

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025
Open to Public Inspection

A For the 2025 calendar year, or tax year beginning and ending

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

C Name of organization
JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNESOTA
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5905 GOLDEN VALLEY ROAD
City or town, state or province, country, and ZIP or foreign postal code
GOLDEN VALLEY, MN 55422
F Name and address of principal officer: AMY WEISS
SAME AS C ABOVE

D Employer identification number
41-0693860
E Telephone number
952-546-0616
G Gross receipts \$ 14,492,988.
H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions
H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.JFCSMN.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1910

M State of legal domicile: MN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO SUPPORT PEOPLE OF ALL BACKGROUNDS TO REACH THEIR FULL POTENTIAL.
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
3 Number of voting members of the governing body (Part VI, line 1a) **3** 55
4 Number of independent voting members of the governing body (Part VI, line 1b) **4** 55
5 Total number of individuals employed in calendar year 2025 (Part V, line 2a) **5** 143
6 Total number of volunteers (estimate if necessary) **6** 1110
7 a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 **7b** 0.

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8,930,790.	6,769,621.
9 Program service revenue (Part VIII, line 2g)	6,283,902.	5,531,658.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,646,033.	1,800,020.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	230,990.	102,999.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,091,715.	14,204,298.

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,346,881.	2,484,641.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,052,079.	9,138,366.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	1,245.
b Total fundraising expenses (Part IX, column (D), line 25)	857,199.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,239,810.	2,361,366.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,638,770.	13,985,618.
19 Revenue less expenses. Subtract line 18 from line 12	3,452,945.	218,680.

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	37,566,559.	41,336,942.
21 Total liabilities (Part X, line 26)	995,579.	3,417,564.
22 Net assets or fund balances. Subtract line 21 from line 20	36,570,980.	37,919,378.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of Officer
Date

Sign Here
Date

Paid Preparer Use Only
Preparer's name
CATHY A. LYDON, CPA
Preparer's signature
CATHY A. LYDON, CPA
Date
09/10/26
Check if self-employed ☐
PTIN
P03217215
Firm's name
REDPATH AND COMPANY, LLC
Firm's EIN
92-0370318
Firm's address
400 ROBERT ST. N, SUITE 1600
ST. PAUL, MN 55101
Phone no. (651) 426-7000

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

LHA For Paperwork Reduction Act Notice, see the separate instructions. 532001 12-15-25 Form **990** (2025) Created 4/30/25

Part III Statement of Program Service Accomplishments

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

1

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

2

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

3

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

4

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

4a

(Code:) (Expenses \$ 2,969,182. including grants of \$ 802,975.) (Revenue \$ 2,832,735.)
CAREER SERVICES - SEE SCHEDULE O

4b

(Code:) (Expenses \$ 2,208,046. including grants of \$ 105,971.) (Revenue \$ 946,376.)
COUNSELING AND MENTAL HEALTH SERVICES - SEE SCHEDULE O

4c

(Code:) (Expenses \$ 2,093,622. including grants of \$ 983,125.) (Revenue \$ 150,983.)
AGING SERVICES - SEE SCHEDULE O

4d

Other program services (Describe on Schedule O.)
(Expenses \$ 2,997,210. including grants of \$ 592,570.) (Revenue \$ 1,601,564.)

4e

Total program service expenses 10,268,060.

532002 12-15-25

SEE SCHEDULE O FOR CONTINUATION(S)

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JEWISH FAMILY AND CHILDREN'S SERVICE
OF MINNESOTA

Form 990 (2025)

41-0693860

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 54	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 143		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	55			
b Enter the number of voting members included on line 1a, above, who are independent		55		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	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	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed MN

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 DANIEL BELICH - 952-546-0616
 5905 GOLDEN VALLEY ROAD, GOLDEN VALLEY, MN 55422

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JUDY HALPER CEO	37.50 0.30			X				319,944.	0.	206,343.
(2) DANIEL BELICH CFO	37.50 0.30			X				140,316.	0.	20,898.
(3) DANA RUBIN DEVELOPMENT DIRECTOR	37.50 0.00				X			136,875.	0.	18,982.
(4) AMY WEISS CPO	37.50 0.30			X				141,614.	0.	5,665.
(5) SHEILAH HOWARD CAO	37.50 0.00			X				141,060.	0.	5,642.
(6) LORI LEAVITT COMMUNICATIONS DIRECTOR	37.50 0.00				X			120,628.	0.	5,865.
(7) ROBERT TOMASIK IS ADMINISTRATOR	37.50 0.00				X			103,292.	0.	19,161.
(8) LAURIE FINK CPO	37.50 0.00			X				25,683.	0.	786.
(9) HOWARD HOFFMAN BOARD PRESIDENT	2.00 0.00	X		X				0.	0.	0.
(10) ANDREW SAVITZ VP OF FINANCE	2.00 0.00	X		X				0.	0.	0.
(11) ALLIE DIVINE VP OF BOARD DEVELOPMENT	2.00 0.00	X		X				0.	0.	0.
(12) ALLISON GELFMAN VP OF MARKETING	2.00 0.00	X		X				0.	0.	0.
(13) RYAN MALASHOCK VP OF ADVOCACY	2.00 0.00	X		X				0.	0.	0.
(14) DANIELLE RUBIN VP OF FUND DEVELOPMENT	2.00 0.00	X		X				0.	0.	0.
(15) ABBY BARIN DIRECTOR	2.00 0.00	X						0.	0.	0.
(16) TODD BARIN DIRECTOR	2.00 0.00	X						0.	0.	0.
(17) SHARI BARRY DIRECTOR	2.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) FRAN BAYER DIRECTOR	2.00 0.00	X						0.	0.	0.
(19) JENNY BENOWITZ DIRECTOR	2.00 0.00	X						0.	0.	0.
(20) BEN BERKOWITZ DIRECTOR	2.00 0.00	X						0.	0.	0.
(21) ERIC BRESSLER ADVISORY	2.00 0.00	X						0.	0.	0.
(22) TOM CYTRON-HYSOM DIRECTOR	2.00 0.00	X						0.	0.	0.
(23) CAROLE DAVIDSON DIRECTOR	2.00 0.00	X						0.	0.	0.
(24) FRED DULLES DIRECTOR	2.00 0.00	X						0.	0.	0.
(25) JULIE EZRILOV DIRECTOR	2.00 0.00	X						0.	0.	0.
(26) SHERI FINE DIRECTOR	2.00 0.00	X						0.	0.	0.
1b Subtotal								1,129,412.	0.	283,342.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,129,412.	0.	283,342.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JEWISH COMMUNITY FOUNDATION, 111 CHESHIRE LANE, SUITE 50, MINNETONKA, MN 55305	INVESTMENT ADVISORY FEES	204,583.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

JEWISH FAMILY AND CHILDREN'S SERVICE
OF MINNESOTA

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CARRIE FINK DIRECTOR	2.00 0.00	X						0.	0.	0.
(28) JEREMY FRANK DIRECTOR	2.00 0.00	X						0.	0.	0.
(29) RACHEL GANANI DIRECTOR	2.00 0.00	X						0.	0.	0.
(30) MARNI GENSLER DIRECTOR	2.00 0.00	X						0.	0.	0.
(31) TERRI GREENSTEIN DIRECTOR	2.00 0.00	X						0.	0.	0.
(32) EMILY GRINBERG DIRECTOR	2.00 0.00	X						0.	0.	0.
(33) MATT HAAR DIRECTOR	2.00 0.00	X						0.	0.	0.
(34) GREG HORWITZ ADVISORY	2.00 0.30	X						0.	0.	0.
(35) JASON KAUFMAN DIRECTOR	2.00 0.00	X						0.	0.	0.
(36) ALEXIS KESSLER DIRECTOR	2.00 0.00	X						0.	0.	0.
(37) ADAM KLARFELD DIRECTOR	2.00 0.00	X						0.	0.	0.
(38) BETSY KULLER DIRECTOR	2.00 0.00	X						0.	0.	0.
(39) JEFF LIFSON DIRECTOR	2.00 0.00	X						0.	0.	0.
(40) NOAH LIPSHULTZ DIRECTOR	2.00 0.00	X						0.	0.	0.
(41) BRUCE MATZA DIRECTOR	2.00 0.00	X						0.	0.	0.
(42) KATIE MILAVETZ DIRECTOR	2.00 0.00	X						0.	0.	0.
(43) DAN MOSOW DIRECTOR	2.00 0.00	X						0.	0.	0.
(44) STACY MOSOW ADVISORY	2.00 0.00	X						0.	0.	0.
(45) JULIA NISSIM DIRECTOR	2.00 0.00	X						0.	0.	0.
(46) MIA POSADA DIRECTOR	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

