

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2010Open to Public
Inspection**A** For the 2010 calendar year, or tax year beginning **OCT 1, 2010** and ending **SEP 30, 2011****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**JEWISH VOCATIONAL SERVICE, INC.**

Doing Business As

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

29 WINTER STREET

Room/suite

City or town, state or country, and ZIP + 4

BOSTON, MA 02118**F** Name and address of principal officer: **JEROME RUBIN****SAME AS C ABOVE****D** Employer identification number**04-2104357****E** Telephone number**(617) 399-3113****G** Gross receipts \$**7,936,108.****H(a)** Is this a group return

for affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates 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.JVS-BOSTON.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1938** **M** State of legal domicile: **MA****Part I Summary**

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: **TO EMPOWER INDIVIDUALS FROM DIVERSE COMMUNITIES TO FIND EMPLOYMENT, BUILD CAREERS, AND PARTNER****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** **34****4** Number of independent voting members of the governing body (Part VI, line 1b)**4** **34****5** Total number of individuals employed in calendar year 2010 (Part V, line 2a)**5** **169****6** Total number of volunteers (estimate if necessary)**6** **450****7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a** **0.****b** Net unrelated business taxable income from Form 990-T, line 34**7b** **0.**

Revenue

8 Contributions and grants (Part VIII, line 1h)

Prior Year	Current Year
4,042,769.	2,965,681.
4,746,419.	4,839,437.
23,434.	82,990.
-34,064.	-26,704.
8,778,558.	7,861,404.
20,458.	13,603.
0.	0.
5,956,501.	6,398,885.
0.	0.
1,835,175.	1,752,300.
7,812,134.	8,164,788.
966,424.	-303,384.
Beginning of Current Year	End of Year
6,847,862.	6,553,379.
1,042,914.	1,119,883.
5,804,948.	5,433,496.

9 Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **290,833.****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**19** Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**22** Net assets or fund balances. Subtract line 21 from line 20**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

ERIN FLYNN-BLAIR, COO

Type or print name and title

Paid

Preparer

Use Only

Print/Type preparer's name

CRAIG KLEIN

Preparer's signature

Date

2/13/12Check
if
self-employed

PTIN

P00734640Firm's name ▶ **CBIZ TOFIAS**Firm's EIN ▶ **26-3753134**Firm's address ▶ **500 BOYLSTON STREET
BOSTON, MA 02116**Phone no. **617-761-0600**

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

☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ X

1 Briefly describe the organization's mission:

TO EMPOWER INDIVIDUALS FROM DIVERSE COMMUNITIES TO FIND EMPLOYMENT, BUILD CAREERS, AND PARTNER WITH EMPLOYERS TO HIRE AND TRAIN PRODUCTIVE WORKFORCES.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 3,431,692. including grants of \$) (Revenue \$ 2,304,005.)
PARTNERSHIPS FOR CAREERS & LEARNING PRE-EMPLOYMENT SERVICES PROVIDES A MENU OF SERVICES TO INDIVIDUALS, INCLUDING ADULT EDUCATION AND ENGLISH LANGUAGE INSTRUCTION, GED AND ADULT DIPLOMA PROGRAMS, COLLEGE TRANSITION CLASSES AND COACHING, VOCATIONAL SKILLS TRAINING AND SPECIALIZED JOB READINESS, PLACEMENT AND SUPPORT SERVICES. THE PROGRAM PROVIDES SERVICES TO REFUGEES AND IMMIGRANTS, INDIVIDUALS WITH DISABILITIES, WOMEN TRANSITIONING OFF OF PUBLIC ASSISTANCE, DISLOCATED WORKERS AND OTHER LOW INCOME PEOPLE WITH BARRIERS TO EMPLOYMENT.

4b (Code:) (Expenses \$ 1,476,713. including grants of \$) (Revenue \$ 1,699,075.)
THE WORK PLACE, A ONE STOP CAREER CENTER, PROVIDES THE GENERAL PUBLIC WITH FREE WORKSHOPS AND ACCESS TO A RESOURCE ROOM FOR USE IN JOB SEARCH, AS WELL AS 1:1 JOB COUNSELING AS REQUESTED. THE PROGRAM ALSO PROVIDES MORE INTENSIVE JOB SEARCH TRAINING AND PLACEMENT ASSISTANCE TO POPULATIONS INCLUDING YOUTH, CRIMINAL OFFENDERS, THE HOMELESS, WOMEN TRANSITIONING OFF PUBLIC ASSISTANCE AND DISLOCATED WORKERS.

