

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

A For the 2006 calendar year, or tax year beginning, 2006, and ending

B Check if applicable:

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

Please use
IRS label
or print
or type.
See
specific
instructions.

C Name of organization

JEWISH FAMILY SERVICES OF GREATER ORLANDO, INC.

Number and street (or P.O. box if mail is not delivered to street addr) Room/suite

2100 LEE ROAD

City, town or country

WINTER PARK

State ZIP code + 4

FL 32789

D Employer Identification Number

59-1873758

E Telephone number

(407) 644-7593

F Accounting method:

☒ Cash ☐ Accrual

Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? ... ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates ▶

H (c) Are all affiliates included? ... ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ... ▶

M Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: ▶ N/A

J Organization type

(check only one) ... ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,593,062.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received:				
a Contributions to donor advised funds	1a	0.		
b Direct public support (not included on line 1a)	1b	861,982.		
c Indirect public support (not included on line 1a)	1c	271,870.		
d Government contributions (grants) (not included on line 1a)	1d	0.		
e Total (add lines 1a through 1d) (cash \$ 1,068,871. noncash \$ 64,981.)	1e	1,133,852.		
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	145,223.		
3 Membership dues and assessments	3			
4 Interest on savings and temporary cash investments	4	20,234.		
5 Dividends and interest from securities	5	64,405.		
6a Gross rents	6a	25,217.		
b Less: rental expenses	6b	29,683.		
c Net rental income or (loss). Subtract line 6b from line 6a	6c	-4,466.		
7 Other investment income (describe ...)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	8a	
b Less: cost or other basis and sales expenses	8b			
c Gain or (loss) (attach schedule)	8c			
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐				
a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	204,131.		
b Less: direct expenses other than fundraising expenses	9b	18,346.		
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	See L-9 Stmt...		185,785.
10a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	1,545,033.		
13 Program services (from line 44, column (B))	13	1,293,946.		
14 Management and general (from line 44, column (C))	14	158,871.		
15 Fundraising (from line 44, column (D))	15	28,897.		
16 Payments to affiliates (attach schedule)	16			
17 Total expenses. Add lines 16 and 44, column (A)	17	1,481,714.		
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	63,319.		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,052,482.		
20 Other changes in net assets or fund balances (attach explanation) ... U.S. Calized Gain ...	20	2,825.		
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	2,118,626.		

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.

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 sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here ☐	22a			
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here ☐	22b			
23 Specific assistance to individuals (attach schedule)	23 169,042.	169,042.		
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 sch). See L-25a Stmt	25a 90,250.	76,713.	11,732.	1,805.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	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	26 771,041.	655,383.	100,237.	15,421.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28 55,774.	47,408.	7,251.	1,115.
29 Payroll taxes	29 67,283.	57,190.	8,747.	1,346.
30 Professional fundraising fees	30			
31 Accounting fees	31 7,500.	4,438.	3,062.	0.
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34 9,471.	8,051.	1,231.	189.
35 Postage and shipping	35 5,475.	4,653.	712.	110.
36 Occupancy	36 29,216.	24,834.	3,798.	584.
37 Equipment rental and maintenance	37 11,120.	8,293.	1,268.	1,559.
38 Printing and publications	38 5,441.	4,058.	620.	763.
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41 7,411.	6,300.	963.	148.
42 Depreciation, depletion, etc (attach schedule)	42 22,560.	19,176.	2,933.	451.
43 Other expenses not covered above (itemize):				
a FOOD PANTRY	43a 21,939.	21,939.	0.	0.
b SERVICES AND SUPPLIES	43b 55,441.	55,441.	0.	0.
c TRANSPORTATION	43c 9,563.	9,563.	0.	0.
d PROFESSIONAL FEES	43d 15,276.	9,040.	6,236.	0.
e STAFF DEVELOPMENT	43e 7,421.	6,308.	965.	148.
f INSURANCE	43f 8,488.	7,215.	1,103.	170.
g See Other Expenses Stmt	43g 112,002.	98,901.	8,013.	5,088.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 1,481,714.	1,293,946.	158,871.	28,897.