JEWISH FAMILY AND CHILDREN'S SERVICE
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Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) ELYSE RABINOWITZ DIRECTOR	2.00 0.00	X						0.	0.	0.
(48) STUART SANDERS DIRECTOR	2.00 0.00	X						0.	0.	0.
(49) SARA SCHLIPP-RIEDEL DIRECTOR	2.00 0.00	X						0.	0.	0.
(50) SHLOMO SCHLOSS DIRECTOR	2.00 0.00	X						0.	0.	0.
(51) KATE SEARLS DIRECTOR	2.00 0.00	X						0.	0.	0.
(52) JAYE SNYDER ADVISORY	2.00 0.00	X						0.	0.	0.
(53) BRENDA SOUMEKH DIRECTOR	2.00 0.00	X						0.	0.	0.
(54) ANDY STILLMAN DIRECTOR	2.00 0.00	X						0.	0.	0.
(55) HINDY TANKENOFF ADVISORY	2.00 0.00	X						0.	0.	0.
(56) CINDY TAPPER DIRECTOR	2.00 0.00	X						0.	0.	0.
(57) STACIE USEM DIRECTOR	2.00 0.00	X						0.	0.	0.
(58) BETH VIRNIG DIRECTOR	2.00 0.00	X						0.	0.	0.
(59) RABBI AARON WEININGER DIRECTOR	2.00 0.00	X						0.	0.	0.
(60) MASHA YEVZELMAN DIRECTOR	2.00 0.00	X						0.	0.	0.
(61) ROB YOST DIRECTOR	2.00 0.00	X						0.	0.	0.
(62) BEN ZACK DIRECTOR	2.00 0.00	X						0.	0.	0.
(63) NATALIE ZAMANSKY IMMEDIATE PAST PRESIDENT	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

JEWISH FAMILY AND CHILDREN'S SERVICE
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Page **9**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	788,960.				
	d Related organizations	1d	647,454.				
	e Government grants (contributions)	1e	95,767.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	5,237,440.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 132,284.				
	h Total. Add lines 1a-1f		6,769,621.				
	Program Service Revenue	2 a GOVERNMENT CONTRACTS	Business Code	624100	4,534,545.	4,534,545.	
b PROGRAM SERVICE FEES			624100	997,113.	997,113.		
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			5,531,658.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			576,723.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real 183,348.				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	183,348.				
	d Net rental income or (loss)			183,348.			183,348.
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities 1,223,297.				
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	1,223,297.				
	d Net gain or (loss)			1,223,297.			1,223,297.
	8 a Gross income from fundraising events (not including \$ 788,960. of contributions reported on line 1c). See Part IV, line 18	8a	140,226.				
	b Less: direct expenses	8b	288,690.				
	c Net income or (loss) from fundraising events			-148,464.			-148,464.
	9 a Gross income from gaming activities. See Part IV, line 19	9a	9,338.				
b Less: direct expenses	9b	0.					
c Net income or (loss) from gaming activities			9,338.			9,338.	
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue		900099	58,777.			58,777.
	e Total. Add lines 11a-11d			58,777.			
	12 Total revenue. See instructions			14,204,298.	5,531,658.	0.	1,903,019.

JEWISH FAMILY AND CHILDREN'S SERVICE

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Page **10****Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	728,124.	728,124.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,756,517.	1,756,517.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,007,952.	138,999.	676,317.	192,636.
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	6,616,555.	5,218,366.	1,035,830.	362,359.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	198,832.	179,856.	14,823.	4,153.
9 Other employee benefits	723,938.	542,379.	130,606.	50,953.
10 Payroll taxes	591,089.	417,325.	131,104.	42,660.
11 Fees for services (nonemployees):				
a Management				
b Legal	66,174.		66,174.	
c Accounting	54,400.		54,400.	
d Lobbying	13,375.	13,375.		
e Professional fundraising services. See Part IV, line 17	1,245.			1,245.
f Investment management fees	204,583.		204,583.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	250,550.	70,341.	176,612.	3,597.
12 Advertising and promotion	6,574.	2,945.	3,517.	112.
13 Office expenses	373,761.	288,764.	52,382.	32,615.
14 Information technology	216,057.	22,652.	99,545.	93,860.
15 Royalties				
16 Occupancy	330,196.	259,726.	49,698.	20,772.
17 Travel	91,124.	90,250.	490.	384.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	93,684.	64,783.	27,578.	1,323.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	401,340.	297,910.	74,089.	29,341.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	64,467.	63,527.	940.	
b STAFF DEVELOPMENT	54,785.	40,842.	11,492.	2,451.
c MEMBERSHIP DUES	25,109.	4,484.	20,625.	
d				
e All other expenses	115,187.	66,895.	29,554.	18,738.
25 Total functional expenses. Add lines 1 through 24e	13,985,618.	10,268,060.	2,860,359.	857,199.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,800,253.	1	5,438,119.
	2 Savings and temporary cash investments	1,289,677.	2	1,841,726.
	3 Pledges and grants receivable, net	3,362,121.	3	2,445,688.
	4 Accounts receivable, net	465,613.	4	552,236.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	41,570.	7	40,210.
	8 Inventories for sale or use	20,652.	8	33,301.
	9 Prepaid expenses and deferred charges	160,385.	9	299,430.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,777,563.		
	b Less: accumulated depreciation	10b 3,250,918.		
	11 Investments - publicly traded securities	8,883,596.	10c	8,526,645.
	12 Investments - other securities. See Part IV, line 11	19,120,158.	11	21,627,702.
	13 Investments - program-related. See Part IV, line 11	409,962.	12	519,313.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	12,572.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	37,566,559.	15	12,572.	
17 Accounts payable and accrued expenses	37,566,559.	16	41,336,942.	
Liabilities	18 Grants payable	585,617.	17	801,732.
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	409,962.	24	
	26 Total liabilities. Add lines 17 through 25	995,579.	25	2,615,832.
	27 Net assets without donor restrictions	17,975,322.	26	3,417,564.
Net Assets or Fund Balances	28 Net assets with donor restrictions	18,595,658.	27	18,776,635.
	29 Capital stock or trust principal, or current funds		28	19,142,743.
	30 Paid-in or capital surplus, or land, building, or equipment fund		29	
	31 Retained earnings, endowment, accumulated income, or other funds		30	
	32 Total net assets or fund balances	36,570,980.	31	
	33 Total liabilities and net assets/fund balances	37,566,559.	32	37,919,378.
			33	41,336,942.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,204,298.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,985,618.
3	Revenue less expenses. Subtract line 2 from line 1	3	218,680.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36,570,980.
5	Net unrealized gains (losses) on investments	5	1,129,718.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	37,919,378.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public
Inspection

Name of the organization	JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNESOTA	Employer identification number	41-0693860
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- ☐ 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- ☐ 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- ☐ 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- ☐ 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- ☐ 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- ☐ 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- ☒ 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- ☐ 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- ☐ 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- ☐ 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- ☐ 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- ☐ 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

☐ a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

☐ b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

☐ c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

☐ d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

☐ e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations
- | g Provide the following information about the supported organization(s). | | | | | | |
|--|----------|---|---|----|---|---|
| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | Yes | No | | |
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- LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

532021 12-10-25

Schedule A (Form 990) 2025 Created 4/11/25

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,256,669.	6,453,144.	5,775,118.	8,930,790.	6,769,621.	33,185,342.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,256,669.	6,453,144.	5,775,118.	8,930,790.	6,769,621.	33,185,342.
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)						4,687,801.
6 Public support. Subtract line 5 from line 4.						28,497,541.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	5,256,669.	6,453,144.	5,775,118.	8,930,790.	6,769,621.	33,185,342.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	354,994.	451,690.	704,149.	691,198.	760,071.	2,962,102.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	49,600.	40,550.	29,649.	29,750.	9,338.	158,887.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	49,560.	42,867.	57,912.	53,861.	58,777.	262,977.
11 Total support. Add lines 7 through 10						36,569,308.
12 Gross receipts from related activities, etc. (see instructions)					12	27,831,914.