4c (Code:) (Expenses \$ 1,156,641. including grants of \$) (Revenue \$ 764,646.)
PARTNERSHIPS FOR CAREERS & LEARNING-INCUMBENT WORKER SERVICES PROVIDES ENTRY-LEVEL WORKERS WITH JOB AND ACADEMIC COACHING, AS WELL AS INSTRUCTION AT THEIR PLACE OF EMPLOYMENT. CLASSES RANGE FROM ENGLISH FOR SPEAKERS OF OTHER LANGUAGES TO COMPUTER SKILLS, MATH, GED, PRE-COLLEGE PREPARATION, AND CITIZENSHIP PREPARATION. THE PROGRAM WORKS CLOSELY WITH EMPLOYER PARTNERS, WHO PROVIDED INPUT INTO CURRICULA, AS WELL AS PROVIDING ASSISTANCE IN STUDENT OUTREACH AND SELECTION.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 545,959. including grants of \$ 13,603.) (Revenue \$ 71,711.)4e Total program service expenses **6,611,005.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	<input type="checkbox"/>	<input type="checkbox"/>

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 17		
b Enter the number of Forms W-2G included in 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	
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 169		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	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? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		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?	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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

☒**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	34			
b Enter the number of voting members included in line 1a, above, who are independent		34		
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 or 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 Does the organization have members or stockholders?		6	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		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 in Schedule O		9		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c		
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
15a		
b Other officers or key employees of the organization	X	
15b		
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16a		
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 **MA**

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

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ERIN FLYNN-BLAIR - 617-399-3113**
29 WINTER STREET, BOSTON, MA 02108

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
RUBEN KLEIN CHAIR	1.00	X		X				0.	0.	0.
ELLEN SEGAL VICE CHAIR	1.00	X		X				0.	0.	0.
MARK B. STEIN VICE CHAIR	1.00	X		X				0.	0.	0.
DOUGLAS F. NEWMAN TREASURER	1.00	X		X				0.	0.	0.
CAMPE GOODMAN SECRETARY	1.00	X		X				0.	0.	0.
JUDITH OBERMAYER CHAIR EMERITUS	1.00	X		X				0.	0.	0.
CATHERINE S. BROMBERG DIRECTOR	1.00	X						0.	0.	0.
MARNA DOLINGER DIRECTOR	1.00	X						0.	0.	0.
DAVID J. DYKEMAN DIRECTOR	1.00	X						0.	0.	0.
JOSH EHRENFRIED DIRECTOR	1.00	X						0.	0.	0.
PENNY GARVER DIRECTOR	1.00	X						0.	0.	0.
CLAUDIA GILMAN EISENBAUM DIRECTOR	1.00	X						0.	0.	0.
MARJORIE GLAZER DIRECTOR	1.00	X						0.	0.	0.
RANDALL S. GOLDSTEIN DIRECTOR	1.00	X						0.	0.	0.
JOSEPH GOODMAN DIRECTOR	1.00	X						0.	0.	0.
STACY GOODMAN DIRECTOR	1.00	X						0.	0.	0.
DORIS GORDON DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
KENNETH J. GREENBERG DIRECTOR	1.00	X						0.	0.	0.
MICHAEL S. GRILL DIRECTOR	1.00	X						0.	0.	0.
SUSAN L. HOUSTON DIRECTOR	1.00	X						0.	0.	0.
ROBERT HUGHES DIRECTOR	1.00	X						0.	0.	0.
WENDY LANDMAN DIRECTOR	1.00	X						0.	0.	0.
JOSEPH B. LUDWIG DIRECTOR	1.00	X						0.	0.	0.
JANE R. MATLAW DIRECTOR	1.00	X						0.	0.	0.
LISA M. POLLACK DIRECTOR	1.00	X						0.	0.	0.
ERIC S. RITVO DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								434,059.	0.	54,595.
d Total (add lines 1b and 1c)								434,059.	0.	54,595.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **3**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2010)

