

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

GUIDED BY THE WISDOM AND VALUES OF OUR TRADITION, JEWISH FAMILY & CAREER SERVICES OF ATLANTA PROVIDES HEALTH, CAREER, AND HUMAN SERVICES TO SUPPORT AND ENHANCE THE WELL-BEING OF INDIVIDUALS AND FAMILIES ACROSS ALL AGES, FAITHS, CULTURES AND LIFESTYLES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 1,454,453 including grants of \$ 221,536) (Revenue \$ 355,508)

COUNSELING, CHILD AND ADOLESCENT, AND SPECIALTY SERVICES PROFESSIONAL COUNSELING AND CASE MANAGEMENT SERVICES TO CLIENTS IN THE 13 COUNTY METRO-ATLANTA AREA, INCLUDING BOTH SHORT AND LONG-TERM CLINICAL, PRIVATE AND GROUP THERAPY SERVICES FOR CHILDREN, PARENTS AND FAMILIES PROGRAMS PROVIDED INCLUDE BIG BROTHER/BIG SISTER SERVICES, MENTAL HEALTH COUNSELING, ADOPTION PLACEMENT AND HOME STUDIES, ADOLESCENT TESTING, COUNSELING TO VICTIMS OF DOMESTIC VIOLENCE, OUTREACH PROGRAM, PREVENTION EDUCATION, VOLUNTEER OPPORTUNITIES AND SUPPORT SERVICES, AND A COMMUNITY CHAPLAIN WHO PROVIDES SPIRITUAL GUIDANCE FOR UNAFFILIATED JEWS IN THE ATLANTA COMMUNITY SERVICES ALSO INCLUDE CASE MANAGEMENT, SUBSTANCE ABUSE AWARENESS, AND EMERGENCY FINANCIAL ASSISTANCE REDUCTION FROM PRIOR YEAR IS DUE TO REDUCED EMERGENCY FINANCIAL ASSISTANCE DOLLARS AVAILABLE FOR DISTRIBUTION THIS PROGRAM SERVED APPROXIMATELY 12,125 CLIENTS DURING THE FISCAL YEAR

4b

(Code) (Expenses \$ 3,271,164 including grants of \$ 243,833) (Revenue \$ 2,628,449)

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, AN INDEPENDENT LIVING PROGRAM, TRANSPORTATION SERVICES THIS PROGRAM SERVED APPROXIMATELY 440 CLIENTS DURING THE FISCAL YEAR

4c

(Code) (Expenses \$ 1,008,034 including grants of \$) (Revenue \$)

BEN MASSELL DENTAL CLINIC COMPREHENSIVE NO-COST DENTAL CARE TO RESIDENTS IN THE METRO ATLANTA AREA WHO LIVE AT OR BELOW 125% OF THE FEDERAL POVERTY LEVEL SERVICES ARE PROVIDED BY OVER 150 VOLUNTEER DENTISTS THESE IN-KIND SERVICES WERE VALUED AT A MARKET PRICE OF 3 9 MILLION FOR THE FISCAL YEAR SERVICES ARE PROVIDED WITHOUT REGARD TO FAITH, CULTURE OR AGE THIS PROGRAM SERVED APPROXIMATELY 4000 CLIENTS DURING THE FISCAL YEAR

(Code) (Expenses \$ 4,601,004 including grants of \$ 793,492) (Revenue \$ 1,288,675)