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	77.93 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	79.17 %

16a 33 1/3% support test - 2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b 33 1/3% support test - 2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a 10% -facts-and-circumstances test - 2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2025. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 lines 3a, 3b, and 3c below.			
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in Part VI .			
3a			
b Did the organization direct 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			
c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3c			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Total annual distributions. Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Schedule B
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization
- Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- ☒

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,035,333.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		\$ 647,454.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		\$ 300,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		\$ 170,440.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		\$ 170,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		\$ 150,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2025

Open to Public
Inspection

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

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

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

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

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

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

Name of organization	JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNESOTA	Employer identification number (EIN)	41-0693860
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table><thead><tr><th>IF the amount on line 1e, column (a) or (b), is:</th><th>THEN the lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>over \$17,000,000</td><td>\$1,000,000.</td></tr></tbody></table>		IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes	☐ No												

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2022	(b) 2023	(c) 2024	(d) 2025	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

JEWISH FAMILY AND CHILDREN'S SERVICE
OF MINNESOTA

Schedule C (Form 990) 2025

41-0693860

Page 3

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ...	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		2,675.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			2,675.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

JFCS MINNESOTA ORGANIZES AND PARTICIPATES IN LEGISLATIVE OUTREACH TO
ADVOCATE FOR CONTINUED FUNDING FOR THE PARENT CHILD+ PROGRAM AND OTHER
AGENCY PRIORITIES. IN 2025 JFCS HOSTED AN ADVOCACY DAY AT THE MINNESOTA
STATE CAPITOL AND PARTICIPATED IN TWO FEDERAL ADVOCACY EVENTS WITH
NJHSA.

SCHEDULE D

(Form 990)

(Rev. December 2024)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

JEWISH FAMILY AND CHILDREN'S SERVICE
OF MINNESOTA

Employer identification number

41-0693860

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II

Conservation Easements.

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

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

☐ Preservation of land for public use (for example, recreation or education)

☐ Preservation of a historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

\$

(ii) Assets included in Form 990, Part X

\$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

\$

b Assets included in Form 990, Part X

\$

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 532051 04-01-25

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

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

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange program

e

☐

Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 29,327,280. | 28,066,149. | 26,584,711. | 28,966,513. | 26,587,666. |
| b Contributions | 251,054. | 2,875,736. | 2,078,356. | 1,790,881. | 473,467. |
| c Net investment earnings, gains, and losses | 5,431,380. | 3,408,043. | 1,996,884. | -1,761,591. | 3,120,923. |
| d Grants or scholarships | 3,343,783. | 4,838,742. | 2,428,245. | 2,253,816. | 1,059,888. |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 204,583. | 183,906. | 165,557. | 157,276. | 155,655. |
| g End of year balance | 31,461,348. | 29,327,280. | 28,066,149. | 26,584,711. | 28,966,513. |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment

16.0000

%

b Permanent endowment

57.0000

%

c Term endowment

27.0000

%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) Unrelated organizations?

(ii) Related organizations?
- | | Yes | No |
|--------|-----|----|
| 3a(i) | X | |
| 3a(ii) | X | |
| 3b | X | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		10,078,490.	2,008,372.	8,070,118.
c Leasehold improvements		295,693.	77,029.	218,664.
d Equipment		1,403,380.	1,165,517.	237,863.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				8,526,645.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	519,313.
(3) ACQUISITION ADVANCES	2,096,519.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,615,832.

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART V, LINE 4:

USE OF THE ENDOWMENT FUNDS IS ALIGNED WITH DONOR RESTRICTIONS, AND THE
ENDOWMENT DRAWS ARE USED TO FUND THE AGENCY'S SERVICES IN AGING AND
DISABILITY, CHILDREN'S PROGRAMS, CLINICAL AND CASE MANAGEMENT SERVICES,
COMMUNITY SERVICES AND CAREER SERVICES. IN ADDITION, FUNDS ARE USED TO
PROVIDE EMERGENCY ASSISTANCE AND SCHOLARSHIPS AND LOANS TO THOSE IN NEED
IN THE COMMUNITY. THE AGENCY DRAWS FUNDS FROM THE ENDOWMENT AT A RATE OF
4% TO 5% OF THE AVERAGE OF THE ENDOWMENT BALANCE OVER THE PRIOR THREE
YEARS.

PART X, LINE 2:

A TAX EXPENSE OR BENEFIT FROM AN UNCERTAIN TAX POSITION (INCLUDING
TAX-EXEMPT STATUS) MAY BE RECOGNIZED ONLY WHEN IT IS MORE LIKELY THAN NOT
THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY TAXING
AUTHORITIES. MANAGEMENT BELIEVES THE ORGANIZATION HAS NO UNCERTAIN INCOME
TAX POSITIONS THAT WOULD RESULT IN AN ACCRUAL, EXPENSE OR BENEFIT UNDER
THE MORE LIKELY THAN NOT STANDARD.

Part XIII	Supplemental Information <i>(continued)</i>
------------------	--

[illegible]

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		ANNUAL BENEFIT			
		(event type)	(event type)	(total number)	
1	Gross receipts	929,186.			929,186.
	2 Less: Contributions	788,960.			788,960.
	3 Gross income (line 1 minus line 2)	140,226.			140,226.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	129,284.			129,284.
	6 Rent/facility costs	147,390.			147,390.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	12,016.			12,016.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				288,690.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-148,464.

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No
b If "Yes," explain: _____

- | | | |
|--|------------------------------|-----------------------------|
| 11 Does the organization conduct gaming activities with nonmembers? | ☐ Yes | ☐ No |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | ☐ Yes | ☐ No |
| 13 Indicate the percentage of gaming activity conducted in: | | |
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |

Name _____

Address

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

c If "Yes," enter the name and address of the third party:

Name _____

Address

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided	Quantity	Unit	Rate	Total
			</	

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NORTHLAND AREA FAMILY SERVICE CENTER - 320 EAGLE AVE NE - REMER, MN 55672	41-1851016	501(C)(3)	87,246.	0.	N/A	N/A	FOR PROVIDING EARLY LITERACY SERVICES (PCHP) IN MN
JEWISH FAMILY SERVICES 1633 W 7TH STREET ST PAUL, MN 55102	41-0694697	501(C)(3)	219,164.	0.	N/A	N/A	FOR PROVIDING SERVICES TO HOLOCAUST SURVIVORS IIN ST. PAUL AND EASTERN METROPOLITAN AREA
ROCHESTER IMAA 2500 VALLEYHIGH DRIVE NW ROCHESTER, MN 55901	41-1497753	501(C)(3)	96,202.	0.	N/A	N/A	FOR PROVIDING EARLY LITERACY SERVICES (PCHP) IN MN
NORTHFIELD HEALTHY COMMUNITY INITIATIVE - 1651 JEFFERSON PARKWAY - NORTHFIELD, MN 55057	26-2852506	501(C)(3)	94,113.	0.	N/A	N/A	FOR PROVIDING EARLY LITERACY SERVICES (PCHP) IN MN
PROMISE NEIGHBORHOOD PO BOX 6082 ST CLOUD, MN 56302	45-3233276	501(C)(3)	103,123.	0.	N/A	N/A	FOR PROVIDING EARLY LITERACY SERVICES (PCHP) IN MN

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5.
- 3 Enter total number of other organizations listed in the line 1 table 0.

JEWISH FAMILY AND CHILDREN'S SERVICE

Schedule I (Form 990) (Rev. 12-2024) OF MINNESOTA

41-0693860

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMERGENCY FINANCIAL ASSISTANCE	126	78,703.	0.	N/A	N/A
CAMP SCHOLARSHIPS	151	99,750.	0.	N/A	N/A
ACADEMIC SCHOLARSHIPS	39	116,804.	0.	N/A	N/A
PERSONAL CARE	38	452,202.	0.	N/A	N/A
CAREER SERVICES SCHOLARSHIP/TRAINING	121	373,522.	0.	N/A	N/A

Part IV

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

PART I, LINE 2:

PRIOR TO APPROVAL OF THE GRANT, THE PROGRAM MANAGER CONFIRMS THAT THE GRANT REQUEST IS APPROPRIATE AND THAT FUNDS ARE AVAILABLE. A REPORT IDENTIFYING HOW MUCH HAS BEEN USED IS RUN PRIOR TO EACH GRANT APPROVAL AS WELL AS WEEKLY AND MONTHLY TO ENSURE THAT PAYMENTS DO NOT EXCEED AVAILABILITY.

