

Form **990** (2007)

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"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$_____noncash \$_____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23	958,250	958,250		
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	456,243	401,873	36,557	17,813
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b				
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				
26	Salaries and wages of employees not included on lines 25a, b and c	26	6,672,463	5,877,316	534,642	260,505
27	Pension plan contributions not included on lines 25a, b and c	27	220,000	190,079	20,328	9,593
28	Employee benefits not included on lines 25a - 27	28	392,924	339,486	36,306	17,132
29	Payroll taxes	29	374,014	323,148	34,558	16,308
30	Professional fundraising fees	30				
31	Accounting fees	31	64,152	46,356	14,560	3,236
32	Legal fees	32				
33	Supplies	33	264,385	225,765	29,136	9,484
34	Telephone	34	100,263	82,140	15,012	3,111
35	Postage and shipping	35	53,703	21,413	11,550	20,740
36	Occupancy	36	348,879	323,600	17,542	7,737
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39	170,677	166,094	3,359	1,224
40	Conferences, conventions, and meetings	40	110,115	50,306	50,022	9,787
41	Interest	41	74,476		74,476	
42	Depreciation, depletion, etc. (attach schedule) <input type="checkbox"/>	42	166,462		166,462	
43	Other expenses not covered above (itemize)					
a	Professional fees	43a	683,051	640,371	33,667	9,013
b	Other	43b	84,031	16,919	66,171	941
c	Marketing & advertising	43c	169,856	120,350	49,506	
d	Insurance & Taxes	43d	102,113	88,494	8,220	5,399
e	Information Technology	43e	220,542	132,385	76,227	11,930
f	Dues and subscriptions	43f	51,951	10,002	40,971	978
g	Administrative Fees	43g	14,747		14,747	
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	44	11,753,297	10,014,347	1,334,019	404,931








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?  To strengthen and support family life, educational, and vocational endeavors in the Atlanta Jewish Community and the greater Atlanta community and to advocate for social change which will strengthen all families and individuals	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
<p>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.)</p> <p>a See Additional Data Table</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here  <input type="checkbox"/></p>	
<p>b</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here  <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here  <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here  <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here  <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) </p>	10,014,347

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year	
Assets	45	Cash—non-interest-bearing	102,022	45	49,747	
	46	Savings and temporary cash investments	866,775	46		
	47a	Accounts receivable				
	b	Less allowance for doubtful accounts		47c		
	48a	Pledges receivable	4,104,952			
	b	Less allowance for doubtful accounts	39,312	3,472,933	48c	4,065,640
	49	Grants receivable	694,246	49	673,596	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		50b		
	51a	Other notes and loans receivable (attach schedule)				
	b	Less allowance for doubtful accounts		51c		
	52	Inventories for sale or use		52		
	53	Prepaid expenses and deferred charges	216,625	53	208,655	
	54a	Investments—publicly-traded securities <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	2,472,888	54a	216,156	
	b	Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
	55a	Investments—land, buildings, and equipment basis				
	b	Less accumulated depreciation (attach schedule)		55c		
	56	Investments—other (attach schedule)		56	 246,183	
57a	Land, buildings, and equipment basis	7,825,512				
b	Less accumulated depreciation (attach schedule)	1,682,942	3,952,729	57c	 6,142,570	
58	Other assets, including program-related investments (describe <input checked="" type="checkbox"/> _____)	1,707,102	58			
59	Total assets (must equal line 74) Add lines 45 through 58	13,485,320	59	11,602,547		
Liabilities	60	Accounts payable and accrued expenses	689,095	60	418,413	
	61	Grants payable		61		
	62	Deferred revenue	876,965	62	66,735	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a	Tax-exempt bond liabilities (attach schedule)		64a		
	b	Mortgages and other notes payable (attach schedule)	1,997,858	64b	 1,964,836	
	65	Other liabilities (describe <input checked="" type="checkbox"/> _____)		65	 1,209,108	
	66	Total liabilities Add lines 60 through 65	3,563,918	66	3,659,092	
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	4,122,431	67	3,417,019	
	68	Temporarily restricted	3,825,936	68	4,526,436	
	69	Permanently restricted	1,973,035	69		
	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)	9,921,402	73	7,943,455	
	74	Total liabilities and net assets / fund balances Add lines 66 and 73 . .	13,485,320	74	11,602,547	