CAREERS & INTERNATIONAL SERVICES THE CAREER SERVICES DIVISION PROVIDES ACCESS TO EMPLOYMENT OPPORTUNITIES THROUGH TRAINING, CAREER EXPLORATION AND JOB DEVELOPMENT AND PLACEMENT FOR THE COMMUNITY AS A WHOLE ALONG WITH SPECIFIC PROGRAMMING GEARED DIRECTLY TOWARDS MARGINALIZED POPULATIONS INCLUDING REFUGEES, IMMIGRANTS, WELFARE RECIPIENTS, ADULTS OVER THE AGE OF 55 WHO ARE REENTERING THE WORKFORCE OR NEED TO LEARN NEW ON THE JOB SKILLS, ADULT WORKERS AND DISLOCATED WORKERS OVERALL, THE DIVISION PLACED OVER 350 CLIENTS INTO EMPLOYMENT WITHIN THE LAST 12 MONTHS THE DIVISION ALSO PROVIDES RESETTLEMENT ASSISTANCE FOR REFUGEES AND ASYLEES RESETTLING IN 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 ADDITIONALLY, THE DIVISION PROVIDES ENGLISH AS A SECOND LANGUAGE INSTRUCTION AND CITIZENSHIP PREPARATION COURSES THIS PROGRAM SERVED APPROXIMATELY 1,797 CLIENTS DURING THE FISCAL YEAR 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 FACILITATION, IN-HOME CARE SERVICES, AND COORDINATION OF A NATURALLY OCCURRING RETIREMENT COMMUNITY IN TOCO HILLS, GA (NORC) THIS PROGRAM SERVED APPROXIMATELY 1424 CLIENTS DURING THE FISCAL YEAR

4d

Other program services (Describe in Schedule O)

(Expenses \$ 4,601,004 including grants of \$ 793,492) (Revenue \$ 1,288,675)

4e

Total program service expenses

\$ 10,334,655

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance									
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>									
				Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .			1a	20				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.			1b	0				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		Yes			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .			2a	392				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			2b					Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a				No	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.			3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			4a				No	
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a				No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b				No	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a				No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b					
7 Organizations that may receive deductible contributions under section 170(c).									
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a				No	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c				No	
d	If "Yes," indicate the number of Forms 8282 filed during the year.			7d					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e					No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f					No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h					
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?				8					
9 Sponsoring organizations maintaining donor advised funds.									
a	Did the organization make any taxable distributions under section 4966?			9a					
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b					
10 Section 501(c)(7) organizations. Enter									
a	Initiation fees and capital contributions included on Part VIII, line 12.			10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			10b					
11 Section 501(c)(12) organizations. Enter									
a	Gross income from members or shareholders.			11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			11b					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			12b					
13 Section 501(c)(29) qualified nonprofit health insurance issuers.									
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.			13a					
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			13b					
c	Enter the aggregate amount of reserves on hand.			13c					
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a				No	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			14b					

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	45		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	45
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> GA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. <input checked="" type="checkbox"/> DEBI RICE MCNEIL 4549 CHAMBLEE DUNWOODY ROAD ATLANTA, GA 30338 (770) 677-9300

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

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

Form **990** (2011)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	633,317		117,536

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. **4**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JFGA HEALTH WELFARE TRUST 1440 SPRING STREET NW ATLANTA, GA 30309	HEALTH INS	630,709
A TO Z INFORMATION SERVICES 6400 ATLANTIC BLVD SUITE 220 NORCROSS, GA 30071	IT OUTSOURCING	187,688

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a		8,016,864		
	b	Membership dues	1b				
	c	Fundraising events	1c	221,582			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	3,830,651			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,964,631			
	g	Noncash contributions included in lines 1a-1f \$ 14,000					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	DEVELOPMENT DISABILITIES	624100	2,628,449	2,628,449		
	b	AVIV OLDER ADULT SERVICES	624100	1,062,441	1,062,441		
	c	COUNSELING SERVICES	624100	355,508	355,508		
	d	ADOPTION	624110	127,499	127,499		
	e	CAREER & INT'L SERVICES	900099	37,349	37,349		
	f	All other program service revenue		61,386	61,386		
	g	Total. Add lines 2a-2f			4,272,632		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,047			1,047
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	(i) Real					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities					
		(ii) Other					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 221,582 of contributions reported on line 1c) See Part IV, line 18		60,223	35,585	24,638	24,638
	a						
	b	Less direct expenses					
c	Net income or (loss) from fundraising events . .						
9a	Gross income from gaming activities See Part IV, line 19						
a							
b	Less direct expenses						
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances						
a							
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions			12,315,181	4,272,632		25,685