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

(A) Name and title	(B) Average hours per week	(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			
PATTI A. STOLL DIRECTOR	1.00	X						0.	0.	0.
GABRIEL B. SUNSHINE DIRECTOR	1.00	X						0.	0.	0.
ADAM L. SUTTIN DIRECTOR	1.00	X						0.	0.	0.
NEIL A. WALLACK DIRECTOR	1.00	X						0.	0.	0.
NICOLE K. BORDEN DIRECTOR	1.00	X						0.	0.	0.
HARVEY GILMAN DIRECTOR	1.00	X						0.	0.	0.
SCOTT GOFFSTEIN DIRECTOR	1.00	X						0.	0.	0.
STEVEN WEISS DIRECTOR	1.00	X						0.	0.	0.
MICHAEL WINTER DIRECTOR	1.00	X						0.	0.	0.
RICHARD YANOFSKY DIRECTOR	1.00	X						0.	0.	0.
HOWARD A. BRICK DIRECTOR	1.00	X						0.	0.	0.
JEROME RUBIN PRESIDENT & CEO	35.00			X				184,237.	0.	30,480.
ERIN FLYNN-BLAIR COO	35.00			X				144,947.	0.	15,832.
CAROL GRADY VICE PRESIDENT	35.00					X		104,875.	0.	8,283.
Total to Part VII, Section A, line 1c								434,059.		54,595.

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a	1,269,150.			
	b Membership dues	1b				
	c Fundraising events	1c	170,041.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,526,490.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		2,965,681.			
Program Service Revenue	2 a GOVERNMENT CONTRACTS	Business Code 900099	4,010,645.	4,010,645.		
	b NON-GOVERNMENT CONTRAC	900099	823,900.	823,900.		
	c OTHER REVENUE	900099	4,892.	4,892.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		4,839,437.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		16,478.		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6 a Gross Rents		(i) Real (ii) Personal				
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7 a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses						
c Gain or (loss)			66,512.			
d Net gain or (loss)			66,512.			66,512.
8 a Gross income from fundraising events (not including \$ 170,041. of contributions reported on line 1c). See Part IV, line 18		a	48,000.			
b Less: direct expenses		b	74,704.			
c Net income or (loss) from fundraising events			-26,704.			-26,704.
9 a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		7,861,404.	4,839,437.	0.	56,286.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	13,603.	13,603.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	402,146.		368,017.	34,129.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,839,498.	4,207,088.	466,786.	165,624.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	683,206.	593,026.	65,440.	24,740.
10 Payroll taxes	474,035.	384,191.	72,097.	17,747.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	51,650.		51,650.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	273,831.	221,315.	50,866.	1,650.
12 Advertising and promotion	18,109.	16,763.	410.	936.
13 Office expenses				
14 Information technology	124,178.	89,317.	29,450.	5,411.
15 Royalties				
16 Occupancy	754,256.	689,631.	54,361.	10,264.
17 Travel	45,458.	36,251.	8,970.	237.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	59,803.	31,466.	20,356.	7,981.
20 Interest	16,423.	16,423.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,024.	15,598.	3,897.	529.
23 Insurance	30,528.		30,528.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a CLIENT EXPENSES	98,493.	98,493.		
b SUPPLIES	76,443.	71,644.	3,644.	1,155.
c EQUIPMENT RENTAL/MAINT.	67,425.	61,721.	4,932.	772.
d TELEPHONE	52,716.	42,723.	8,551.	1,442.
e PRINTING & PUBLICATIONS	14,362.	6,061.	1,002.	7,299.
f All other expenses	48,601.	15,691.	21,993.	10,917.
25 Total functional expenses. Add lines 1 through 24f	8,164,788.	6,611,005.	1,262,950.	290,833.
26 Joint costs. Check here <input type="checkbox"/> If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	182,638.	1	283,989.
	2 Savings and temporary cash investments	1,863,043.	2	2,182,989.
	3 Pledges and grants receivable, net	2,363,889.	3	1,569,819.
	4 Accounts receivable, net	939,220.	4	858,562.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	26,276.	7	35,476.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	100,205.	9	181,145.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 844,044.		
	b Less: accumulated depreciation	10b 824,817.	10c	19,227.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,164,964.	12	1,239,456.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	175,296.	15	182,716.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	6,847,862.	16	6,553,379.
Liabilities	17 Accounts payable and accrued expenses	439,262.	17	507,775.
	18 Grants payable		18	
	19 Deferred revenue	99,234.	19	147,180.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	504,418.	25	464,928.
	26 Total liabilities. Add lines 17 through 25	1,042,914.	26	1,119,883.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,714,974.	27	1,721,428.
	28 Temporarily restricted net assets	4,073,440.	28	3,695,534.
	29 Permanently restricted net assets	16,534.	29	16,534.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,804,948.	33	5,433,496.
	34 Total liabilities and net assets/fund balances	6,847,862.	34	6,553,379.