JEWISH FAMILY AND CHILDREN'S SERVICE

Schedule I (Form 990)

OF MINNESOTA

41-0693860

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TRANSPORTATION	1,478.	97,776.	0.	N/A	N/A
FOOD ASSISTANCE	82.	136,527.	0.	N/A	N/A
HOME HELPER	20.	166,350.	0.	N/A	N/A
HOUSING	572.	199,701.	0.	N/A	N/A
EMPLOYMENT/RELATED	52.	14,538.	0.	N/A	N/A
MEDICAL SUPPORT	16.	11,989.	0.	N/A	N/A
OTHER	1.	480.	0.	N/A	N/A
INCENTIVE SUPPORT SERVICE	259.	8,175.	0.	N/A	N/A

Schedule I (Form 990)

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNESOTA	Employer identification number	41-0693860
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Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table><tr><td>☐ First-class or charter travel</td><td>☐ Housing allowance or residence for personal use</td></tr><tr><td>☐ Travel for companions</td><td>☐ Payments for business use of personal residence</td></tr><tr><td>☐ Tax indemnification and gross-up payments</td><td>☐ Health or social club dues or initiation fees</td></tr><tr><td>☒ Discretionary spending account</td><td>☐ Personal services (such as maid, chauffeur, chef)</td></tr></table>	☐ First-class or charter travel	☐ Housing allowance or residence for personal use	☐ Travel for companions	☐ Payments for business use of personal residence	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees	☒ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
☐ First-class or charter travel	☐ Housing allowance or residence for personal use									
☐ Travel for companions	☐ Payments for business use of personal residence									
☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees									
☒ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	X									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	X									
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table><tr><td>☒ Compensation committee</td><td>☒ Written employment contract</td></tr><tr><td>☐ Independent compensation consultant</td><td>☒ Compensation survey or study</td></tr><tr><td>☐ Form 990 of other organizations</td><td>☒ Approval by the board or compensation committee</td></tr></table>	☒ Compensation committee	☒ Written employment contract	☐ Independent compensation consultant	☒ Compensation survey or study	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee				
☒ Compensation committee	☒ Written employment contract									
☐ Independent compensation consultant	☒ Compensation survey or study									
☐ Form 990 of other organizations	☒ Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?		X								
b Participate in or receive payment from a supplemental nonqualified retirement plan?		X								
c Participate in or receive payment from an equity-based compensation arrangement?		X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		X								
b Any related organization?		X								
If "Yes" on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?		X								
b Any related organization?		X								
If "Yes" on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III		X								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?										

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

JUDY HALPER: DISCRETIONARY SPENDING ACCOUNT - CAR ALLOWANCE IS FOR BUSINESS PURPOSES AND IS INCLUDED IN TAXABLE INCOME. EXPENSE ALLOWANCE IS FOR BUSINESS PURPOSES AND IS NOT INCLUDED IN TAXABLE INCOME.

PART I, LINE 4:

ONE LISTED OFFICER IS ENTITLED TO A SEVERANCE BENEFIT, PURSUANT TO A SIGNED SEPARATION AGREEMENT. WHEN EMPLOYMENT ENDS, THE OFFICER IS ENTITLED TO ONE YEAR'S SALARY CONTINUANCE, PAID IN TWO INSTALLMENTS. NO PAYMENTS WERE MADE IN THE CURRENT YEAR.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2025

Open to Public
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Department of the Treasury
Internal Revenue Service

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

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

Name of the organization	JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNESOTA	Employer identification number	41-0693860
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Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other ...				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (AUCTION ITEMS)	X	704	129,284.	FAIR MARKET VALUE
26	Other ()				
27	Other ()				
28	Other ()				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgment	29	
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30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	Yes	No
30a			X
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?	Yes	No
31			X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	No
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.		

Schedule Part II

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

SCHEDULE M, PART I, COLUMN (B):

NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF ITEMS DONATED.

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

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Name of the organization	JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNESOTA	Employer identification number	41-0693860
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FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
JEWISH YOUTH MENTORING PROGRAM WAS PHASED OUT IN 2025.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
JFCS SERVED OVER 14,000 PEOPLE OF ALL BACKGROUNDS AND AGES IN OUR MORE
THAN 30 PROGRAMS AND SERVICES. WHILE JFCS CONTINUES ITS LONG-STANDING
TIES TO THE JEWISH COMMUNITY, NEARLY ALL PROGRAMS ARE OPEN TO EVERYONE.
MANY OF THE CLIENTS AND PARTICIPANTS ARE PART OF POPULATIONS THAT HAVE
HISTORICALLY FACED A DISPROPORTIONATELY HIGH SHARE OF BARRIERS TO
RESOURCES AND OPPORTUNITIES, INCLUDING PEOPLE WITH LOW INCOMES, PEOPLE
WITH DISABILITIES, OLDER ADULTS, AND REFUGEES AND IMMIGRANTS. ALL JFCS
SERVICES ARE AVAILABLE AT NO COST TO PARTICIPANTS OR ON A SLIDING FEE
SCALE.

CAREER SERVICES
CAREER SERVICES HELPED 1,318 INDIVIDUALS OVERCOME BARRIERS TO
EMPLOYMENT AND FIND MEANINGFUL WORK WITH WAGES THAT MEET THEIR NEEDS
AND GOALS. IN THE PROGRAMS DESCRIBED BELOW, PROFESSIONAL EMPLOYMENT
COUNSELORS PROVIDE COMPLETE CAREER ASSISTANCE INCLUDING RESUME
DEVELOPMENT, SOCIAL MEDIA STRATEGIES, INTERVIEWING SKILLS, NETWORKING
OPPORTUNITIES AND MORE. OUR PROGRAMS EMPOWER PEOPLE TO EXPLORE AND
IDENTIFY THEIR VISIONS OF CAREER SUCCESS, INCLUDING ACCESS TO OR
SUPPORT FOR CAREER TRAINING.

CAREER COUNSELING HELPS PEOPLE WHO HAVE LOST THEIR JOBS, WHO ARE
ENTERING THE WORKFORCE, OR WHO WANT TO SEEK A BETTER JOB. THIS SERVICE
INCLUDES CAREER ASSESSMENTS WITH PROFESSIONAL INTERPRETATION,
INDIVIDUAL JOB-SEARCH COACHING SESSIONS, RESUME AND COVER LETTER
CRITIQUE, AND GOAL-SETTING SESSIONS TO CREATE AN INDIVIDUAL ACTION
PLAN. CAREER COUNSELING INCLUDES PROJECT EM, AN INITIATIVE OF THE
NETWORK FOR JEWISH HUMAN SERVICE AGENCIES, THROUGH WHICH JFCS PROVIDES
SERVICES TO PARTICIPANTS WHO ARE UNEMPLOYED OR UNDEREMPLOYED AND WHO DO
NOT QUALIFY FOR OUR STANDARD GOVERNMENT-FUNDED PROGRAMS. WE SERVED 67
PEOPLE.

THE DISLOCATED WORKER PROGRAM PROVIDES CAREER COUNSELING TO WORKERS WHO
ARE LAID OFF OR HAVE RECEIVED NOTICE OF PERMANENT LAYOFF OR
TERMINATION. THIS PROGRAM PROVIDES CAREER COUNSELING TO HELP PEOPLE
MAKE STRATEGIC DECISIONS ABOUT THEIR PROFESSIONAL FUTURES. THOSE WHO
QUALIFY RECEIVE TRAINING FUNDS TO DEVELOP NEW SKILLS, UPDATE EXISTING
SKILLS, OR OBTAIN REQUIRED CERTIFICATIONS OR CREDENTIALS. WE SERVED 117
PEOPLE.

IT PATHWAYS HELPS ENSURE THAT TWIN CITIES WORKERS HAVE THE SKILLS THEY
NEED TO SECURE HIGH-WAGE, IN-DEMAND JOBS IN THE INFORMATION TECHNOLOGY
(IT) INDUSTRY. THE PROGRAM FOCUSES ON SKILL & CAREER ASSESSMENTS, JOB
SKILLS TRAINING, & JOB PLACEMENT. IT PATHWAYS SUPPORTS PEOPLE
TRADITIONALLY UNDERREPRESENTED IN THE IT FIELD, AND PEOPLE WHO HAVE LOW
INCOMES. IT PATHWAYS ALSO SUPPORTS LOCAL EMPLOYERS TO FILL IT JOBS.
JFCS'S TRAINING PARTNERS INCLUDE PRIME DIGITAL ACADEMY, UNIVERSITY OF
MINNESOTA, IT CAREER LAB, AND MN TECH FOR SUCCESS. THE IT PATHWAYS
PROGRAM SERVED 80 PEOPLE.

