

D Employer identification number	
58-1479212	
E Telephone number	
(770) 677-9443	
F Accounting method	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

I	Group Exemption Number ➤
M	Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Form **990** (2006)

Part II

Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a0	0		
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b0	0		
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23	797,770		
24	Benefits paid to or for members (attach schedule)	24	0		
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	605,828	150,192	78,750
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b	0	0	0
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c	0	0	0
26	Salaries and wages of employees not included on lines 25a, b and c	26	4,280,158	263,886	172,937
27	Pension plan contributions not included on lines 25a, b and c	27	263,220	45,664	12,584
28	Employee benefits not included on lines 25a - 27	28	317,220	16,431	13,466
29	Payroll taxes	29	373,778	31,677	19,254
30	Professional fundraising fees	30	0	0	0
31	Accounting fees	31	39,486	5,356	0
32	Legal fees	32	0	0	0
33	Supplies	33	220,969	28,995	0
34	Telephone	34	93,707	9,952	0
35	Postage and shipping	35	55,084	18,979	0
36	Occupancy	36	326,514	16,550	0
37	Equipment rental and maintenance	37	223,885	154,663	0
38	Printing and publications	38	56,422	29,145	9,372
39	Travel	39	204,557	8,440	0
40	Conferences, conventions, and meetings	40	107,991	48,410	0
41	Interest	41	29,541	29,541	0
42	Depreciation, depletion, etc. (attach schedule) <input type="checkbox"/>	42	161,554	161,554	0
43	Other expenses not covered above (itemize)				
a	Marketing	43a	142,128	79,604	0
b	Professional Fees	43b	2,203,784	71,135	0
c	Other	43c	316,321	269,298	0
d	Insurance and Taxes	43d	79,036	14,273	0
e	Office Expense	43e	99,629	46,059	0
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	10,998,582	1,499,804	306,363








Joint Costs. Check ☒ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No





If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.


What is the organization's primary exempt purpose?  Social Services Agency	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a See Additional Data Table	
(Grants and allocations \$) If this amount includes foreign grants, check here  <input type="checkbox"/>	
b	
(Grants and allocations \$) If this amount includes foreign grants, check here  <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here  <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here  <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here  <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . 	9,192,415

Part IV **Balance Sheets** *(See the instructions.)*

Note: <i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.</i>			(A) Beginning of year			(B) End of year	
Assets	45	Cash—non-interest-bearing		75,671	45		102,022
	46	Savings and temporary cash investments		600,228	46		866,775
	47a	Accounts receivable	47a	0			
	b	Less allowance for doubtful accounts	47b	0	0	47c	0
	48a	Pledges receivable	48a	3,582,089			
	b	Less allowance for doubtful accounts	48b	109,156	1,164,009	48c	3,472,933
	49	Grants receivable		636,446	49		694,246
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a		0
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		0	50b		0
	51a	Other notes and loans receivable (attach schedule)	51a	0			
	b	Less allowance for doubtful accounts	51b	0	0	51c	0
	52	Inventories for sale or use		0	52		0
	53	Prepaid expenses and deferred charges		194,401	53		216,625
	54a	Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,653,766	54a		2,472,888
	b	Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54b		0
	55a	Investments—land, buildings, and equipment basis	55a	0			
	b	Less accumulated depreciation (attach schedule)	55b	0	0	55c	0
	56	Investments—other (attach schedule)		0	56		0
57a	Land, buildings, and equipment basis	57a	5,469,209				
b	Less accumulated depreciation (attach schedule)	57b	1,516,480	3,980,165	57c	 3,952,729	
58	Other assets, including program-related investments (describe <input type="checkbox"/> _____)		402,609	58		1,707,102	
59	Total assets (must equal line 74) Add lines 45 through 58		8,707,295	59		13,485,320	
Liabilities	60	Accounts payable and accrued expenses		478,656	60		689,095
	61	Grants payable		0	61		0
	62	Deferred revenue		550,876	62		876,965
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63		0
	64a	Tax-exempt bond liabilities (attach schedule)		0	64a		0
	b	Mortgages and other notes payable (attach schedule)		2,244,023	64b		1,977,858
	65	Other liabilities (describe <input type="checkbox"/> _____)		200,827	65		20,000
	66	Total liabilities Add lines 60 through 65		3,474,382	66		3,563,918
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		2,223,878	67		4,122,431
	68	Temporarily restricted		1,770,608	68		3,825,936
	69	Permanently restricted		1,238,427	69		1,973,035
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds . .			72		
	73	Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		5,232,913	73		9,921,402
	74	Total liabilities and net assets / fund balances Add lines 66 and 73 . .		8,707,295	74		13,485,320