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

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? ▶ <u>TO PROVIDE WELFARE</u>		Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>SEE ATTACHED STATEMENT 1</u> ----- ----- ----- ----- ----- (Grants and allocations \$ <u>0.</u>) If this amount includes foreign grants, check here ▶ ☐		1,293,946.
b ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ ☐		
c ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ ☐		
d ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ ☐		
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ ☐		
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶		1,293,946.

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Form 990 (2006)

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	155,751.	45	173,142.
	46 Savings and temporary cash investments	363,871.	46	328,347.
	47a Accounts receivable	47a 3,180.		
	b Less: allowance for doubtful accounts	47b 0.	47c 0.	3,180.
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	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(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	7,851.	52	3,901.
	53 Prepaid expenses and deferred charges		53	
	54a Investments — publicly-traded securities	☐ Cost ☐ FMV	54a	
b Investments — other securities (attach sch)	☐ Cost ☐ FMV	54b		
55a Investments — land, buildings, & equipment: basis	55a			
b Less: accumulated depreciation (attach schedule)	55b	55c		
56 Investments — other (attach schedule)	L-56 Stmt. 644,656.	56	683,072.	
57a Land, buildings, and equipment: basis	57a 1,255,284.			
b Less: accumulated depreciation (attach schedule)	L-57 Stmt. 188,377.	57b 1,088,901.	57c 1,066,907.	
58 Other assets, including program-related investments (describe ► <u>DEPOSITS</u>)		1,700.	58 1,700.	
59 Total assets (must equal line 74). Add lines 45 through 58		2,262,730.	59 2,260,249.	
LIABILITIES	60 Accounts payable and accrued expenses	29,438.	60	36,613.
	61 Grants payable		61	
	62 Deferred revenue	10,000.	62	0.
	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)	170,810.	64b	105,010.
	65 Other liabilities (describe ►		65	
	66 Total liabilities. Add lines 60 through 65	210,248.	66	141,623.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,385,949.	67	1,349,867.
	68 Temporarily restricted	406,633.	68	508,859.
	69 Permanently restricted	259,900.	69	259,900.
	Organizations that do not follow SFAS 117, check here ☐ 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)	2,052,482.	73	2,118,626.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,262,730.	74	2,260,249.

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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	1,574,716.
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	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): <u>SEE STATEMENT 4</u>	b4	29,683.
	Add lines b1 through b4	b	29,683.
c	Subtract line b from line a	c	1,545,033.
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	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	1,545,033.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	1,508,572.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): <u>SEE STATEMENT 4</u>	b4	29,683.
	Add lines b1 through b4	b	29,683.
c	Subtract line b from line a	c	1,478,889.
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): <u>SEE STATEMENT 4</u>	d2	2,825.
	Add lines d1 and d2	d	2,825.
e	Total expenses (Part I, line 17). Add lines c and d	e	1,481,714.

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 and deferred compensation plans	(E) Expense account and other allowances
BARRY KUDLOWITZ 2100 LEE ROAD WINTER PARK, FL 32789	EXECUTIVE DIRECTOR 40	95,000.	20,000.	0.
MARTIN SHERMAN 2100 LEE ROAD WINTER PARK, FL 32789	PRESIDENT 5	0.	0.	0.
ROBERT WEISSMANN 2100 LEE ROAD WINTER PARK, FL 32789	1ST. VICE-PRES. 5	0.	0.	0.
BARBARA GROSSMAN 2100 LEE ROAD WINTER PARK, FL 32789	2ND. VICE-PRES. 5	0.	0.	0.
DIANE ANDREWS 2100 LEE ROAD WINTER PARK, FL 32789	SECRETARY 5	0.	0.	0.
See List of Officers, Etc. Statement				

Part VI Other Information (continued)