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,258,861	1,258,861		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	633,317	538,406	73,130	21,781
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,387,596	5,430,335	737,577	219,684
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	575,346	495,934	59,167	20,245
10	Payroll taxes	510,251	439,823	52,474	17,954
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	75,645	62,391	9,439	3,815
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	514,043	513,156	887	
12	Advertising and promotion	167,043	56,531	71,028	39,484
13	Office expenses	335,951	280,026	41,983	13,942
14	Information technology	225,013	182,255	33,242	9,516
15	Royalties				
16	Occupancy	270,045	243,747	20,284	6,014
17	Travel	205,711	201,691	3,779	241
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	91,666	49,648	37,783	4,235
20	Interest	6,104	2,445	3,473	186
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	485,020	352,402	132,618	
23	Insurance	189,231	159,177	22,189	7,865
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	ANNUAL CAMPAIGN EXPENSE	88,915			88,915
b	TELEPHONE	59,329	49,221	8,942	1,166
c	OTHER EXPENSES	40,269	11,121	29,148	
d	DUES AND SUBSCRIPTIONS	32,569	6,644	25,425	500
e					
f	All other expenses	29,500	841	1,375	27,284
25	Total functional expenses. Add lines 1 through 24f	12,181,425	10,334,655	1,363,943	482,827
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			39,753	1	149,252
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3,100,738	3	3,239,090
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			216,732	9	194,082
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	9,522,134			
	b	Less: accumulated depreciation	10b	3,521,781	6,305,844	10c	6,000,353
	11	Investments—publicly traded securities			311,423	11	804,416
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			424,795	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			10,399,285	16	10,387,193	
Liabilities	17	Accounts payable and accrued expenses			368,723	17	165,221
	18	Grants payable				18	
	19	Deferred revenue			33,214	19	25,625
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			6,935	23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			1,370,343	25	1,295,255
	26	Total liabilities. Add lines 17 through 25			1,779,215	26	1,486,101
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			5,904,925	27	6,104,646
	28	Temporarily restricted net assets			2,715,145	28	2,796,446
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			8,620,070	33	8,901,092
34	Total liabilities and net assets/fund balances			10,399,285	34	10,387,193	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,315,181
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,181,425
3	Revenue less expenses Subtract line 2 from line 1	3	133,756
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,620,070
5	Other changes in net assets or fund balances (explain in Schedule O)	5	147,266
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	8,901,092

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,257,505	7,275,403	6,994,925	7,231,300	8,016,864	37,775,997
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,257,505	7,275,403	6,994,925	7,231,300	8,016,864	37,775,997
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,712,888
6 Public Support. Subtract line 5 from line 4						36,063,109

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	8,257,505	7,275,403	6,994,925	7,231,300	8,016,864	37,775,997
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	76,739	10,320	181	221	1,047	88,508
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	58,891	32,402	65,682	25,029	24,638	206,642
11 Total support (Add lines 7 through 10)						38,071,147

12 Gross receipts from related activities, etc (See instructions)

124,272,632

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	94.730 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	95.100 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
Attach to Form 990. See separate instructions.

Name of the organization
JEWISH FAMILY & CAREER SERVICES
INC

Employer identification number
58-1479212

Part I

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

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

Part II

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

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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

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

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

☐ Yes ☒ No

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

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

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

☐ Yes ☒ No

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☒ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes☐ No

(ii)

related organizations

3a(ii)

☐ Yes☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes☐ No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		5,722,882	966,424	4,756,458
c Leasehold improvements		782,027	635,157	146,870
d Equipment		3,017,225	1,920,200	1,097,025
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				6,000,353

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,315,181
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,181,425
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	133,756
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	147,266
9	Total adjustments (net) Add lines 4 - 8	9	147,266
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	281,022