Part IV-A

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	16,682,948
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	227,982
2	Donated services and use of facilities	b2	870,988
3	Recoveries of prior year grants	b3	0
4	Other (specify) 	b4	124,889
	Add lines b1 through b4	b	1,223,859
c	Subtract line b from line a	c	15,459,089
d	Amounts included on Part I, line 12, but not on line a		
1	Investment expenses not included on Part I, line 6b	d1	0
2	Other (specify) _____	d2	0
	Add lines d1 and d2	d	1,223,859
e	Total revenue (Part I, line 12) Add lines c and d	e	15,459,089

Part IV-B

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	11,994,459
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	870,988
2	Prior year adjustments reported on Part I, line 20	b2	0
3	Losses reported on Part I, line 20	b3	0
4	Other (specify) 	b4	124,889
	Add lines b1 through b4	b	995,877
c	Subtract line b from line a	c	10,998,582
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	0
2	Other (specify) _____	d2	0
	Add lines d1 and d2	d	0
e	Total expenses (Part I, line 17) Add lines c and d	e	10,998,582

Part V-A

Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A		Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	40			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	75b	Yes		
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c			No
d	Does the organization have a written conflict of interest policy?	75d	Yes		

Part V-B

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI		Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76			No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77			No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a			No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b			
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79			No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a			No
b	If "Yes," enter the name of the organization ► _____ _____and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt				
81a	Enter direct or indirect political expenditures (See line 81 instructions)	81a	0		
b	Did the organization file Form 1120-POL for this year?	81b			No

Part VI

Other Information (continued)

Yes

No

82a

Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?

82a

Yes

b

If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)

82b

870,988

83a

Did the organization comply with the public inspection requirements for returns and exemption applications?

83a

Yes

b

Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b

Yes

84a

Did the organization solicit any contributions or gifts that were not tax deductible?

84a

No

b

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

84b

85

501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?

85a

b

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

85b

If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year.

c

Dues assessments, and similar amounts from members

85c

d

Section 162(e) lobbying and political expenditures

85d

e

Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e

f

Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f

g

Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

85g

h

If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?

85h

86

501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12

86a

b

Gross receipts, included on line 12, for public use of club facilities

86b

87

501(c)(12) orgs. Enter a Gross income from members or shareholders

87a

b

Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

87b

88a

At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.

88a

No

b

At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes, complete Part XI.

88b

Yes

89a

501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 0, section 4912 0, section 4955 0

b

501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.

89b

No

c

Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0

d

Enter Amount of tax on line 89c, above, reimbursed by the organization 0

e

All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?

89e

No

f

All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?

89f

No

g

For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

89g

No

90a

List the states with which a copy of this return is filed GA

b

Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)

90b

213

91a

The books are in care of Debi Rice Telephone no (770) 677-9443

4549 Chamblee Dunwoody Road

Located at Atlanta, GA ZIP + 4 30338

b

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)?