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Name of the organization	JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNESOTA	Employer identification number	41-0693860
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THE JFCS MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP) CAREER SERVICES PROGRAM SERVES FAMILIES WITH CHILDREN AND PREGNANT WOMEN WITH LOW INCOMES TO MOVE TOWARD SELF-SUFFICIENCY THROUGH EMPLOYMENT. ALL PARTICIPANTS RECEIVE AN ASSESSMENT AND AN EMPLOYMENT PLAN, WHICH OUTLINES PERSONALIZED STEPS NECESSARY TO REACH THEIR EMPLOYMENT GOAL IN ADDITION TO FINANCIAL ASSISTANCE OR FOOD, CHILDCARE, AND HOUSING. THE MFIP PROGRAM STAFF SUPPORTED 978 PEOPLE.

THE VOCATIONAL REHABILITATION PROGRAM PROVIDES PERSONALIZED SERVICES FOR INDIVIDUALS WITH DISABILITIES, INCLUDING MENTAL ILLNESS AND OTHER PHYSICAL AND COGNITIVE DISABILITIES, WHO ARE SEEKING TO IMPROVE THEIR WORK LIVES OR FIND EMPLOYMENT. THE PROGRAM OFFERS VOCATIONAL EVALUATION, JOB PLACEMENT, WORK ADJUSTMENT TRAINING AND EXTENDED EMPLOYMENT. WE SERVED 76 PEOPLE IN VOCATIONAL REHABILITATION.

WE DISTRIBUTED 1482 EMERGENCY FINANCIAL ASSISTANCE GRANTS TO 465 CAREER SERVICES CLIENTS, TOTALING \$306,620. RECIPIENTS USED THESE FUNDS TO HELP WITH RENT, UTILITY BILLS, CAR REPAIRS, MEDICAL BILLS, TRANSPORTATION COSTS, AND FOOD.

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

COUNSELING AND MENTAL HEALTH SERVICES

JFCS COUNSELING AND MENTAL HEALTH SERVICES' HIGHLY SKILLED, LICENSED THERAPISTS, SOCIAL WORKERS, AND CASE MANAGERS WORK WITH CARE AND COMPASSION TO ADDRESS THE CHALLENGES PEOPLE FACE THROUGHOUT THEIR LIVES. 3,818 PEOPLE PARTICIPATED IN COUNSELING AND MENTAL HEALTH SERVICES.

COUNSELING IS A COLLABORATIVE EFFORT BETWEEN THE THERAPIST AND CLIENT. OUR LICENSED THERAPISTS HELP CLIENTS IDENTIFY GOALS AND POTENTIAL SOLUTIONS TO PROBLEMS THAT CAUSE EMOTIONAL TURMOIL, IMPROVE COMMUNICATION AND COPING SKILLS AND SYMPTOM MANAGEMENT, STRENGTHEN SELF-ESTEEM, PROMOTE BEHAVIOR CHANGE, FEEL BETTER AND FUNCTION AT THEIR BEST. OUR COUNSELING SERVICES INCLUDE INDIVIDUAL PSYCHOTHERAPY FOR ADULTS, ADOLESCENTS & CHILDREN, COUPLES THERAPY, FAMILY THERAPY, PLAY THERAPY, PARENTING COACHING, A GRIEF SUPPORT GROUP AND MORE. JFCS THERAPISTS OFFER A VARIETY OF COUNSELING MODALITIES INCLUDING SPACE, FOCUSING ON CHILDREN WITH ANXIETY, DISCERNMENT THERAPY AND WALK & TALK THERAPY. CLIENTS ARE REFERRED FROM OTHER PROGRAMS WITHIN THE AGENCY, FROM OTHER AGENCIES, OR ARE SELF-REFERRED. OUR SERVICES ARE CONFIDENTIAL. WE ACCEPT MOST INSURANCE INCLUDING MEDICARE AND MEDICAID. IN 2025 3,890 SESSIONS WERE PROVIDED TO 314 INDIVIDUALS.

WE DISTRIBUTED 77 EMERGENCY FINANCIAL ASSISTANCE (EFA) GRANTS TOTALING \$85,194. RECIPIENTS USED THESE FUNDS TO HELP WITH RENT, UTILITY BILLS, CAR REPAIRS, MEDICAL BILLS, TRANSPORTATION COSTS AND FOOD. THESE GRANTS ARE SEPARATE FROM, AND IN ADDITION TO, CAREER SERVICES EFA GRANTS DESCRIBED ABOVE.

OUR INTAKE AND RESOURCE CONNECTION (IRC) WORKED WITH 2,801 CALLERS, PROVIDING THEM WITH REFERRALS, RESOURCES, AND EMERGENCY FINANCIAL ASSISTANCE. DEPENDING ON THE CALLERS' NEEDS, CLINICALLY TRAINED PROFESSIONAL STAFF REFER THEM TO THE APPROPRIATE PROGRAM AT JFCS OR ANOTHER COMMUNITY ORGANIZATION.

THE FOOD SECURITY PROGRAM IS BUILT AROUND OUR PARTNERSHIP WITH PRISM, A

Schedule O (Form 990) 2025

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Name of the organization	JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNESOTA	Employer identification number 41-0693860
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SOCIAL SERVICE AGENCY THAT HOUSES A FOOD SHELF AND THRIFT STORE, AND WHICH IS CO-LOCATED IN ONE BUILDING WITH JFCS. WE PARTNER WITH PRISM TO EXTEND THE CAPACITIES OF BOTH OUR AGENCIES TO MEET THE NEEDS OF INDIVIDUALS AND FAMILIES EXPERIENCING FOOD INSECURITY. TOGETHER WE ARE EXPANDING AND RE-ENVISIONING A FOOD SHELF AS A PLACE THAT NOT ONLY PROVIDES FREE GROCERIES IN TIMES OF CRISIS BUT ALSO OFFERS COMPREHENSIVE SERVICES AND SUPPORTS THAT ARE ESSENTIAL TO ENSURING LONG-TERM STABILITY, SELF-SUFFICIENCY, AND FOOD SECURITY. OUR FOOD SECURITY COORDINATOR PROVIDES OUTREACH IN THE COMMUNITY, HELPING CONNECT INDIVIDUALS, ESPECIALLY SENIORS, WITH NEEDED FOOD BENEFITS. WE ALSO ENGAGE IN ADVOCACY THROUGH EDUCATION AND WORKING TO INFLUENCE PUBLIC POLICY. WE ENGAGED WITH APPROXIMATELY 427 INDIVIDUALS ABOUT FOOD RESOURCES, DISTRIBUTED 200 EMERGENCY FOOD BOXES CONTAINING SHELF-STABLE FOOD AND SUPPORTED 50 HOUSEHOLDS WITH GROCERY DELIVERIES.

THE JEWISH FREE LOAN PROGRAM (JFLP) LENDS UP TO \$7,500 TO INDIVIDUALS THAT IDENTIFY AS JEWISH OR WORK FOR A JEWISH AGENCY IN THE TWIN CITIES, MINNESOTA AREA WITH A SPECIFIC NEED. THE LOAN, TOGETHER WITH OTHER RESOURCES AND PROGRAMS, ENABLES RECIPIENTS TO BRIDGE AN OFTEN-UNEXPECTED FINANCIAL CHALLENGE AND REQUIRES RECIPIENTS TO IDENTIFY A CO-SIGNER. IN 2025, JFLP PROVIDED 15 LOANS.

OUR MENTAL HEALTH SUPPORT SERVICES (MHSS) PROGRAM SERVES ADULTS WITH SERIOUS AND PERSISTENT MENTAL ILLNESS TO HELP PROMOTE AND MAINTAIN INDEPENDENCE, STABILITY, AND HEALTH. PROFESSIONAL CASE MANAGERS ASSIST ADULTS LIVING WITH MENTAL HEALTH CHALLENGES BY COORDINATING AND OBTAINING A WIDE RANGE OF SERVICES, INDIVIDUALLY TAILORED TO HELP PROMOTE AND MAINTAIN INDEPENDENCE, STABILITY, AND HEALTH. CASE MANAGERS ASSIST WITH HOUSING, EMPLOYMENT, MEDICATION MANAGEMENT, EMERGENCY FINANCIAL ASSISTANCE, SUPPORT, AND ENCOURAGEMENT. MHSS SERVED 184 PEOPLE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
SENIOR SERVICES SUPPORT THE DIGNITY AND INDEPENDENCE OF OLDER ADULTS. WE PROVIDE NUMEROUS SERVICES FOR SENIORS INCLUDING TRANSPORTATION, GROCERY SHOPPING, AND KOSHER MEALS ON WHEELS, AS WELL AS HIGHLY PERSONALIZED SENIOR CARE SERVICES, INCLUDING CASE MANAGEMENT, CARE PLANNING CONSULTATION AND CAREGIVER COACHING. OUR PROFESSIONAL STAFF WORKS CLOSELY WITH ADULTS 60 YEARS OF AGE AND OLDER AND THEIR FAMILIES TO ENSURE SAFE, SUPPORTED, AND INDEPENDENT LIVING AT HOME, AND PROVIDES RESOURCES, EDUCATION, AND RESPITE FOR CAREGIVERS. 838 PEOPLE PARTICIPATED IN SENIOR SERVICES PROGRAMS.

