribı	utions	s or has been notified	d it is ex	empt from	registration

Schedule G (Form 990 or 990-EZ) 2017 JEWISH FAMILY AND CHILDREN'S SERVICES 94-1156528 Page 2 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.

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
					NONE	(add col. (a) through	
			EMIGRE GALA (event type)	FAMMY AWARDS (event type)	(total number)	col. (c))	
anı			(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	308,479.	620,961.		929,440.	
	2	Less: Contributions	259,759.	561,111.		820,870.	
	3	Gross income (line 1 minus line 2)	48,720.	59,850.		108,570.	
	4	Cash prizes					
seuses	5	Noncash prizes					
	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses		245,510.		592,920.	
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	592,920.	
_	_	Net income summary. Subtract line 10 from li				-484,350.	
Ра	irt I		answered "Yes" on Forn	n 990, Part IV, line 19, or i	reported more than		
		\$15,000 on Form 990-EZ, line 6a.		a Dull to be first and			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Rev							
	-	Gross revenue					
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses					
			Yes %	└── Yes %	Yes %		
		Volunteer labor					

7 Direct expense summary. Add lines 2 through 5 in column (d)

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?_____ Ves UN

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:

b If "Yes," explain:

b If "No," explain:

Schedule G (Form 990 or 990-EZ) 2017

_ Yes

_ No

Sch	edule G (Form 990 or 990-EZ) 2017 JEWISH FAMILY AND CHILDREN'S SERVICES 94-1	15652	8 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	/0
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
c	If "Yes," enter name and address of the third party:		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation <a> \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	🗌 No
ł	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	nes 9 9h	10b 15b
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	103 0, 00,	100, 100,

Schedule G	a (Form 990 or 990-EZ) Supplemental Info	JEWISH	FAMILY	AND	CHILDREN'S	SERVICES	94-1156528	Page 4
Part IV	Supplemental Info	ormation (cont	inued)					

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service											
Internal Revenue Service Inspection Name of the organization Employer identification number											
	MILY AND	CHILDREN'S	SERVICES				94-1156528				
Part I General Information on Grants a	nd Assistance										
1 Does the organization maintain records criteria used to award the grants or assi	stance?										
2 Describe in Part IV the organization's pro											
Part II Grants and Other Assistance to	-				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any				
recipient that received more than		· ·			(f) Method of	(a) Description of	(h) Durpage of grant				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
AMERICAN FRIENDS OF THE TEL AVIV UNIVERSITY,INC 39 BROADWAY -											
NEW YORK, NY 10006	13-1996126	3	55,000.	0.	FMV		PROGRAM SUPPORT				
CONGREGATION EMANU-EL 2 LAKE STREET SAN FRANCISCO, CA 94118	94-1156521	3	6,950.	0.	FMV		PROGRAM SUPPORT				
CONTEMPORARY JEWISH MUSEUM 736 MISSION ST SAN FRANCISCO, CA 94103	47-0920831	3	10,000.	0.	FMV		PROGRAM SUPPORT				
INSTITUTE ON AGING 3575 GEARY BLVD SAN FRANCISCO, CA 94118	94-2978977	3	5,500.	0.	FMV		PROGRAM SUPPORT				
JEWISH COMMUNITY FEDERATION 121 STEUART STREET SAN FRANCISCO, CA 94105	94-1156533	3	38,600.	0	FMV		PROGRAM SUPPORT				
JEWISH HOME AND SENIOR LIVING FOUNDATION - 302 SILVER AVE - SAN	54 1150555	5	50,000.								
FRANCISCO, CA 94112	02-0724278	3	6,860.	0.	FMV		PROGRAM SUPPORT				
2 Enter total number of section 501(c)(3) a		anizations listed in th	,	· · ·	1	1	•				
3 Enter total number of other organization	0	-					······				
LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) (2017)				