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	13,906,941
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	924,869
3	Recoveries of prior year grants	b3	
4	Other (specify) 	b4	151,433
	Add lines b1 through b4	b	1,076,302
c	Subtract line b from line a	c	12,830,639
d	Amounts included on Part I, line 12, but not on line a		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) 	d2	12,121
	Add lines d1 and d2	d	1,076,302
e	Total revenue (Part I, line 12) Add lines c and d	e	12,842,760

Part IV-B

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	12,829,599
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	924,869
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) 	b4	151,433
	Add lines b1 through b4	b	1,076,302
c	Subtract line b from line a	c	11,753,297
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	11,753,297

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	38			
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			No
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	Yes		
b	If "Yes," enter the name of the organization JF&CS FoundationInc and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt				
81a	Enter direct or indirect political expenditures (See line 81 instructions) . . . 81a				
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

924,869

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

No

85

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

85a

No

b

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

85b

No

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

No

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

No

86

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

86a

0

b

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

86b

0

87

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

87a

0

b

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

87b

0

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, section 4912, section 4955

89b

No

c

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

89c

No

d

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

89d

No

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

90b

249

91a

The books are in care of DEBI RICE CFO 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

Yes

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

Form 990 (2007)

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 ▶ <input type="checkbox"/>			
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 See Additional Data Table					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	76,739	
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					
101 Net income or (loss) from special events					58,891
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a Other Revenue					62,528
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				76,739	4,508,516
105 Total (add line 104, columns (B), (D), and (E))					4,585,255

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)
103b	Miscellaneous revenue is received from various activities highlighting and supporting our programming
101	Special events are needed to showcase the agency programs and accomplishments, educate the community, and to solicit new donors
93a	Fees from programs are critical to enable these programs to continue to meet our mission Jewish Family & Career services, Inc leases office to Shema Yisrael to conduct shabbat services for congregants, to Jewish Educational loan fund to provide interest free loans to jewish college students, and Sharon Skolnick who is a visiting clinician

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
a	JF&CS Foundation Inc 4549 Chamblee Dunwoody Road Atlanta, GA 30338	208060747	Contribution to Capital	819,439	
Totals				819,439	

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	
a	JF&CS Foundation Inc 4549 Chamblee Dunwoody road Atlanta, GA 30338	208060747	Administrative fee	3,000	
Totals				3,000	

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
					No

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				
	*****			2009-02-10	
	Signature of officer Date				
	Debi Rice CFO Type or print name and title				

Paid Preparer's Use Only	Preparer's signature Jack L McGinnis		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
	Brooks McGinnis & Company LLC 5871 Glenridge Dr Ste 200 Atlanta, GA 30328				Phone no

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
JEWISH FAMILY & CAREER SERVICES INC

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

2007

Employer identification number
58-1479212

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 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
Lori Wilson 4549 Chamblee Dunwoody Road Atlanta, GA 30338	Pysch Dir 35 00	65,893	3,295	0
Eve Bogan 4549 Chamblee Dunwoody Road Atlanta, GA 30338	Dir Disabilitie 35 00	82,000	0	0
Rhonda Margolis 4549 Chamblee Dunwoody Road Atlanta, GA 30338	Dir Clinical Sv 35 00	100,835	5,042	0
Brenda Fiske 4549 Chamblee Dunwoody Road Atlanta, GA 30338	CMO 40 00	110,687	10,752	0
Jay Tenenbaum 4549 Chamblee Dunwoody Road Atlanta, GA 30338	CDO 40 00	113,179	10,232	0
Total number of other employees paid over \$50,000 ▶				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual 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
AtoZ Information Services 6400 Atlantic Blvd Suite 220 Norcross, GA 30071	Information Tech	101,398
Ted Taylor 2605 Brookwood Dr NE Atlanta, GA 30305	Architect	153,809
Total number of others receiving over \$50,000 for professional services ▶		

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 individual 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
Innovation Roofing 510 Van Heusen Boulevard Atlanta, GA 30318	Construction	53,118
Griffin Construction Services 800 Mount Vernon Highway Atlanta, GA 30328	Construction	1,051,771
Total number of other contractors receiving over \$50,000 for other services ▶		