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	14,107,154
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	1,380,550
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	411,423
e	Add lines 2a through 2d	2e	1,791,973
3	Subtract line 2e from line 1	3	12,315,181
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	12,315,181

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	13,826,132
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	1,380,550
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	264,157
e	Add lines 2a through 2d	2e	1,644,707
3	Subtract line 2e from line 1	3	12,181,425
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	12,181,425

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. FOR THE YEARS ENDED JUNE 30, 2012 AND 2011, THE ORGANIZATION DID NOT HAVE ANY UNRELATED BUSINESS INCOME, AND ACCORDINGLY, NO UNRELATED BUSINESS INCOME TAX. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS (BASED UPON A "MORE-LIKELY-THAN-NOT" STANDARD FOR SUBSTANTIATION) THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE APPROPRIATE REGULATORY AUTHORITIES FOR ALL OPEN YEARS, WHICH TYPICALLY INCLUDE THE LAST THREE YEARS FILED.
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	TRANSFERS TO JEWISH FAMILY & CAREER SERVICES 411,423. TRANSFERS FROM JEWISH FAMILY & CAREER SERVICES -264,157.
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	TRANSFERS TO JEWISH FAMILY & CAREER SERVICES 411,423.
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	TRANSFERS FROM JEWISH FAMILY & CAREER SERVICES 264,157.

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▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

58-1479212

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

GA

Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		ILP PARTIES (event type)	OTHER SPECIAL E (event type)	1 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	212,517	41,059	28,229
	2	Less Charitable contributions	175,319	29,874	16,389
	3	Gross income (line 1 minus line 2)	37,198	11,185	11,840
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	10,197	12,965	12,423
	10	Direct expense summary Add lines 4 through 9 in column (d)			(35,585)
	11	Net income summary Combine lines 3 and 10 in column (d)			24,638

Part III

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

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

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

a

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

b

If "No," Explain _____

10a

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

b

If "Yes," Explain _____

Schedule G (Form 990 or 990-EZ) 2011

- 11

Does the organization operate gaming activities with nonmembers?

☐

Yes

☐

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐

Yes

☐

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐

Yes

☐

No

b

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

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

Description of services provided

☐

Director/officer

☐

Employee

☐

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐

Yes

☐

No

b

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

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
JEWISH FAMILY & CAREER SERVICES
INC

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
58-1479212

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

▶

3

Enter total number of other organizations listed in the line 1 table

▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) CLIENT ASSISTANCE	2314	1,258,861			

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	GRANTS DEPARTMENT PREPARES A FUNDING REQUIREMENTS MEMO FOR EACH GRANT RECEIVED THE MEMO SUMMARIZES THE BUDGET FOR THE GRANT, THE REPORTING REQUIREMENTS, THE OUTCOMES/TRACKING REQUIRED UNDER THE GRANT, AND ANY OTHER PERTINENT INFORMATION THE MEMO IS DISTRIBUTED TO THE PROGRAM PERSONNEL, MANAGER/DIRECTOR, ACCOUNTING DEPARTMENT AND COO

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
JEWISH FAMILY & CAREER SERVICES
INC

Employer identification number

58-1479212

Part I

Questions Regarding Compensation

		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	<input type="checkbox"/> First-class or charter travel		
	<input type="checkbox"/> Travel for companions		
	<input type="checkbox"/> Tax idemnification and gross-up payments		
	<input type="checkbox"/> Discretionary spending account		
	<input type="checkbox"/> Housing allowance or residence for personal use		
	<input type="checkbox"/> Payments for business use of personal residence		
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<input type="checkbox"/> Compensation committee		
	<input type="checkbox"/> Independent compensation consultant		
	<input type="checkbox"/> Form 990 of other organizations		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
	a Receive a severance payment or change-of-control payment?		No
	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
	c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
	a The organization?		No
6	Any related organization?		
	If "Yes," to line 5a or 5b, describe in Part III		No
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
	a The organization?		No
8	Any related organization?		
	If "Yes," to line 6a or 6b, describe in Part III		No
9	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
10	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III		
	a If "Yes" to line 10, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		No
11			