91b

No

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

Part VI Other Information <i>(continued)</i>		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c	No
If "Yes," enter the name of the foreign country ▶ _____			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here ▶		☐	
and enter the amount of tax-exempt interest received or accrued during the tax year ▶		92	

Part VII

Analysis of Income-Producing Activities *(See the instructions.)*

Note: Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a	Counseling		0		0	476,330
b	Employment Services		0		0	136,559
c	Adult, Family & Children Services		0		0	940,676
d	Other		0		0	848,373
e	BMDC		0		0	9,220
f	Medicare/Medicaid payments		0		0	1,449,006
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments		0		0	122,003
96	Dividends and interest from securities . . .					
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	non debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory		0		0	750,000
101	Net income or (loss) from special events . .		0		0	81,315
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a Misc		0		0	30,793
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E)) . .		0		0	4,844,275
105	Total (add line 104, columns (B), (D), and (E)) ▶					4,844,275

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	See Additional Data Table

Part IX

Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X

Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☑ No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes	☑ No
NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).			

Part XI

Information Regarding Transfers To and From Controlled Entities

Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No	
		Yes		
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				4,511,702

107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No	
		Yes		
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				1,500

108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No
		Yes	

Please Sign Here

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.

Signature of officer

2008-01-15

Date

Debi Rice CFO

Type or print name and title

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
				Phone no.

Form 990 (2006)

SCHEDULE A
(Form 990 or 990EZ)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information—(See separate instructions.)
MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047
2006

Department of the Treasury
Internal Revenue Service

Name of the organization
JEWISH FAMILY & CAREER SERVICES INC

Employer identification number
58-1479212

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Jay Tenenbaum 4549 Chamblee Dunwoody Road Atlanta, GA 30338	CDO 40	108,971	2,835	5,514
Rhoda Margolis 4549 Chamblee Dunwoody Road Atlanta, GA 30338	Clinical Director 40	99,209	4,948	5,322
Barbara Rosenberg 4549 Chamblee Dunwoody Road Atlanta, GA 30338	Counselor 40	61,111	3,056	4,589
Brenda Fiske 4549 Chamblee Dunwoody Road Atlanta, GA 30338	CMO 40	106,392	5,388	5,454
Paula Chandler 4549 Chamblee Dunwoody Road Atlanta, GA 30338	Careers Director 40	62,100	3,092	4,608
Total number of other employees paid over \$50,000	12			

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Rabbi Scott Saulson 4549 Chamblee Dunwoody Road Atlanta, GA 30338	Clergy	58,086
Total number of others receiving over \$50,000 for professional services	0	

Part II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ➤ \$ 0 (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1		No
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		No
e	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		No
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d	Enter the total number of donor advised funds owned at the end of the tax year ➤			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ➤			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ➤ 0			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ➤ 0			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5

☐

A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6

☐

A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7

☐

A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8

☐

A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9

☐

A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶
- 10

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b

☐

A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12

☐

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and (2) no more than 331/3% 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) (Also complete the **Support Schedule** in Part IV-A)
- 13

☐

An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- ☐ Type I

☐ Type II

☐ Type III - Functionally Integrated

☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)					
(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total ▶					

- 14

☐

An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule

(Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	6,388,632	5,327,908	4,999,432	4,525,621	21,241,593
16 Membership fees received	0	0	0	0	0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	3,693,722	2,976,401	2,463,149	2,701,183	11,834,455
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	158,172	150,206	234,231	56,509	599,118
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	10,240,526	8,454,515	7,696,812	7,283,313	33,675,166
24 Line 23 minus line 17	6,546,804	5,478,114	5,233,663	4,582,130	21,840,711
25 Enter 1% of line 23	102,405	84,545	76,968	72,833	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				26a	436,814
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts				26b	0
c Total support for section 509(a)(1) test Enter line 24, column (e)				26c	21,840,711
d Add Amounts from column (e) for lines 18 599,118 19 0 22 26 b 0				26d	599,118
e Public support (line 26c minus line 26d total)				26e	21,241,593
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	97 26 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2005) (2004) (2003) (2002)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2005) (2004) (2003) (2002)					
c Add Amounts from column (e) for lines 15 16 17 20 21				27c	
d Add Line 27a total and line 27 b total				27d	
e Public support (line 27c total minus line 27d total)				27e	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					


Part V Private School Questionnaire (See page 7 of the instructions.)