JEWISH FAMILY AND CHILDREN'S SERVICES Schedule I (Form 990)

9	4-1	156	528	Page 1
-		T 2 0	520	raye i

				(a) A maximation of	(f) Mathead of	(a) Description of	(h) Dumpers of succest
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUCILE PACKARD FOUNDATION FOR							
CHILDREN'S HEALTH - 400 HAMILTON							
AVE., SUITE 340 - PALO ALTO, CA							
94301	77-0440090	3	6,000.	0.	FMV		PROGRAM SUPPORT
PENINSULA JEWISH COMMUNITY CTR							
800 FOSTER CITY BLVD.							
FOSTER CITY, CA 94404	94-3227262	3	30,000.	0.	FMV		PROGRAM SUPPORT
POWERPAC FOUNDATION							
268 BUSH STREET, SUITE 3737							
SAN FRANCISCO, CA 94104	26-2215714	3	15,000.	0.	FMV		PROGRAM SUPPORT
TIDES CENTER/SHALOM BAYIT							
PO BOX 2883	04 2012100	2	10 550				
BERKELEY, CA 94702	94-3213100	3	10,750.	0.	FMV		PROGRAM SUPPORT
TIPPING POINT COMMUNITY							
220 MONTGOMERY ST., SUITE 850							
SAN FRANCISCO, CA 94104	20-2121739	3	50,000.	0.	FMV		PROGRAM SUPPORT
UCSF FOUNDATION							
220 MONTGOMERY ST., 5TH FLOOR							
SAN FRANCISCO, CA 94104	94-2829914	3	5,500.	0.	FMV		PROGRAM SUPPORT
UNIVERSITY OF SAN FRANCISCO							
2130 FULTON STREET,	04 1156609	2	6 000	0	EM17		
SAN FRANCISCO, CA 94117	94-1156628	3	6,000.	0.	FMV		PROGRAM SUPPORT
JEWISH VOCATIONAL SERVICE							
225 BUSH STREET, SUITE 400							\$11,000 PROGRAM SUPPOR
SAN FRANCISCO, CA 94104	94-2213100	3	21,500.	0.	FMV		\$10,500 YOUTH INTERNS
JEWISH FAMILY SERVICES OF SILICON							
VALLEY - 14855 OKA ROAD, SUITE 202		_					
- LOS GATOS, CA 95032	94-2536452	3	23,500.	0.	FMV		PROGRAM SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) JEWISH FAMILY AND CHILDREN'S SERVICES

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

				· · · · · · · · · · · · · · · · · · ·			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY & CHILDREN'S							
SERVICES OF THE EAST BAY - 2484							
SHATTUCK AVENUE, SUITE 210 -							
, BERKELEY, CA 94704	94-3250304	3	22,500.	0.	FMV		PROGRAM SUPPORT
			, -				
					1		

Schedule I (Form 990)

94-1156528

Page 1

Schedule I (Form 990) (2017) JEWISH FAMILY AND CHILDREN'S SERVICES

94-1156528

Page 2

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
ASSISTANCE TO ADULTS	182	218,910.	0.	FMV	
ASSISTANCE TO CHILDREN AND FAMILIES	1261	693,179.	0.	FMV	
ASSISTANCE TO OLDER ADULTS	1554	422,527.	0.	FMV	
ID TO EMIGRES	260	296,148.	0.	FMV	
Dout IV Supplemental Information Dravida the inform					