CASE MANAGEMENT IS AT THE HEART OF HELPING SENIORS AGE IN PLACE. JFCS CASE MANAGERS HELP SENIORS STAY SAFE, HEALTHY, ENGAGED WITHIN THE COMMUNITY AND IN THEIR OWN HOMES FOR AS LONG AS POSSIBLE. WITHIN A RESPECTFUL, PERSON-CENTERED PLANNING APPROACH, CLIENTS ACTIVELY PARTICIPATE IN THEIR GOAL SETTING AND DECISION-MAKING PROCESS. CASE MANAGERS PROVIDE CULTURALLY SENSITIVE SERVICES, INCLUDING PROVISION OF SERVICES IN RUSSIAN FOR MANY CLIENTS. 174 PEOPLE RECEIVED CASE MANAGEMENT.

CARE PLANNING CONSULTATION HELPS WHEN FAMILIES NOTICE CHANGES IN PARENTS AND/OR SPOUSES, INCLUDING INCREASED FORGETFULNESS; WITHDRAWAL FROM SOCIAL ACTIVITIES; DECREASED CONFIDENCE OR ABILITY IN DRIVING; BECOMING OVERWHELMED BY NORMAL TASKS; OR OTHER CHANGES. BEFORE A CRISIS

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Name of the organization	JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNESOTA	Employer identification number 41-0693860
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ARISES, CARE PLANNING CONSULTATION HELPS FAMILIES ARTICULATE ISSUES AND CHALLENGES, LEARN ABOUT AVAILABLE RESOURCES, CREATE A PLAN FOR MAXIMIZING INDEPENDENCE AND MORE. WE SERVED 9 PEOPLE IN CARE PLANNING CONSULTATIONS.

CAREGIVER SUPPORTS INCLUDE POWERFUL TOOLS FOR CAREGIVERS, WHICH IS A SIX-WEEK CLASS DESIGNED TO PROVIDE PARTICIPANTS WITH A WEALTH OF SELF-CARE TOOLS THAT WILL HELP THEM TAKE CARE OF THEMSELVES WHILE TAKING CARE OF AN ADULT WITH CHRONIC ILLNESS. PARTICIPANTS LEARN TO REDUCE STRESS, IMPROVE SELF-CONFIDENCE, BRING MORE BALANCE TO THEIR LIVES, BETTER COMMUNICATE THEIR FEELINGS, AND INCREASE THEIR ABILITY TO MAKE TOUGH DECISIONS. 134 PEOPLE RECEIVED POWERFUL TOOLS TRAINING AND 87 ATTENDED DEMENTIA FRIENDS TRAINING. JFCS' MEMORY CAF IS A GATHERING FOR PEOPLE WITH MEMORY LOSS AND THEIR CAREGIVERS. CAF MEMBERS MEET TWICE PER MONTH AT THE JFCS OFFICE IN GOLDEN VALLEY FOR ACTIVITIES AND CONVERSATIONS IN A COMFORTABLE, SUPPORTIVE ENVIRONMENT. 32 PEOPLE PARTICIPATED IN THE MEMORY CAF.

HOLOCAUST SURVIVOR SUPPORT SERVICES INCLUDE HOUSECLEANING, TRANSPORTATION, KOSHER MEALS ON WHEELS, SHOPPING, BATHING ASSISTANCE, CARE COORDINATION AND MORE. THIS PROGRAM IS AVAILABLE TO JEWISH SURVIVORS OF NAZI PERSECUTION AS THEY ENCOUNTER THE CHALLENGES OF AGING, THANKS TO FUNDING FROM THE CONFERENCE ON JEWISH MATERIAL CLAIMS AGAINST GERMANY. JFCS PROVIDED HOLOCAUST SURVIVOR SUPPORT TO 159 INDIVIDUALS.

JACOB GARBER TRANSPORTATION SERVICES PROVIDES RIDES FOR CLIENTS WHO RESIDE WITHIN A DEFINED SERVICE AREA IN HENNEPIN COUNTY. IT IS A CONVENIENT, RELIABLE WAY FOR AMBULATORY ADULTS TO GET TO A DOCTOR'S APPOINTMENT, FRIEND'S HOUSE, GROCERY STORE AND MORE. MOST RIDERS ARE SENIORS WITH LOW INCOMES RANGING IN AGE FROM 60-98. MANY ARE OVER AGE 80 AND ARE LIVING WITH MILD COGNITIVE, PHYSICAL, OR OTHER LIMITATIONS. RIDES CAN BE CURB-TO-CURB OR WITH THE DRIVER ACCOMPANYING THE CLIENT WHILE AT MEDICAL APPOINTMENTS, SHOPPING, OR PARTICIPATING IN SOCIAL ACTIVITIES. JFCS PROVIDED 5,806 RIDES.

JFCS PROVIDES KOSHER MEALS ON WHEELS TO CLIENTS WITHIN OUR SERVICE AREA. DRIVERS DELIVER KOSHER NUTRITIOUS MEALS DIRECTLY TO CLIENTS' HOMES, HELPING THEM MAINTAIN THEIR INDEPENDENT LIVING SITUATION. MANY CLIENTS ARE FROM THE FORMER SOVIET UNION AND ENJOY DELIVERIES BY AND SOCIAL INTERACTIONS WITH JFCS'S RUSSIAN-SPEAKING DRIVERS. JFCS STAFF AND VOLUNTEER DRIVERS DELIVERED 10,212 MEALS TO 61 PARTICIPANTS.

OUR SENIOR COMPANIONS DEVELOP FRIENDSHIPS WITH AND SUPPORT OLDER ADULTS TO HELP THEM MAINTAIN THEIR INDEPENDENCE. SENIOR COMPANIONS ESTABLISH AN ONGOING RELATIONSHIP WITH CLIENTS AND PROVIDE TRANSPORTATION FOR ACTIVITIES SUCH AS SHOPPING, RUNNING ERRANDS, SIGHTSEEING, GOING FOR A WALK AND OTHER SOCIAL ACTIVITIES. SENIOR COMPANIONS SUPPORTED 24 CLIENTS.

SHOPPING SERVICES PROVIDE CLIENTS WITH A PERSONAL ESCORT FOR SHOPPING AND OTHER ERRANDS. THE SHOPPER PROVIDES TRANSPORTATION, AND CLIENTS HAVE THE OPPORTUNITY TO MAKE THREE STOPS IN EACH TWO-HOUR SESSION, SUCH AS THE GROCERY STORE, BANK, AND POST OFFICE. 26 PEOPLE PARTICIPATED IN THE SHOPPING SERVICES PROGRAM RECEIVING 640 DATES OF SERVICE.

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Name of the organization	JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNESOTA	Employer identification number 41-0693860
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY ENGAGEMENT -

COMMUNITY SERVICES AND ENGAGEMENT

THROUGH OUR COMMUNITY SERVICES AND ENGAGEMENT PROGRAMS, JFCS OFFERS
NUMEROUS OPPORTUNITIES TO GET INVOLVED AND CONNECT WITH OTHERS IN THE
COMMUNITY. JFCS LOOKS FOR OPPORTUNITIES THAT HELP BUILD AND SUSTAIN
WELL-BEING AND MEANINGFUL CONNECTIONS, CREATING A STRONGER COMMUNITY.
CHILDREN, YOUNG ADULTS, PARENTS, AND SENIORS PARTICIPATE. 5,483 PEOPLE
PARTICIPATED IN COMMUNITY SERVICES AND ENGAGEMENT ACTIVITIES AND
EVENTS.