(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		Yes	No
29				
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
30				
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
31				
31				
31				
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A

Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)


Check  **a** ☐ if the organization belongs to an affiliated group

Check  **b** ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table— <div><div>If the amount on line 40 is—</div><div>The lobbying nontaxable amount is—</div><div>Not over \$500,00020% of the amount on line 40</div><div>Over \$500,000 but not over \$1,000,000\$100,000 plus 15% of the excess over \$500,000</div><div>Over \$1,000,000 but not over \$1,500,000\$175,000 plus 10% of the excess over \$1,000,000</div><div>Over \$1,500,000 but not over \$17,000,000\$225,000 plus 5% of the excess over \$1,500,000</div><div>Over \$17,000,000\$1,000,000</div></div>	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

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 instructions for lines 45 through 50 on page 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B

Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities			

Exempt Organizations (See page 13 of the instructions.)

501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Yes	No
-----	----

- | | | |
|---------------|--|-----|
| 51a(i) | | N o |
| a(ii) | | N o |
| b(i) | | N o |
| b(ii) | | N o |
| b(iii) | | N o |
| b(iv) | | N o |
| b(v) | | N o |
| b(vi) | | N o |
| c | | N o |

c		No
----------	--	----

goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

▶ ☐ **Yes** ☒ **No**

b If "Yes," complete the following schedule

[illegible]

Additional Data

Software ID: 06000173
Software Version: v1.00
EIN: 58-1479212
Name: JEWISH FAMILY & CAREER SERVICES INC

Form 990, Part III - Program Service Accomplishments:

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<div>a</div> <div>Employment Procurement Programs, General/Other The Career Services Division provides access to employment opportunities through training, career exploration, job placement for older adults, refugees, immigrants, welfare recipients and the community as a whole The division is equally responsible for providing employers with professional recruitment services to assist in the location of skilled candidates for employment Approximately 1,100 people were served during the fiscal year (1100 Clients)</div> <div>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></div>		1,326,167
<div>b</div> <div>Mental Health Care & Counseling Programs, General/ Professional counseling and casework services to clients in the Atlanta community, including both short and long-term clinical, private, and group therapy Programs provided include college counseling, art therapy, domestic violence counseling,adolescent psycholological testing, chaplaincy services, big brother/big sister program, education and training to foster awareness of GLBT individuals, emergency financial assistance, and AIDS education outreach programs This program served approximately 2,500 individuals during the fiscal year (2500 Clients)</div> <div>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></div>		1,561,711
<div>c</div> <div>Residential Care Programs, General/Other Developmental Disabilities Specialists coordinate community-wide services for adults with developmental disabilities Among these services are the Zimmerman-Horowitz Independent Living Program, Employment Services, Respite Services, The Bregman Educational Series, and the Alterman/JETS Transportation Services Approximately 1,050 individuals were served during the fiscal year (1050 Clients)</div> <div>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></div>		3,644,229
<div>d</div> <div>Dental Health Care Dental services in Atlanta for low income individuals unable to afford private care Approximately 92 volunteer dentists provide service to 6,000 individuals each year These in-kind dental services were valued at \$870,988 for the fiscal year Services are provided without regard to race or religion (6000 Clients)</div> <div>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></div>		735,912
<div>e</div> <div>Human Services Programs, General/Other Other Programs Include Homeless program providing substance abuse, domestic violence and family preservation services to prevent homelessness serving approximately 1,000 individuals this fiscal year Aging program providing geriatric case management, home care, services to holocaust survivors and their families, clinical counseling,NORC programming, and kosher meals on wheels serving approximately 5,500 clients during the fiscal year Adoption services matching birth mothers with adoptive parents and performing homestudies for domestic and foreign adoptions handled through other agencies Four babies were placed and approximately 200 families were served during the fiscal year Refugee resettlement services providing assistance to refugees resettling to the Atlanta area including pre-arrival documentation assistance, provision of furniture, rent assistance, clothing and household needs, translation services and training and support to foster healthy marriages Approximately 9 individuals were resettled with services to another 800 individuals Senior Adult Workshop providing compensated emmloyment services for adults 55 or older, some with physical or developmental disabilities This program enhances sense of productivity while providing social interaction and served approximately 35 individuals Translation and Interpretation servicesproviding translation and interpretation in over 80 different languages for approximately 14,000 individuals annually (21548 Clients)</div> <div>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></div>		1,924,396