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

SC	HEDULE J	Compensation Information		OMB No. 1	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	2017		/
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Ľυ		
Dena	tment of the Treasury	Attach to Form 990.		Open to Public		
	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio			identificatio		mber
		JEWISH FAMILY AND CHILDREN'S SERVICES	94-	115652	8	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1 a		ate box(es) if the organization provided any of the following to or for a person listed on Form	1 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as, maid, chauffe	ur, chef)			
D		on line 1a are checked, did the organization follow a written policy regarding payment or		41		
•		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	0	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation of the organiz	ation's			
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the organizat				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant X Compensation survey or study				
	X Form 990 of o		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 re					
а	0	e payment or change-of-control payment?		4a		X
b		ceive payment from, a supplemental nonqualified retirement plan?		······		X
с		ceive payment from, an equity-based compensation arrangement?				Х
		les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(d)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	evenues of:				
а	The organization?			5a		X
		ation?				X
	If "Yes" on line 5a o	r 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	0				
а	The organization?			6a		X
		ation?				X
		r 6b, describe in Part III.				
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990) 2017

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.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DR. ANITA FRIEDMAN	(i)	349,203.	0.	100,000.	37,800.	0.	487,003.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LAURA L JAMIESON	(i)	194,517.	0.	0.	30,674.	0.	225,191.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NANCY GAIL MASTERS	(i)	230,052.	0.	0.	18,707.	0.	248,759.	0.
ASSOCIATE EXECUTIVE DIRECT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BARBARA ANN FARBER	(i)	209,702.	0.	0.	16,871.	0.	226,573.	0.
DIR. OF DEVEL/PERM. ENDOW	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GREGORY MURPHY	(i)	132,607.	0.	0.	19,765.	0.	152,372.	0.
DIRECTOR OF OPERATION	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

Schedule J (Form 990) 2017

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

ZU

Department of the Treasury	
Internal Revenue Service	

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

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. . . .

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

Part I Types of Property (a) (b) (c) Check if Number of Noncash contribution Method	4-1156 (d) d of determin ontribution ar TIONS	ing	
Check if applicable Number of contributions or items contributed Noncash contribution amounts reported on Form 990, Part VIII, line 1g Method noncash contributed 1 Art - Works of art	d of determin ontribution ar	•	s
2 Art - Historical treasures	TIONS		
3 Art - Fractional interests	TIONS		
4 Books and publications	TIONS		
	TIONS		
5 Clothing and household goods	TIONS		
	TIONS		
6 Cars and other vehicles X 17 8,195.AUTO AUC			
7 Boats and planes			
8 Intellectual property			
9 Securities Publicly traded X 52 773, 302. STOCK MA	RKET		
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 X 1 1,150,000. APPRAISA	L REPO	RT	
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 \blacktriangleright (GOOGLE ADS) X 1 47,845.COMPARAT	IVE FE	ES	
26 Other ▶ (
27 Other 🕨 (
28 Other ▶ ()			
29 Number of Forms 8283 received by the organization during the tax year for contributions			
for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29			
		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it			
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for			
exempt purposes for the entire holding period?	30a		Х
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?		Х	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
contributions?	32a	x	
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.			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

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, LINE 32B:

JEWISH FAMILY AND CHILDREN'S SERVICES CONTRACTS WITH THE FOLLOWING TWO

COMMERCIAL FUNDRAISERS TO CONDUCT A VEHICLE DONATION PROGRAM -

CHARITABLE AUTO RESOURCES, INC.

8804 BALBOA AVENUE

SAN DIEGO, CA 92123-1506

1-858-300-2901

CAR PROGRAM, INC.

3755 OMEC CIRCLE, SUITE 4

RANCHO CORDOVA, CA 95742-7321

1-800-513-6560

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number 94-1156528

OMB No 1545-0047

JEWISH FAMILY AND CHILDREN'S SERVICES

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

JEWISH FAMILY AND CHILDREN'S SERVICES EXISTS TO PROVIDE PROFESSIONAL

AND VOLUNTEER SERVICES FOR THE PURPOSES OF DEVELOPING, RESTORING, AND

MAINTAINING THE COMPETENCY OF FAMILIES AND INDIVIDUALS OF ALL AGES.