CARING CONNECTIONS PROVIDES OPPORTUNITIES FOR JEWISH ADULTS WITH
DEVELOPMENTAL DISABILITIES TO TAKE PART IN SOCIAL AND EDUCATIONAL
EVENTS AND LEARN ABOUT AND PARTICIPATE IN JEWISH HOLIDAYS AND
TRADITIONS. THE CARING CONNECTIONS PROGRAM COLLABORATES WITH SYNAGOGUES
AND COMMUNITY ORGANIZATIONS TO PROVIDE OPPORTUNITIES FOR MEMBERS TO
PARTICIPATE FULLY IN JEWISH LIFE AND CREATE SOCIAL ENGAGEMENT. 330
INDIVIDUALS WITH DISABILITIES, THEIR FAMILY MEMBERS AND CAREGIVERS
RECEIVED HOME VISITS OR PARTICIPATED IN EVENTS. THE JEWISH COMMUNITY
INCLUSION PROGRAM FOR PEOPLE WITH DISABILITIES COORDINATES
COMMUNITY-WIDE EFFORTS TO RAISE AWARENESS, PROVIDE CONSULTATION, AND
HELP JEWISH ORGANIZATIONS UNDERSTAND HOW TO ELIMINATE BARRIERS TO
FACILITATE MEANINGFUL PARTICIPATION AND INVOLVEMENT FOR ALL PEOPLE.

PJ LIBRARY IS AN INTERNATIONAL AWARD-WINNING PROGRAM DESIGNED TO
STRENGTHEN JEWISH IDENTITY BY SENDING JEWISH-CONTENT BOOKS AND MUSIC ON
A MONTHLY BASIS TO CHILDREN FROM BIRTH THROUGH 8 YEARS. PJ OUR WAY, A
KID-DRIVEN PROGRAM FOR KIDS AGES 8 1/2 -12 ALLOWS KIDS TO CHOOSE THEIR
OWN BOOK BASED ON THEIR OWN AND INTERESTS. PJ LIBRARY ALSO HOSTS
REGULAR COMMUNITY EVENTS FOR FAMILIES. FAMILIES RAISING JEWISH CHILDREN
ARE INVITED TO ENROLL AND RECEIVE AGE-APPROPRIATE BOOKS. SHALOM BABY
WELCOMES FAMILIES OF NEWBORNS AND BABIES, UP TO AGE TWO, TO THE JEWISH
COMMUNITY. FAMILIES WITH NEWBORNS ARE INVITED TO OUR ANNUAL COMMUNITY
BABY SHOWER TO MEET OTHER FAMILIES AND RECEIVE FREE GOODIE BAGS WITH
COMMUNITY RESOURCES AND A SUBSCRIPTION TO PJ LIBRARY. SHALOM BABY
CIRCLE TIME IS A MONTHLY ACTIVITY GROUP WITH MUSIC, STORY TIME, AND
PARACHUTE PLAY. 1,584 CHILDREN ARE ENROLLED IN PJ LIBRARY AND RECEIVED
14,035 BOOKS IN 2025; WE HOSTED 74 EVENTS FOR PARTICIPANTS.

OUR HAG SAMEACH (HAPPY HOLIDAYS) PROGRAM PROVIDES HOLIDAY GIFTS FOR
CHANUKAH AND CHRISTMAS, AND KOSHER-FOR-PASSOVER FOOD BAGS FOR PASSOVER.
THE PROGRAM EXPANDED IN 2022 AND NOW OFFERS THE BEYOND THE HOLIDAYS
PROGRAM, TO HELP CLIENTS RECEIVE URGENT ESSENTIALS THROUGHOUT THE YEAR.
VOLUNTEERS PURCHASE, ORGANIZE, SORT, AND ASSEMBLE GIFT BAGS, WRAP
GIFTS, AND DELIVER THEM TO INDIVIDUALS AND FAMILIES. HAG SAMEACH SERVED
1,363 INDIVIDUALS AND FAMILIES INCLUDING 352 INDIVIDUALS THAT RECEIVED
PASSOVER FOOD RITUAL ITEMS; 895 RECEIVED PERSONALIZED GIFTS DURING THE
WINTER HOLIDAY SEASON AND 116 INDIVIDUALS RECEIVED SUPPLIES THROUGH
BEYOND THE HOLIDAYS.

J-PRIDE CREATES COMMUNITY THROUGH SOCIAL, RITUAL, AND EDUCATIONAL
QUEER-FOCUSED JEWISH PROGRAMMING BY AND FOR LGBTQ+ JEWS AND THEIR
ALLIES THROUGHOUT THE TWIN CITIES. 801 PEOPLE PARTICIPATED IN 44
J-PRIDE EVENTS.

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

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LEADERSHIP SKILLS AND DEEPEN CONNECTIONS TO JFCS AND ITS MISSION THROUGH SOCIAL AND VOLUNTEER EXPERIENCES AND PHILANTHROPY. THE NEXTGEN BOARD, AN ADVISORY GROUP OF 12 YOUNG ADULT LEADERS, PROVIDES ESSENTIAL FEEDBACK, PLANNING, AND OUTREACH FOR THE PROGRAM. 250 PEOPLE PARTICIPATED IN NEXTGEN.

THE VOLUNTEER ENGAGEMENT PROGRAM RECRUITS, ASSESSES, MATCHES, TRAINS, AND SUPPORTS VOLUNTEERS WHO WORK IN MANY AGENCY PROGRAMS AND ACTIVITIES. SOME OF THE LARGEST VOLUNTEER ROLES INCLUDE OBTAINING, WRAPPING, AND DELIVERING GIFTS FOR OUR HAG SAMEACH PROGRAM; DRIVING CLIENTS TO ACTIVITIES AND APPOINTMENTS; VISITING PEOPLE WHO ARE ILL OR ISOLATED; HELPING TO PLAN AND EXECUTE SPECIAL EVENTS; AND SERVING ON THE AGENCY'S BOARD OF DIRECTORS AND COMMITTEES. 1,110 VOLUNTEERS HELPED US DELIVER SERVICES AND ACHIEVE OUR MISSION IN 2025.
EXPENSES \$ 1,122,603. INCLUDING GRANTS OF \$ 219,960. REVENUE \$ 0.

CHILDREN AND FAMILY SERVICES

EDUCATION AND LEARNING

OUR EDUCATION AND LEARNING PROGRAMS FOR CHILDREN AND FAMILIES STRIVE TO PROVIDE THE TOOLS AND SUPPORT NEEDED TO LIVE STABLE AND ENGAGED LIVES. THIS INCLUDES EARLY CHILDHOOD EDUCATION, MENTORSHIP, FINANCIAL ASSISTANCE, TRAINING AND EDUCATION ACROSS THE LIFESPAN, CAREGIVER SUPPORT AND MENTAL HEALTH EDUCATION THROUGH AN ANNUAL COMMUNITY CONFERENCE. 2,491 PEOPLE PARTICIPATED IN EDUCATION AND LEARNING PROGRAMS IN 2025.

JFCS CAMP SCHOLARSHIPS ARE AWARDED WITH FUNDING FROM DEDICATED ENDOWMENTS, PROVIDING THE OPPORTUNITY TO ATTEND CAMP TO BUILD NEW LIFE SKILLS, BECOME MORE INDEPENDENT AND CONNECT WITH PEERS ON A DEEPER LEVEL. 151 SCHOLARSHIPS WERE AWARDED TO CHILDREN, TOTALING \$100,500.

JFCS ADMINISTERS SEVERAL POST-SECONDARY ACADEMIC SCHOLARSHIP FUNDS. SELECTION CRITERIA INCLUDE FINANCIAL NEED AND MERIT REQUIREMENTS UNIQUE TO EACH FUND. WE AWARDED 39 SCHOLARSHIPS TOTALING \$116,804.