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,861,404.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,164,788.
3	Revenue less expenses. Subtract line 2 from line 1	3	-303,384.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,804,948.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-68,068.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,433,496.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☐1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

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

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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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2030894.	2376321.	3415044.	4042769.	2965681.	14830709.
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	2030894.	2376321.	3415044.	4042769.	2965681.	14830709.
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)						3158065.
6 Public support. Subtract line 5 from line 4.						11672644.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2030894.	2376321.	3415044.	4042769.	2965681.	14830709.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,096.	27,213.	22,024.	7,715.	16,478.	82,526.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						14913235.
12 Gross receipts from related activities, etc. (see instructions)					12	26,490,046.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	78.27 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	80.91 %
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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 ☐

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

JEWISH VOCATIONAL SERVICE, INC.

Employer identification number

04-2104357

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	571,692.	526,314.	518,367.		
b Contributions					
c Net investment earnings, gains, and losses	3,690.	47,439.	30,554.		
d Grants or scholarships			20,819.		
e Other expenditures for facilities and programs	47,309.				
f Administrative expenses	2,218.	2,061.	1,788.		
g End of year balance	525,855.	571,692.	526,314.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☒ 96.86 %
 b Permanent endowment ☒ 3.14 %
 c Term endowment ☒ .00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i) X	
(ii) related organizations	3a(ii)	X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		15,600.	6,490.	9,110.
d Equipment		828,444.	818,327.	10,117.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				19,227.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. 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) JEWISH COMMUNITY		
(B) ENDOWMENT POOL, THROUGH		
(C) COMBINED JEWISH		
(D) PHILANTHROPIES	1,239,456.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	1,239,456.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUE TO COMBINED JEWISH	
(3) PHILANTHROPIES	256,037.
(4) SECT. 457 PLAN OBLIGATIONS	152,894.
(5) LOAN LOSS RESERVE	25,500.
(6) DEFERRED RENT	51,012.
(7) PARTICIPANT PAYMENTS FOR COBRA	
(8) COVERAGE	4,655.
(9) SCHOLARSHIP FUND DISTRIBUTIONS	-25,170.
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	464,928.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,861,404.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,164,788.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-303,384.
4	Net unrealized gains (losses) on investments	4	-68,068.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-68,068.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-371,452.

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

1	Total revenue, gains, and other support per audited financial statements	1	7,868,040.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-68,068.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	74,704.
e	Add lines 2a through 2d	2e	6,636.
3	Subtract line 2e from line 1	3	7,861,404.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,861,404.

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

1	Total expenses and losses per audited financial statements	1	8,239,492.
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 XIV.)	2d	74,704.
e	Add lines 2a through 2d	2e	74,704.
3	Subtract line 2e from line 1	3	8,164,788.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,164,788.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: JEWISH VOCATIONAL SERVICE, INC. USES ENDOWMENT FUNDS

TO GRANT SCHOLARSHIPS TO COLLEGE STUDENTS.

PART X, LINE 2: JVS ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX

POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE

Part XIV Supplemental Information (continued)

POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. JVS HAS IDENTIFIED ITS TAX STATUS AS A TAX-EXEMPT ENTITY AS ITS ONLY SIGNIFICANT TAX POSITION; HOWEVER, JVS HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION.