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Rick Aranson 4549 Chamblee Dunwoody Road Atlanta, GA 30338	COO 40	110,034	5,561	5,514
Debi Rice 4549 Chamblee Dunwoody Road Atlanta, GA 30338	CFO 40	85,490	0	4,672
David Witt 4549 Chamblee Dunwoody Road Atlanta, GA 30338	President 0	0	0	0
Sidney Kirschner 4549 Chamblee Dunwoody Road Atlanta, GA 30338	VP External Communications 0	0	0	0
Gary Miller 4549 Chamblee Dunwoody Road Atlanta, GA 30338	Exec Director/CEO 40	218,135	11,067	8,358
Stacy Fialkow 4549 Chamblee Dunwoody Road Atlanta, GA 30338	First Vice President 0	0	0	0
Marc Alexander 4549 Chamblee Dunwoody Road Atlanta, GA 30338	VP Resource Development 0	0	0	0
Seth Cohen 4549 Chamblee Dunwoody Road Atlanta, GA 30338	VP Board Development 0	0	0	0
Randy Gold 4549 Chamblee Dunwoody Road Atlanta, GA 30338	Treasurer 0	0	0	0
Carol Sherwinter 4549 Chamblee Dunwoody Road Atlanta, GA 30338	Secretary 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Arlene Marcus 4549 Chamblee Dunwoody Road Atlanta,GA 30338	Immediate Past President 0	0	0	0
Scott Geller 4549 Chamblee Dunwoody Road Atlanta,GA 30338	VP of Program Planning 0	0	0	0
Tim Mescon 4549 Chamblee Dunwoody Road Atlanta,GA 30338	VP Facilities 0	0	0	0

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93 c	Fees from programs are critical to enable these programs to continue to meet our mission
93 d	Fees from programs are critical to enable these programs to continue to meet our mission
93 f	Fees from programs are critical to enable these programs to continue to meet our mission
103 a	Miscellaneous revenue is received from various activities highlighting and supporting our programming
100	Proceeds from sale of a dental clinic serving individuals as part of our mission are being used to build a new dental clinic to enable us to serve more individuals
101	Special events are needed to showcase the agency programs and accomplishments, educate the community, and to solicit new donors
93 a	Fees from programs are critical to enable these programs to continue to meet our mission
93 b	Fees from programs are critical to enable these programs to continue to meet our mission
93 e	Fees from programs are critical to enable these programs to continue to meet our mission
95	Resources that are donated are invested to maximize returns and to support mission critical programming

TY 2006 Depreciation and Depletion Schedule**Name:** JEWISH FAMILY & CAREER SERVICES INC**EIN:** 58-1479212**Software ID:** 06000173**Software Version:** v1.00

Asset	Amount
Donated Property - SL	21,675
Leasehold Improvements - SL	11,318
Software - SL	109
Vehicles - SL	35,046
Bldg and Improvements - SL	60,213
Computer - SL	3,730
Furniture and Equipment - SL	29,463

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

TY 2006 Gain/Loss from Sale of Other Assets Schedule

Name: JEWISH FAMILY & CAREER SERVICES INC

EIN: 58-1479212

Software ID: 06000173

Software Version: v1.00

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total (net)	Accumulated Depreciation
Dental Clinic	1951-01	Donation	2007-06	Blacklon LLC	750,000	50,000	0	750,000	50,000