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 ►\$ _____(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	Yes	
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			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

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 33 1/3%** 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 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	10,614,814	6,388,632	5,327,908	4,999,432	27,330,786
16 Membership fees received					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	4,066,368	3,693,722	2,976,401	2,463,149	13,199,640
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	122,003	158,172	150,206	234,231	664,612
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					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
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	30,793				30,793
23 Total of lines 15 through 22	14,833,978	10,240,526	8,454,515	7,696,812	41,225,831
24 Line 23 minus line 17	10,767,610	6,546,804	5,478,114	5,233,663	28,026,191
25 Enter 1% of line 23	148,340	102,405	84,545	76,968	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				26a	560,524
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	39,476
c Total support for section 509(a)(1) test Enter line 24, column (e)				26c	28,026,191
d Add Amounts from column (e) for lines 18 664,612 19 0 22 26 b 39,476				26d	734,881
e Public support (line 26c minus line 26d total)				26e	27,291,310
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	9738 00 %
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 (2006) (2005) (2004) (2003)					
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 (2006) (2005) (2004) (2003)					
c Add Amounts from column (e) for lines 15 16 17 20 21				27c	0
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)					
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?	34b			
	If you answered "Yes" to either 34a or b, please explain using an attached statement				
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 9 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)	0	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
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>		
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		
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 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ➤	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 11 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			0
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.)			
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities			

Exempt Organizations (See page 12 of the instructions.)

Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Yes	No
-----	----

- | | | |
|---------------|--|----|
| 51a(i) | | No |
| a(ii) | | No |
| b(i) | | No |
| b(ii) | | No |
| b(iii) | | No |
| b(iv) | | No |
| b(v) | | No |
| b(vi) | | No |
| c | | No |

C		No
----------	--	----

If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the 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]

Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations 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]

Form

4562-FY

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

See separate instructions. Attach to your tax return.

OMB No 1545-

2007

Attachment
Sequence No 67

Name(s) shown on return JEWISH FAMILY & CAREER SERVICES INC	Business or activity to which this form relates Depreciation schedules only	Identifying number 58-1479212
--	--	----------------------------------

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	125,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	500,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562FY	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12 .	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	166,462

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	166,462
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2007 tax year (see instructions)					
43 A mortization of costs that began before your 2007 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Additional Data

Software ID: 07000211
Software Version: 2007v2.4
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.)
a	Adoption Comprehensive adoption services including infertility counseling, domestic and international home studies and post-placement follow-ups Four babies were placed with adoptive parents and an additional 196 families were served during the fiscal year This program served approximately 200 clients during the fiscal year (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	265,223
b	AVIV Older Adult Services Comprehensive services to older adults and their caregivers including counseling, case management, transportation, financial assistance, geriatric care management, services to holocaust survivors and their families, kosher meals on wheels delivery, in-home care services, and a Naturally Occurring Retirement Community (NORC) This program served approximately 1,000 clients during the fiscal year (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	1,834,198
c	Homeless Services The Homeless Program provides case management, counseling and financial assistance to homeless individuals and works to help them find permanent housing This program served approximately 1,000 clients during the fiscal year (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	501,511
d	Careers & International Services The career services division which provides access to employment opportunities through training, career exploration, job placement for refugees, immigrants, welfare recipients, adults over the age of 55 who are reentering the workforce or need to learn new on the job skills 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 Resettlement assistance for refugees resettling to the Atlanta area Services include pre-arrival documentation assistance, family reunification applications, orientation upon arrival, provision of furniture, rent assistance, clothing and household needs, translation services, employment assistance and training and support to foster healthy marriages Language services providing translation and interpretation in over 80 languages, english as a second language instruction, and citizenship preparation courses This program served approximately 14,500 clients during the fiscal year (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	1,680,861
e	Ben Massell Dental Clinic Comprehensive free dental care to residents in the metro Atlanta area who earn less than 125% of the federal poverty level Services are provided by over 100 volunteer dentists These in-kind services are valued at \$858,488 for the fiscal year Services are provided without regard to race or religion This program served approximately 6,000 clients during the fiscal year (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	714,518
f	Developmental Disabilities Services Specialists coordinate community-wide services for adults with developmental disabilities Services include supports to enable these adults to live independently in their own homes, day program and work teams to teach life and vocational skills, supported employment services to provide one on one supports to individuals in employment positions in the community, a transition program to help young adults make the transition out of their families' homes and into an independent living program, transportation services and respite care for families with children who have developmental disabilities This program served approximately 1,050 clients during the fiscal year (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	2,991,836
g	Counseling/Child and Adolescent Services Professional Counseling and Casework services to clients in the Atlanta Community, including both short and long-term clinical, private and group therapy Services for children, parents and teachers Programs provided include big brother/big sister services, college counseling, and adolescent testing, counseling to victims of domestic violence, outreach program to provide the Jewish community with AIDS awareness, prevention education, volunteer opportunities and support services, and a community chaplain who provides spiritual guidance for unaffiliated Jews in the Atlanta community This program served approximately 8,000 clients during the fiscal year (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	2,026,200