JVS'S FEDERAL AND STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GALA EXPENSES 74,704.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

GALA EXPENSES 74,704.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2010

Open To Public Inspection

04-2104357

Part I

e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

☐ Yes ☐ No

[illegible]

Total ▶

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

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

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
	ANNUAL GALA (event type)	(event type)	NONE (total number)	
Revenue				
1 Gross receipts	218,041.			218,041.
2 Less: Charitable contributions	170,041.			170,041.
3 Gross income (line 1 minus line 2)	48,000.			48,000.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages	50,166.			50,166.
8 Entertainment				
9 Other direct expenses	24,538.			24,538.
10 Direct expense summary. Add lines 4 through 9 in column (d)				(74,704)
11 Net income summary. Combine line 3, column (d), and line 10				-26,704.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Name ▶ _____

Address ▶ _____

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

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV

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

Name of the organization


JEWISH VOCATIONAL SERVICE, INC.	
Part I	General Information on Grants and Assistance
Name of the organization	

Employer identification number
04-2104357

- 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?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

☒ Yes ☐ No

Part II	Grants and Other Assistance to Governments and Organizations in the United States	Complete
---------	---	----------

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐ 

[illegible]

- | | |
|---|--|
| 2 | Enter total number of section 501(c)(3) and government organizations |
| 3 | Enter total number of other organizations |

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

Schedule I (Form 990) (2010)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS FOR STUDENTS ATTENDING COLLEGE	15	13,603.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: SCHOLARSHIPS ARE AWARDED TO UNDERGRADUATE COLLEGE STUDENTS WHO DEMONSTRATE SIGNIFICANT NEED; THE FUNDS ARE REGARDED AS "LAST RESORT" AFTER STUDENTS HAVE EXHAUSTED PERSONAL, FAMILY AND TRADITIONAL FINANCIAL AID RESOURCES. EXTENSIVE DOCUMENTATION, INCLUDING FAFSA, STUDENT AND PARENT TAX RETURNS, LETTERS OF FINANCIAL AID AWARD FROM THE SCHOOL, INTERVIEWS WITH STUDENTS AND PARENTS ARE REQUIRED AS PART OF THE SCREENING PROCESS. ONCE AWARDED, GRANTS CAN BE USED FOR TUITION, ROOM & BOARD, BOOKS, SUPPLIES AND OTHER INCIDENTAL EXPENSES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

JEWISH VOCATIONAL SERVICE, INC.

Employer identification number

04-2104357

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

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

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JEROME RUBIN	(i) 183,875.	(ii) 0.	(iii) 362.	10,181.	20,299.	214,717.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
2 ERIN FLYNN-BLAIR	(i) 144,694.	(ii) 0.	(iii) 253.	7,685.	8,147.	160,779.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
3	(i)	(ii)	(iii)				
4	(i)	(ii)	(iii)				
5	(i)	(ii)	(iii)				
6	(i)	(ii)	(iii)				
7	(i)	(ii)	(iii)				
8	(i)	(ii)	(iii)				
9	(i)	(ii)	(iii)				
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				

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

PART I, LINE 4B: JVS HAS A NONQUALIFIED DEFERRED COMPENSATION

ARRANGEMENT WITH CERTAIN MANAGEMENT EMPLOYEES, INCLUDING JEROME RUBIN AND

ERIN FLYNN-BLAIR. THIS PLAN PROVIDES FOR DISCRETIONARY CONTRIBUTIONS OF UP

TO \$7,500 OR A PERCENTAGE OF SALARY EACH YEAR PER PARTICIPANT AS DEFINED.

ANNUAL CONTRIBUTIONS VEST OVER A THREE YEAR PERIOD AND REQUIRE ANNUAL

APPROVAL OF THE EXECUTIVE OFFICERS OF THE BOARD OF DIRECTORS. 2010

CONTRIBUTIONS FOR JEROME RUBIN'S BENEFIT WERE \$9,013. 2010 CONTRIBUTIONS

FOR ERIN FLYNN-BLAIR'S BENEFIT WERE \$7,036. 2010 CONTRIBUTIONS FOR CAROL

GRADY'S BENEFIT WERE \$2,000.