PROFESSIONAL AND COMMUNITY EDUCATION TAKES JFCS OUT INTO THE COMMUNITY AND BRINGS THE COMMUNITY INTO JFCS THROUGH PRESENTATIONS, TRAININGS, WORKSHOPS, CLASSES, SUPPORT GROUPS, INDIVIDUAL MEETINGS, AND CONSULTATIONS. THE FOUNDATIONS OF PROFESSIONAL AND COMMUNITY EDUCATION ARE COLLABORATION, PREVENTION, AND EDUCATION WITH THE GOAL OF PROMOTING INDIVIDUAL, FAMILY, AND COMMUNITY WELL-BEING. CUSTOMIZED PROGRAMMING INCLUDES TOPICS SUCH AS PARENTING WORKSHOPS, TEACHER TRAININGS, SUPPORTING FAMILIES AND INDIVIDUALS DEALING WITH ADDICTION AND RECOVERY, ADDRESSING INTERFAITH CHALLENGES, BULLYING, GRIEF, AND LOSS, SUPPORTING CAREGIVERS, ADDRESSING CHALLENGING CURRENT EVENTS IN MEANINGFUL WAYS, COMMUNICATION SKILLS AND BUILDING HEALTHY RELATIONSHIPS. PARENT COACHING PROVIDES TAILORED AND EVIDENCE-BASED SUPPORTS FOR PARENTS WHO ARE DEALING WITH A SPECIFIC ISSUE OR CONCERN WITH THEIR CHILDREN OR FAMILY. 887 PEOPLE PARTICIPATED IN PROFESSIONAL AND COMMUNITY EDUCATION PROGRAMS.

ADDICTION AND RECOVERY SERVICES SUPPORT FAMILIES AND INDIVIDUALS WHO ARE AFFECTED BY SUBSTANCE USE DISORDER AND OTHER ADDICTIONS. ADDICTION IS A FAMILY DISEASE, AND OUR PROGRAMS SUPPORT THE FAMILY AS A WHOLE. PROGRAMMING INCLUDES EDUCATION ABOUT ADDICTION FOR DIVERSE AUDIENCES, CONFIDENTIAL CONSULTATIONS WITH FAMILY MEMBERS, AND REFERRALS TO A

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VARIETY OF RESOURCES IN THE TWIN CITIES AND BEYOND. WE WORK CLOSELY WITH THE PROFESSIONAL EDUCATION AND LEARNING PROGRAM AT JFCS AND FOCUS ON EDUCATION, PREVENTION, AND COLLABORATION TO SUPPORT FAMILIES AND REDUCE STIGMA AROUND ADDICTION IN ALL FORMS. OUR WORK IS INFORMED BY THE PRINCIPLES OF HARM REDUCTION AND WHEN APPROPRIATE PROVIDED THROUGH A JEWISH LENS. ADDICTION AND RECOVERY SERVICES SUPPORTED 15 INDIVIDUALS AND HOSTED 51 PEOPLE AT THE FREEDOM FROM ADDICTION PASSOVER SEDER.

OUR JEWISH YOUTH MENTORING PROGRAM WAS PHASED OUT IN 2025. IT WAS A COMMUNITY-BASED MENTORING PROGRAM FOR JEWISH-IDENTIFIED YOUTH THAT IS DESIGNED TO PROMOTE POSITIVE SOCIAL-EMOTIONAL-SPIRITUAL DEVELOPMENT AND INCREASE ENGAGEMENT IN THE JEWISH COMMUNITY. MATCH ACTIVITIES WERE TAILORED TO INDIVIDUAL NEEDS, INTERESTS, AND ABILITIES. MATCHES ARE MONITORED AND SUPPORTED BY PROFESSIONAL STAFF AND PROVIDE POSITIVE ROLE MODELING, ACCESS TO JEWISH HOLIDAYS AND EVENTS, AND THE CHANCE TO HAVE SOME FUN WITH A FRIEND. 6 PEOPLE PARTICIPATED IN THE PROGRAM, INCLUDING YOUTH, MENTORS, FAMILY MEMBERS AND COMMUNITY PARTNERS.

PARENTCHILD+, AN EVIDENCE-INFORMED EARLY LITERACY, PARENTING, AND SCHOOL READINESS PROGRAM, IS COMMITTED TO CLOSING THE OPPORTUNITY GAP BY PROVIDING FAMILIES WITH LOW-INCOMES THE SKILLS AND RESOURCES THEY NEED TO PREPARE THEIR CHILDREN FOR SCHOOL AND LIFE SUCCESS. EARLY LEARNING SPECIALISTS WORK WITH FAMILIES IN THEIR HOMES TWO TIMES EACH WEEK FOR TWO YEARS, STARTING WHEN THE CHILD IS 18 MONTHS TO 2 1/2 YEARS OLD. PARTICIPATING FAMILIES RECEIVE EDUCATIONAL BOOKS AND TOYS AT NO COST TO THE FAMILY, LEARN CREATIVE WAYS TO LEARN AND PLAY TOGETHER, AND RECEIVE SUPPORT TO HELP YOUNG CHILDREN GROW, LEARN, AND BE READY FOR PRESCHOOL AND KINDERGARTEN. PARENTCHILD+ PROVIDES INSTRUCTION IN ENGLISH, SPANISH, RUSSIAN AND SOMALI. JFCS IS A REPLICATION SITE FOR THE INTERNATIONAL PARENTCHILD+ PROGRAM. JFCS SERVES FAMILIES IN THE MINNEAPOLIS/ST. PAUL METROPOLITAN AREA, AND WE PARTNER WITH COMMUNITY ORGANIZATIONS TO PROVIDE PARENTCHILD+ IN TWO GREATER MINNESOTA LOCATIONS: CASS COUNTY AND RICE COUNTY. IN THE 2025-26 PROGRAM YEAR, PARENTCHILD+ SERVED 258 CHILDREN.

JFCS STAFF AND VOLUNTEERS PLAN AND PRESENT TWO COMMUNITY CONFERENCES. THE ANNUAL MENTAL HEALTH EDUCATION CONFERENCE RAISES AWARENESS ABOUT MENTAL HEALTH ISSUES, PROVIDES SUPPORT FOR INDIVIDUALS AND FAMILIES, AND OFFERS EDUCATION THROUGH AN ANNUAL CONFERENCE ON MENTAL HEALTH. THE CONFERENCE DRAWS PROFESSIONALS, PEOPLE WITH MENTAL ILLNESS, AND FAMILY MEMBERS. THE CONFERENCE INCLUDES A KEYNOTE SPEAKER AND BREAKOUT WORKSHOPS. 317 PEOPLE ATTENDED FOR THIS YEAR'S ANNUAL CONFERENCE. THE BI-ANNUAL KEEPING THE SPIRIT ALIVE CAREGIVERS CONFERENCE HAPPENED IN 2025 AS WELL. 267 PEOPLE ATTENDED THE CONFERENCE IN THE SPRING 2025. EXPENSES \$ 1,874,607. INCL GRANTS OF \$ 372,610. REVENUE \$ 1,601,564.

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

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

THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE JFCS OFFICERS (INCLUDING THE CHAIRPERSON OF EACH STANDING COMMITTEE), THE IMMEDIATE PAST-PRESIDENT, THE PRESIDENT-ELECT (IF APPLICABLE) AND OTHERS AS APPOINTED BY THE PRESIDENT. DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD, THE EXECUTIVE COMMITTEE SHALL MEET UPON THE CALL OF THE PRESIDENT, AND SHALL TAKE FINAL ACTION ON MATTERS UPON WHICH IT HAS BEEN PREVIOUSLY EMPOWERED BY THE BOARD TO ACT,

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

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

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

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

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

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

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

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

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

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

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

COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES IS DETERMINED BY REFERENCE TO COMPENSATION SURVEYS FOR SIMILAR POSITIONS IN SOCIAL SERVICE AGENCIES.

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THE COMPENSATION IS DETERMINED BY THE CEO WITH CONSULTATION WITH THE HR DIRECTOR. THIS HAS BEEN AN INTERNAL PROCESS.

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

SCHEDULE R
(Form 990)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNESOTA	Employer identification number 41-0693860
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HELENA BIGOS SUPPORTING FOUNDATION - 46-1574321, 5905 GOLDEN VALLEY ROAD, GOLDEN VALLEY, MN 55422	SUPPORTING ORGANIZATION	MINNESOTA	501(C)(3)	LINE 12A, I	JFCS OF MINNESOTA	X	

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.

[illegible]

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

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

JEWISH FAMILY AND CHILDREN'S SERVICE

Schedule R (Form 990) (Rev. 1-2025) OF MINNESOTA

41-0693860

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HELENA BIGOS SUPPORTING FOUNDATION	C	647,454.	COST
(2)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. JEWISH FAMILY AND CHILDREN'S SERVICE OF MINNESOTA	Taxpayer identification number (TIN) 41-0693860
	Number, street, and room or suite no. If a P.O. box, see instructions. 5905 GOLDEN VALLEY ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GOLDEN VALLEY, MN 55422	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.
Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **DANIEL BELICH**
5905 GOLDEN VALLEY ROAD - GOLDEN VALLEY, MN 55422

Telephone No. **952-546-0616** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 **25** or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)