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	Imm Past Pres 1 00	0		
Sidney Kirschner 4549 Chamblee Dunwoody Road Atlanta, GA 30338	VP Ext Commun 1 00	0		
Carol Sherwinter 4549 Chamblee Dunwoody Road Atlanta, GA 30338	Secretary 1 00	0		
Randy Gold 4549 Chamblee Dunwoody Road Atlanta, GA 30338	Treasurer 1 00	0		
Scott Geller 4549 Chamblee Dunwoody Road Atlanta, GA 30338	VP Program Plan 1 00	0		
Seth Cohen 4549 Chamblee Dunwoody Road Atlanta, GA 30338	VP Board Dev 1 00	0		
Marc Alexander 4549 Chamblee Dunwoody Road Atlanta, GA 30338	VP Resource Dev 1 00	0		
Stacy Fialkow 4549 Chamblee Dunwoody Road Atlanta, GA 30338	First VP 1 00	0		
David Witt 4549 Chamblee Dunwoody Road Atlanta, GA 30338	President 1 00	0		
Debi Rice 4549 Chamblee Dunwoody Road Atlanta, GA 30338	CFO 40 00	104,548	6,169	

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 00	125,460	11,150	
Gary Miller 4549 Chamblee Dunwoody Road Atlanta, GA 30338	CEO 40 00	226,235	69,648	6,655

Form 990, Part VII, Line 93 - Program service revenue:

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	
a Rental Income					13,921
b Medicaid					1,613,387
c Homeless Services					500
d Developmental Disabilitie					687,534
e Counseling Services					469,913
f Careers & International					444,915
g Ben Massell Dental Clinic					8,383
h AVIV Older Adult Services					929,002
i Adoption					219,542

TY 2007 Individual Assistance Schedule

Name: JEWISH FAMILY & CAREER SERVICES INC

EIN: 58-1479212

Software ID: 07000211

Software Version: 2007v2.4

Class of Activity	Amount
Client Assistance	958,250

TY 2007 Investments - Other Schedule**Name:** JEWISH FAMILY & CAREER SERVICES INC**EIN:** 58-1479212**Software ID:** 07000211**Software Version:** 2007v2.4

Description	Book Value	Cost/FMV
Closed End Funds	204,756	C
Other	26,966	C
Money Market Funds	14,461	C

TY 2007 Investments - Securities Schedule

Name: JEWISH FAMILY & CAREER SERVICES INC

EIN: 58-1479212

Software ID: 07000211

Software Version: 2007v2.4

Description	Book Value	Cost/FMV
Preferred Stock	9,924	C
Mutual Funds	206,232	C

TY 2007 Land etc. Schedule**Name:** JEWISH FAMILY & CAREER SERVICES INC**EIN:** 58-1479212**Software ID:** 07000211**Software Version:** 2007v2.4

Category /Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Miscellaneous	3,898,727	64,580	3,834,147
Land	376,884		376,884
Buildings	2,440,281	987,665	1,452,616
Machinery and Equipment	1,109,620	630,697	478,923