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

[illegible]

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization JEWISH FAMILY & CAREER SERVICES INC	Employer identification number 58-1479212
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JEFF ALPERIN	PRESIDENT	15,000	RENT		No

Part V

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE L PART V	JEFF ALPERIN IS A BOARD MEMBER FOR JEWISH FAMILY CAREER SERVICES INC JFCS JEFF RECEIVES NO COMPENSATION FROM JFCS JEFF IS ALSO THE PRESIDENT OF JELF A 501C3 ORGANIZATION THAT RENTS SPACE FROM JFCS DURING FISCAL YEAR 2011 JELF PAID 15000 TO JFCS FOR RENT

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization JEWISH FAMILY & CAREER SERVICES INC	Employer identification number 58-1479212
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Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	GUIDED BY THE WISDOM AND VALUES OF OUR TRADITION, JEWISH FAMILY & CAREER SERVICES OF ATLANTA PROVIDES HEALTH, CAREER, AND HUMAN SERVICES TO SUPPORT AND ENHANCE THE WELL-BEING OF INDIVIDUALS AND FAMILIES ACROSS ALL AGES, FAITHS, CULTURES AND LIFESTYLES
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	DUE TO REDUCED EMERGENCY FINANCIAL ASSISTANCE DOLLARS AVAILABLE FOR DISTRIBUTION THIS PROGRAM SERVED APPROXIMATELY 12,125 CLIENTS DURING THE FISCAL YEAR
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	CAREERS & INTERNATIONAL SERVICES THE CAREER SERVICES DIVISION PROVIDES ACCESS TO EMPLOYMENT OPPORTUNITIES THROUGH TRAINING, CAREER EXPLORATION AND JOB DEVELOPMENT AND PLACEMENT FOR THE COMMUNITY AS A WHOLE ALONG WITH SPECIFIC PROGRAMMING GEARED DIRECTLY TOWARDS MARGINALIZED POPULATIONS INCLUDING REFUGEES, IMMIGRANTS, WELFARE RECIPIENTS, ADULTS OVER THE AGE OF 55 WHO ARE REENTERING THE WORKFORCE OR NEED TO LEARN NEW ON THE JOB SKILLS, ADULT WORKERS AND DISLOCATED WORKERS OVERALL, THE DIVISION PLACED OVER 350 CLIENTS INTO EMPLOYMENT WITHIN THE LAST 12 MONTHS THE DIVISION ALSO PROVIDES RESETTLEMENT ASSISTANCE FOR REFUGEES AND ASYLEES RESETTLING IN 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 ADDITIONALLY, THE DIVISION PROVIDES ENGLISH AS A SECOND LANGUAGE INSTRUCTION AND CITIZENSHIP PREPARATION COURSES THIS PROGRAM SERVED APPROXIMATELY 1,797 CLIENTS DURING THE FISCAL YEAR 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 FACILITATION, IN-HOME CARE SERVICES, AND COORDINATION OF A NATURALLY OCCURRING RETIREMENT COMMUNITY IN TOCO HILLS, GA (NORC) THIS PROGRAM SERVED APPROXIMATELY 1424 CLIENTS DURING THE FISCAL YEAR
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	DAVID WITT SETH COHEN PAST PRES PRESIDENT FATHER IN LAW/SON IN LAW RICHARD DEROSSET DORI DEROSSET BOARD MEMBER BOARD MEMBER HUSBAND/WIFE BILLIE GREENBERG DORI DEROSSET BOARD MEMBER BOARD MEMBER MOTHER/DAUGHTER BILLIE GREENBERG RICHARD DEROSSET BOARD MEMBER BOARD MEMBER MOTHER IN LAW/SON IN LAW
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	A DRAFT COPY OF THE FORM 990 IS REVIEWED BY THE BOARD BEFORE IT IS FINALIZED
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ANNUAL DISCLOSURE PROCESS STARTED IN FY09
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE CHIEF EXECUTIVE OFFICER EMPLOYMENT CONTRACT IS ESTABLISHED AND APPROVED BY AN INDEPENDENT COMMITTEE CONSISTING OF THE BOARD PRESIDENT, IMMEDIATE PAST PRESIDENT AND FIRST VICE PRESIDENT THE BOARD OF DIRECTOR AUTHORIZES THE CHIEF EXECUTIVE OFFICER TO DETERMINE PAYROLL FOR ALL STAFF INCLUDING THE CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER COMPENSATION IS REVIEWED ANNUALLY FOR ALL EMPLOYEES AND ADJUSTED BASED ON PERFORMANCE, MARKET DATA, AND THE FINANCIAL CONDITION OF THE AGENCY
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE CHIEF EXECUTIVE OFFICER EMPLOYMENT CONTRACT IS ESTABLISHED AND APPROVED BY AN INDEPENDENT COMMITTEE CONSISTING OF THE BOARD PRESIDENT, IMMEDIATE PAST PRESIDENT AND FIRST VICE PRESIDENT THE BOARD OF DIRECTOR AUTHORIZES THE CHIEF EXECUTIVE OFFICER TO DETERMINE PAYROLL FOR ALL STAFF INCLUDING THE CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER COMPENSATION IS REVIEWED ANNUALLY FOR ALL EMPLOYEES AND ADJUSTED BASED ON PERFORMANCE, MARKET DATA, AND THE FINANCIAL CONDITION OF THE AGENCY
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	ANNUAL REPORT AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON WEBSITE ALL OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
JEWISH FAMILY & CAREER SERVICES
INC