JEROME RUBIN PARTICIPATED IN A SPLIT-DOLLAR LIFE INSURANCE ARRANGEMENT.

2010 PREMIUMS PAID BY JVS WERE \$9,968. \$1,168 WAS INCLUDED IN JEROME

RUBIN'S COMPENSATION IN SCHEDULE J, COLUMN (C) IN CONNECTION WITH THIS BENEFIT.

ERIN FLYNN-BLAIR PARTICIPATED IN A SPLIT-DOLLAR LIFE INSURANCE ARRANGEMENT.

2010 PREMIUMS PAID BY JVS WERE \$10,274. \$649 WAS INCLUDED IN ERIN

FLYNN-BLAIR'S COMPENSATION IN SCHEDULE J, COLUMN (C) IN CONNECTION WITH THIS BENEFIT.

Part III Supplemental Information

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

PART I, LINE 7: SEE EXPLANATION FOR SCHEDULE J, PART I, LINE 4B.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

JEWISH VOCATIONAL SERVICE, INC.

Employer identification number

04-2104357

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

WITH EMPLOYERS TO HIRE AND TRAIN PRODUCTIVE WORKFORCES.

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

CAREER MOVES ASSISTS ENTRY TO MID LEVEL PROFESSIONALS TO IDENTIFY

CAREER GOALS (THROUGH TESTING AND COUNSELING) AND TO FIND EMPLOYMENT.

THE PROGRAM PROVIDED A NUMBER OF GROUP AND 1:1 SERVICES, INCLUDING

RESUME PREPARATION AND INTERVIEW PRACTICE, PEER SUPPORT GROUPS,

SEMINARS AND WEBINARS ON CAREER AND JOB SEARCH TOPICS, JOB CLUBS,

NETWORKING EVENTS, AND MENTORING OPPORTUNITIES.

EXPENSES \$ 545,959. INCLUDING GRANTS OF \$ 13,603. REVENUE \$ 71,711.

FORM 990, PART VI, SECTION A, LINE 6: MEMBERS CONSIST OF PAST OFFICERS OF

THE BOARD FOR THREE YEARS FOLLOWING COMPLETION OF THEIR TERM, PAST

CHAIRPERSONS FOR LIFE AND CURRENT BOARD OF DIRECTORS. ALL MEMBERS ARE

ENTITLED TO VOTE FOR THE BOARD OF DIRECTORS, WHICH IS THE GOVERNING BODY OF

THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS CONSIST OF PAST OFFICERS OF

THE BOARD FOR THREE YEARS FOLLOWING COMPLETION OF THEIR TERM, PAST

CHAIRPERSONS FOR LIFE AND CURRENT BOARD OF DIRECTORS. ALL MEMBERS ARE

ENTITLED TO VOTE FOR THE BOARD OF DIRECTORS, WHICH IS THE GOVERNING BODY OF

THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11: THE TAX RETURN WAS FIRST REVIEWED