TY 2006 Individual Assistance Schedule

Name: JEWISH FAMILY & CAREER SERVICES INC

EIN: 58-1479212

Software ID: 06000173

Software Version: v1.00

Class of Activity	Amount
Client Assistance	797,770

TY 2006 Land etc. Schedule

Name: JEWISH FAMILY & CAREER SERVICES INC

EIN: 58-1479212

Software ID: 06000173

Software Version: v1.00

Category /Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Building and Equipment	5,092,325	1,516,480	3,575,845
Land	376,884	0	376,884

TY 2006 Mortgages and Notes Payable Schedule**Name:** JEWISH FAMILY & CAREER SERVICES INC**EIN:** 58-1479212**Software ID:** 06000173**Software Version:** v1.00**Total Mortgage Amount:** 1929508

Item No.	1
Lender's Name	Southeast Toyota Financing
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	49800
Balance Due	48350
Date of Note	2007-05
Maturity Date	2009-05
Repayment Terms	Monthly
Interest Rate	0
Security Provided by Borrower	Credit
Purpose of Loan	Purchase of 2 vans for Transportation Program
Description of Lender Consideration	Note Payable
Consideration FMV	1

TY 2006 Other Assets Schedule

Name: JEWISH FAMILY & CAREER SERVICES INC

EIN: 58-1479212

Software ID: 06000173

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
Restricted Cash	402,609	1,707,102

TY 2006 Other Changes in Net Assets Schedule**Name:** JEWISH FAMILY & CAREER SERVICES INC**EIN:** 58-1479212**Software ID:** 06000173**Software Version:** v1.00

Description	Amount
Loss on sale of investments (net)	-5,811
Unrealized Gain on Investments	233,793

TY 2006 Other Expenses Included Schedule

Name: JEWISH FAMILY & CAREER SERVICES INC

EIN: 58-1479212

Software ID: 06000173

Software Version: v1.00

Description	Amount
Direct Fundraising Expenses	124,889

TY 2006 Other Liabilities Schedule**Name:** JEWISH FAMILY & CAREER SERVICES INC**EIN:** 58-1479212**Software ID:** 06000173**Software Version:** v1.00

Description	Beginning of Year Amount	End of Year Amount
Bank Overdraft	100,827	0
Line of Credit	100,000	20,000

TY 2006 Other Revenues Included Schedule

Name: JEWISH FAMILY & CAREER SERVICES INC

EIN: 58-1479212

Software ID: 06000173

Software Version: v1.00

Description	Amount
Direct Fundraising Expenses	124,889

TY 2006 Relationship Schedule

Name: JEWISH FAMILY & CAREER SERVICES INC

EIN: 58-1479212

Software ID: 06000173

Software Version: v1.00

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
David Witt	President	Seth Cohen	VP Board Development	Father in-law /Son in-law

TY 2006 Special Events Schedule**Name:** JEWISH FAMILY & CAREER SERVICES INC**EIN:** 58-1479212**Software ID:** 06000173**Software Version:** v1.00

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
Havimgala	39,984	3,364	36,620	19,820	16,800
Purim on Ponce	20,411	5,000	15,411	8,181	7,230
ILP Parties	271,456	151,118	120,338	28,230	92,108
Empty Bow I	25,275	6,072	19,203	7,286	11,917
Other	31,068	16,436	14,632	61,372	-46,740

*** 990 Online Filers: Please fax completed and signed form to 866-699-3916

Form 8453-EO Department of the Treasury Internal Revenue Service	Exempt Organization Declaration and Signature for Electronic Filing		OMB No. 1545-1879
	For calendar year 2006, or tax year beginning <u>7/1/2006</u> , and ending <u>6/30/2007</u> For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868 ▶ See instructions on back.		2006

Name of exempt organization JEWISH FAMILY & CAREER SERVICES INC	Employer identification number 58 1479212
---	---

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	\$15,459,089
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☒ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here


Signature of officer

Date

2/5/08

Debi Rica, CFO

Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN Phone no. ()

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code			EIN Phone no. ()