Employer identification number

58-1479212

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) JF&CS FOUNDATION INC 4549 CHAMBLEE DUNWOODY ROAD ATLANTA, GA 30338 20-8060747	SUPPORT	GA	501C3	11A	JF&CS INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) JF&CS FOUNDATION INC	B	264,157	CASH
(2) JF&CS FOUNDATION INC	C	411,423	CASH
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Additional Data

Software ID:
Software Version:
EIN: 58-1479212
Name: JEWISH FAMILY & CAREER SERVICES
INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services
(Code) (Expenses \$ 4,601,004 including grants of \$ 793,492) (Revenue \$ 1,288,675) CAREERS & INTERNATIONAL SERVICES THE CAREER SERVICES DIVISION PROVIDES ACCESS TO EMPLOYMENT OPPORTUNITIES THROUGH TRAINING, CAREER EXPLORATION AND JOB DEVELOPMENT AND PLACEMENT FOR THE COMMUNITY AS A WHOLE ALONG WITH SPECIFIC PROGRAMMING GEARED DIRECTLY TOWARDS MARGINALIZED POPULATIONS INCLUDING REFUGEES, IMMIGRANTS, WELFARE RECIPIENTS, ADULTS OVER THE AGE OF 55 WHO ARE REENTERING THE WORKFORCE OR NEED TO LEARN NEW ON THE JOB SKILLS, ADULT WORKERS AND DISLOCATED WORKERS OVERALL, THE DIVISION PLACED OVER 350 CLIENTS INTO EMPLOYMENT WITHIN THE LAST 12 MONTHS THE DIVISION ALSO PROVIDES RESETTLEMENT ASSISTANCE FOR REFUGEES AND ASYLEES RESETTLING IN 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 ADDITIONALLY, THE DIVISION PROVIDES ENGLISH AS A SECOND LANGUAGE INSTRUCTION AND CITIZENSHIP PREPARATION COURSES THIS PROGRAM SERVED APPROXIMATELY 1,797 CLIENTS DURING THE FISCAL YEAR 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 FACILITATION, IN-HOME CARE SERVICES, AND COORDINATION OF A NATURALLY OCCURRING RETIREMENT COMMUNITY IN TOCO HILLS, GA (NORC) THIS PROGRAM SERVED APPROXIMATELY 1424 CLIENTS DURING THE FISCAL YEAR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
SETH COHEN PRESIDENT	5 00	X		X				0	0	0	
LYNN REDD FIRST VP	5 00	X		X				0	0	0	
DAN MASLIA VP RESOURCE	5 00	X		X				0	0	0	