TY 2007 Mortgages and Notes Payable Schedule

Name: JEWISH FAMILY & CAREER SERVICES INC

EIN: 58-1479212

Software ID: 07000211

Software Version: 2007v2.4

Total Mortgage Amount: 1672602

Item No.	1
Lender's Name	Wachovia
Lender's Title	
Relationship to Insider	
Original Amount of Loan	
Balance Due	237550
Date of Note	
Maturity Date	
Repayment Terms	\$500 for 30 cons days annually
Interest Rate	5.0000
Security Provided by Borrower	
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	

Item No.	2
Lender's Name	Huntington National Bank
Lender's Title	
Relationship to Insider	
Original Amount of Loan	
Balance Due	33934
Date of Note	
Maturity Date	2011-03
Repayment Terms	36 months principle & Int \$998
Interest Rate	5.7000
Security Provided by Borrower	
Purpose of Loan	Purchase car
Description of Lender Consideration	
Consideration FMV	

Item No.	3
Lender's Name	Southeast Toyota Financing
Lender's Title	
Relationship to Insider	
Original Amount of Loan	49800
Balance Due	20750
Date of Note	2007-05
Maturity Date	2009-05
Repayment Terms	
Interest Rate	
Security Provided by Borrower	
Purpose of Loan	Purchase 2 vans
Description of Lender Consideration	
Consideration FMV	

TY 2007 Other Expenses Included Schedule

Name: JEWISH FAMILY & CAREER SERVICES INC

EIN: 58-1479212

Software ID: 07000211

Software Version: 2007v2.4

Description	Amount
Special Events Expenses	151,433

TY 2007 Other Liabilities Schedule**Name:** JEWISH FAMILY & CAREER SERVICES INC**EIN:** 58-1479212**Software ID:** 07000211**Software Version:** 2007v2.4

Description	Beginning of Year Amount	End of Year Amount
Capital lease obligations		728,586
Accrued Fringe Benefits & other expenses		480,522

TY 2007 Other Revenues Included Schedule

Name: JEWISH FAMILY & CAREER SERVICES INC

EIN: 58-1479212

Software ID: 07000211

Software Version: 2007v2.4

Description	Amount
Special Events Expenses	151,433

TY 2007 Other Revenues
Not Included Schedule

Name: JEWISH FAMILY & CAREER SERVICES INC

EIN: 58-1479212

Software ID: 07000211

Software Version: 2007v2.4

Description	Amount
Unrealized loss on investments	12,121

TY 2007 Relationship Schedule

Name: JEWISH FAMILY & CAREER SERVICES INC

EIN: 58-1479212

Software ID: 07000211

Software Version: 2007v2.4

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
				David Witt, President, is the father-in-law of VP of board of Development Seth Cohen

TY 2007 Special Events Schedule**Name:** JEWISH FAMILY & CAREER SERVICES INC**EIN:** 58-1479212**Software ID:** 07000211**Software Version:** 2007v2.4

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
Havimgala	33,181	4,252	28,929	16,033	12,896
Other	82,358	56,206	26,152	111,062	-84,910
ILP Parties	271,555	116,312	155,243	24,338	130,905

TY 2007 Contractor Compensation Explanation

Name: JEWISH FAMILY & CAREER SERVICES INC

EIN: 58-1479212

Software ID: 07000211

Software Version: 2007v2.4

Contractor	Explanation
Innovation Roofing	
Griffin Construction Services	

TY 2007 Contractor Compensation Explanation

Name: JEWISH FAMILY & CAREER SERVICES INC

EIN: 58-1479212

Software ID: 07000211

Software Version: 2007v2.4

Contractor	Explanation
Ted Taylor	
AtoZ Information Services	

TY 2007 Employee Compensation Explanation**Name:** JEWISH FAMILY & CAREER SERVICES INC**EIN:** 58-1479212**Software ID:** 07000211**Software Version:** 2007v2.4

Employee	Explanation
Lori Wilson	
Eve Bogan	
Rhonda Margolis	
Brenda Fiske	
Jay Tenenbaum	

TY 2007 Other Income Schedule

Name: JEWISH FAMILY & CAREER SERVICES INC

EIN: 58-1479212

Software ID: 07000211

Software Version: 2007v2.4

Description	2006	2005	2004	2003	Total
Other income	30,793				30,793