BY MANAGEMENT. AFTERWARD, THE TAX RETURN WAS DISTRIBUTED TO THE BUDGET &

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

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FINANCE COMMITTEE OF THE BOARD, AND A TELEPHONE CALL WAS HELD TO ANSWER QUESTIONS AND OBTAIN APPROVAL PRIOR TO FILING. AFTER COMMITTEE REVIEW, THE FULL BOARD WAS PROVIDED A COPY OF THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS AND EMPLOYEES ARE SUBJECT TO THE CONFLICT OF INTEREST POLICY. NEW BOARD MEMBERS ARE GIVEN THE WRITTEN POLICY REGARDING CONFLICT OF INTEREST AT THE TIME OF ORIENTATION TO THE BOARD. ONCE PER YEAR, AT A FULL BOARD MEETING, THE POLICY IS REVIEWED AND ALL BOARD MEMBERS ARE ASKED TO CONTACT THE CEO IF THEY HAVE ANY ACTIVITIES THAT MIGHT CONSTITUTE A CONFLICT, AND TO MAKE SURE APPROPRIATE DISCLOSURES ARE MADE. THE CEO WILL DISCUSS POTENTIAL CONFLICTS WITH THE BOARD CHAIR AND THE AFFECTED INDIVIDUAL. IF THE CEO AND THE CHAIR AND THE INDIVIDUAL INVOLVED ARE UNABLE TO SATISFACTORILY MANAGE OR ELIMINATE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS WILL BE IMMEDIATELY INFORMED IN ORDER TO TAKE THAT ACTION WHICH IT DEEMS APPROPRIATE. ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE MAY INCLUDE DISQUALIFICATION OF THE AFFECTED INDIVIDUAL FROM PARTICIPATING IN DECISIONS RELATING TO THE ACTUAL OR POTENTIAL CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: THE PRESIDENT & CEO'S COMPENSATION WAS APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD IN JANUARY 2011, BASED ON AN EVALUATION PROCESS CONDUCTED BY APPOINTED BOARD MEMBER(S), WHO THEN REPORTED TO THE EXECUTIVE COMMITTEE. AGENCY POLICY IS THAT PERIODIC RE-ASSESSMENT OF SALARY WILL OCCUR, BASED BOTH ON ANALYSIS OF JOB MARKET/COMPARABLE SALARIES AND JOB PERFORMANCE. OTHER KEY EMPLOYEES' SALARIES ARE SET BY THE PRESIDENT & CEO AND INCLUDED WITHIN THE BOARD BUDGET APPROVAL PROCESS. IN THIS REGARD, THE AGENCY PERFORMS PERIODIC SALARY REVIEWS AND SURVEYS (APPROXIMATELY EVERY THREE YEARS) TO CONFIRM

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SALARIES FOR ALL AGENCY POSITIONS, INCLUDING KEY MANAGEMENT STAFF, ARE COMPETITIVE. IN INTERIM YEARS, SALARIES ARE GENERALLY ADJUSTED BASED ON COST OF LIVING INDICES FOR BOSTON. ERIN FLYNN-BLAIR'S COMPENSATION WAS MOST RECENTLY ADJUSTED IN JANUARY 2011.

FORM 990, PART VI, SECTION C, LINE 19: JVS MAKES ITS FULL AUDITED FINANCIAL STATEMENTS, AS WELL AS 990, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS AVAILABLE UPON REQUEST. OUR ANNUAL REPORT INCLUDES SUMMARY FINANCIAL INFORMATION ON OPERATING REVENUE AND EXPENSES, AND IS DISTRIBUTED TO AGENCY MAILING LISTS, AS WELL AS THROUGH OUR WEBSITE. ADDITIONALLY, THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE.

FORM 990, PART VI, SECTION B, LINE 13:

JEWISH VOCATIONAL SERVICE, INC. HAS A WRITTEN WHISTLEBLOWER POLICY. THE ORGANIZATION ANSWERED "NO" TO PART VI, SECTION B, LINE 13 BECAUSE THE POLICY HAD NOT BEEN ADOPTED BY THE BOARD OR A COMMITTEE OF THE BOARD BY SEPTEMBER 30, 2011. THE WHISTLEBLOWER POLICY WAS, HOWEVER, ADOPTED BY THE BOARD PRIOR TO THE FILING OF THIS FORM 990. THE ORGANIZATION WILL ANSWER "YES" TO THIS QUESTION ON ITS NEXT FORM 990.

FORM 990, PART VI, SECTION B, LINE 14:

JEWISH VOCATIONAL SERVICE, INC. HAS A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY. THE ORGANIZATION ANSWERED "NO" TO PART VI, SECTION B, LINE 14 BECAUSE THE POLICY HAD NOT BEEN ADOPTED BY THE BOARD OR A COMMITTEE OF THE BOARD BY SEPTEMBER 30, 2011. THE DOCUMENT RETENTION AND DESTRUCTION POLICY WAS, HOWEVER, ADOPTED BY THE BOARD PRIOR TO THE FILING OF THIS FORM 990. THE ORGANIZATION WILL ANSWER "YES" TO THIS QUESTION ON ITS NEXT FORM 990.

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FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:

-68,068.