JEFF ALPERIN VP BOARD DEV	5 00	X		X				0	0	0	
LISA OLENS VP PROGRAM P	5 00	X		X				0	0	0	
MICHAEL MERLIN TREASURER	5 00	X		X				0	0	0	
LENNY SIMON SECRETARY	5 00	X		X				0	0	0	
DORI DEROSSET VP EXTERNAL	5 00	X		X				0	0	0	
STACY FIALKOW IMMEDIATE PA	5 00	X		X				0	0	0	
JOHN PERLMAN VP OF BUILDI	5 00	X		X				0	0	0	
RANDY GOLD DIRECTOR	1 00	X						0	0	0	
ROBYN LIEBMAN DIRECTOR	1 00	X						0	0	0	
MATT AMES DIRECTOR	1 00	X						0	0	0	
CHERIE AVIV DIRECTOR	1 00	X						0	0	0	
BOB BACHRACH DIRECTOR	1 00	X						0	0	0	
RABBI PETER BERG DIRECTOR	1 00	X						0	0	0	
NIKKI BERGER DIRECTOR	1 00	X						0	0	0	
BARRY BERLIN DIRECTOR	1 00	X						0	0	0	
AMANDA COHN DIRECTOR	1 00	X						0	0	0	
RICHARD DEROSSET DIRECTOR	1 00	X						0	0	0	
ROBIN FELDMAN DIRECTOR	1 00	X						0	0	0	
JONATHAN GINBURG DIRECTOR	1 00	X						0	0	0	
DAVID GORDON DIRECTOR	1 00	X						0	0	0	
BILLIE GREENBERG DIRECTOR	1 00	X						0	0	0	
LAUREN HARRIS DIRECTOR	1 00	X						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
AVRIL JOFFE DIRECTOR	1 00	X							0	0	0
ANN KAY DIRECTOR	1 00	X							0	0	0
ROSS KOGON DIRECTOR	1 00	X							0	0	0
TARA KORNBUM DIRECTOR	1 00	X							0	0	0
MICHAEL LEVY DIRECTOR	1 00	X							0	0	0
MATT LIEBERMAN DIRECTOR	1 00	X							0	0	0
ELLEN MAZER DIRECTOR	1 00	X							0	0	0
BILLY MEDOF DIRECTOR	1 00	X							0	0	0
CAROLYN OPPENHEIMER DIRECTOR	1 00	X							0	0	0
MARLA SHAINBERG DIRECTOR	1 00	X							0	0	0
MATT SIMON DIRECTOR	1 00	X							0	0	0
ROBIN SKOLSKY DIRECTOR	1 00	X							0	0	0
BRUCE TEICHMAN DIRECTOR	1 00	X							0	0	0
EVAN TOPOREK DIRECTOR	1 00	X							0	0	0
LESLIE TOURIAL DIRECTOR	1 00	X							0	0	0
MARK WEINSTEIN DIRECTOR	1 00	X							0	0	0
JODI WEINTRAUB DIRECTOR	1 00	X							0	0	0
DAVID ZELBY DIRECTOR	1 00	X							0	0	0
LAUREN ZIMET DIRECTOR	1 00	X							0	0	0
GARY MILLER CEO	40 00			X					262,064	0	97,555
RICK ARANSON COO	40 00			X					127,498	0	7,521
DEBRA RICE MCNEIL CFO	40 00			X					123,545	0	6,566
BRENDA FISKE CHIEF MRKTG	40 00			X					120,210	0	5,894