JFCS PROVIDES PREVENTIVE, EDUCATIONAL, THERAPEUTIC, AND SUPPORTIVE

SERVICES, WITHIN THE CONTEXT OF HISTORIC JEWISH VALUES, EMPHASIZING

INTER-GENERATIONAL TIES AND COMMUNITY RESPONSIBILITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: JEWISH FAMILY AND CHILDREN'S SERVICES EXISTS TO PROVIDE PROFESSIONAL AND VOLUNTEER SERVICES FOR THE PURPOSES OF DEVELOPING, RESTORING, AND MAINTAINING THE COMPETENCY OF FAMILIES AND INDIVIDUALS OF ALL AGES. JFCS PROVIDES PREVENTIVE, EDUCATIONAL, THERAPEUTIC, AND SUPPORTIVE SERVICES, WITHIN THE CONTEXT OF HISTORIC JEWISH VALUES, EMPHASIZING INTER-GENERATIONAL TIES AND COMMUNITY RESPONSIBILITY.

JFCS HAS OVER 40 PROGRAMS INCLUDING HOME CARE FOR SENIORS, THERAPY FOR CHILDREN, YOUTH VOLUNTEER PROGRAMS, AND SERVICES FOR PEOPLE WITH DISABILITIES. JFCS IS A LIFELINE FOR PEOPLE FACING PERSONAL CRISES OR CHALLENGES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICES DESCRIPTION:

OLDER ADULTS: JEWISH FAMILY AND CHDLREN'S SERVICES PROVIDES

COMPREHENSIVE, CARING SERVICES TO HELP OLDER ADULTS LIVE SAFE, HEALTHY

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization JEWISH FAMILY AND CHILDREN'S SERVICES	Employer identification number 94-1156528
LIVES IN THEIR OWN HOMES. SENIORS AT HOME HELPS OLDER AD	ULTS LIVE
INDEPENDENTLY AND GIVES PEACE OF MIND TO THEIR FAMILIES.	ITS
COMPREHENSIVE SERVICES INCLUDE HOME CARE, COUNSELING, CAR	EGIVER
SUPPORT, AND DEMENTIA CARE. PALLIATIVE CARE HELPS ALLEVI	ATE SUFFERING
FOR PEOPLE OF ALL AGES FACING A CHRONIC OR TERMINAL ILLNE	SS. OUR
FIDUCIARY SERVICES PROGRAM HELPS PEOPLE SAFELY MANAGE THE	IR MONEY AND
AFFAIRS-FROM BILL PAYING TO LEGAL CONSERVATORSHIP. JFCS	OLDER ADULT
SERVICES ALSO INCLUDES KOSHER MEALS-ON-WHEELS MEAL DELIVE	RY;
BEREAVEMENT AND HEALING SERVICES; HOLOCAUST SURVIVORS' SU	PPORT
SERVICES; VOLUNTEER SERVICES AND HOLIDAY VISITORS.	

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

THE SOCIAL ENTERPRISE CENTER AT JEWISH FAMILY AND CHILDREN'S SERVICES

PROVIDES EMPLOYMENT, JOB TRAINING, SOCIAL SERVICE SUPPORT AND HEALTH

CARE BENEFITS FOR IMMIGRANTS, OLDER ADULTS, ADULTS WITH DISABILITIES,

AND LOW-INCOME AND DISADVANTAGED WORKERS.

EXPENSES \$ 1,609,106. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,516,471.

ADULTS: JEWISH FAMILY AND CHILDREN'S SERVICES OFFERS A WIDE VARIETY OF PROGRAMS TO EMPOWER INDIVIDUALS AND COUPLES TO LIVE THE BEST LIVES POSSIBLE, INCLUDING COUNSELING AND SUPPORT GROUPS; BUSINESS, ACADEMIC AND PROFESSIONAL LOANS THROUGH THE ORGANIZATION'S FINANCIAL AID CENTER; EMERGENCY FOOD, CLOTHING, AND SHELTER; PRACTICAL SUPPORT AND MEAL DELIVERY FOR INDIVIDUALS WITH DISABILITIES, CHRONIC ILLNESS OR HIV/AIDS; ADVOCACY AND SUPPORT FOR VICTIMS OF DOMESTIC VIOLENCE; LGBT OUTREACH; FAMILY MEDIATION, MAKING MARRIAGE WORK COUPLES' SEMINARS; INTERFAITH PROGRAMS AND BEREAVEMENT AND HEALING SERVICES.

Schedule O (Form 990 or 990-EZ) (2017) Page 2							
Name of the organization	JEWISH	FAMILY AND CHILDREN'S SERVICES	Employer identification number 94-1156528				
EXPENSES \$ 1,80	65,760.	INCLUDING GRANTS OF \$ 150,413	. REVENUE \$ 374,691.				

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

THE ORGANIZATION'S FORM 990 WAS REVIEWED BY THE FINANCE COMMITTEE OF THE

BOARD OF DIRECTORS PRIOR TO FILING.

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

ANNUAL CONFLICT OF INTEREST FORMS ARE SIGNED BY THE TRUSTEES, OFFICERS,

DIRECTORS, AND KEY EMPLOYEES. CONFLICTS ARE REFERRED TO THE AUDIT

COMMITTEE.

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

COMPARABILITY DATA FOR CEO AND CFO ARE REVIEWED BY THE BOARD OF DIRECTORS.

COMPENSATION DETERMINED AFTER REVIEW OF COMPARABILITY DATA AND PERFORMANCE

EVALUATIONS.

EXECUTIVE DIRECTOR APPROVES ALL COMPENSATION FOR OTHER KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

SCH	EDULE	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.

OMB No. 1545-0047

2017 **Open to Public** Inspection

Employer identification number 94-1156528

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

Name of the organization

JEWISH FAMILY AND CHILDREN'S SERVICES

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

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 Part II 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	(f) Direct controlling entity	cont	9) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
TAUBE FOUNDATION FOR JEWISH LIFE AND CULTURE							
- 94-3244838, 2150 POST STREET, SAN							
FRANCISCO, CA 94115-5411	SUPPORTED ORGANIZATION	CALIFORNIA	501(C)(3)	CHARITY	N/A		Х
	-						
	-						
	-						

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

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 JEWISH FAMILY AND CHILDREN'S SERVICES

94-1156528 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca		amount in box 20 of Schedule	manag partn	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
										\vdash	
										\vdash	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(b contr enti	i) tion b)(13) rolled tity?
		country)				decete		Yes	No
]								

JEWISH FAMILY AND CHILDREN'S SERVICES Schedule R (Form 990) 2017

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)	1c	X	Т
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			_
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
n Purchase of assets from related organization(s)	1 h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			_
Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)		X	
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 n		
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses			T
Reimbursement paid by related organization(s) for expenses	1q		
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
TAUBE FOUNDATION FOR JEWISH LIFE AND	a	1 000 000	
(1) CULTURE	C	1,090,000.	CASH VALUE
TAUBE FOUNDATION FOR JEWISH LIFE AND (2) CULTURE	L	75,000.	CASH VALUE
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2017 JEWISH FAMILY AND CHILDREN'S SERVICES

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

	(1)		(N			(0)			,	(1)	(1)	(1)
(a)	(b)	(c)	(d)	e Are partners 501(c orgs	e) all	(f)	(g)		ר)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner	S Sec.	Share of	Share of	Dispr	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General c	Percentage
of entity		(state or foreign	excluded from tax under	501(C oras	s)(3) s.?	total	end-of-year	alloca	tions?	of Schedule K-1	partner?	ownership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes NO	1
		-	,	165	NU			165		()	165 140	
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Schedule R (Form 990) 2017

Schedule R	(Form 990)) 2017
Part VII	Supple	menta

rt VII	Supplemental Information.
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Provide additional information for responses to questions on Schedule R. See instructions.