	Yes	No
82 a 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?		X
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.)		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
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 for the prior year.		
c Dues, assessments, and similar amounts from members	N/A	
d Section 162(e) lobbying and political expenditures	N/A	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
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?	N/A	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	N/A	
b Gross receipts, included on line 12, for public use of club facilities	N/A	
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88 a 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		X
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		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
b 501(c)(3) and 501(c)(4) organizations. 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		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	0.	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
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?		X
90 a List the states with which a copy of this return is filed ▶ NONE		
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	24	
91 a The books are in care of ▶ BARRY KUDLOWITZ Telephone number ▶ (407) 644-7593 Located at ▶ 2100 LEE ROAD, WINTER PARK, FLORIDA ZIP + 4 ▶ 32789		
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)?		X
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.		

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Form 990 (2006)

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91 c** ☐ Yes ☒ NoIf 'Yes,' enter the name of the foreign country ☐**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐and enter the amount of tax-exempt interest received or accrued during the tax year **92****Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PROGRAM SERVICE REVENUE					145,223.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	20,234.	
96 Dividends & interest from securities			14	64,405.	
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	-4,466.			
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	185,785.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		-4,466.		270,424.	145,223.
105 Total (add line 104, columns (B), (D), and (E))					411,181.

Note: Line 105 plus line 1d, 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).
93a	COUNSELING IS PROVIDED FOR THE COMMUNITY AND IS CHARGED ON A SLIDING SCALE.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) N/A

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ Nob Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A

Yes No

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes No

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes No

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Please
Sign
Here

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

Signature of officer *Barry J. Kudlowitz*

Date *5-14-2007*

Type or print name and title. *BARRY J. KUDLOWITZ, EXECUTIVE DIRECTOR*

Paid
Pre-
parer's
Use
OnlyPreparer's
signature

[Signature]

Date *5/8/07*

Check if
self-
employed ☐

Preparer's SSN or PTIN (See
General Instruction W) *262 55 8313*

Firm's name (or
yours if self-
employed),
address, and
ZIP + 4

TSCHOPP, WHITCOMB & ORR, P.A.

2600 Maitland Center Parkway, Suite 330

Maitland

FL 32751

EIN *59 3317546*

Phone no. *(407) 875-2760*

BAA

Form 990 (2006)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2006

Name of the organization

JEWISH FAMILY SERVICES OF GREATER ORLANDO, INC.

Employer identification number

59-1873758

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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 and deferred compensation	(e) Expense account and other allowances
Enoch Siegel 2100 Lee Rd. Winter Park, Fl	Chaplain 34	55,014.	0.	12,625.
Susan Weissmann 2100 Lee Rd. Winter Park, Fl	Clinical Director 34	63,093.	0.	0.

Total number of other employees paid over \$50,000

None

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

None

Part II B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services

None

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including 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 i of Part VI-B.)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
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 of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
See Part V, Form 990				
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X	
e	Transfer of any part of its income or assets?	2e		X
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	X	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶ _____			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____			0.

Part IV Reason for Non-Private Foundation Status (See 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.)
- 11 a ☒ 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.)
- 11 b ☐ 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 instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(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 instructions.)

BAA

Schedule A (Form 990 or 990-EZ) 2006

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) ...	1,103,870.	977,828.	791,815.	882,513.	3,756,026.
16 Membership fees received	0.	0.	0.	0.	0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	381,758.	265,283.	228,118.	51,135.	926,294.
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	33,646.	30,347.	15,857.	25,095.	104,945.
19 Net income from unrelated business activities not included in line 18	-7,317.	-937.	0.	0.	-8,254.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0.	0.	0.	0.	0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0.	0.	0.	0.	0.
23 Total of lines 15 through 22	1,511,957.	1,272,521.	1,035,790.	958,743.	4,779,011.
24 Line 23 minus line 17	1,130,199.	1,007,238.	807,672.	907,608.	3,852,717.
25 Enter 1% of line 23	15,120.	12,725.	10,358.	9,587.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 77,054.
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 161,442.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 3,852,717.
d Add: Amounts from column (e) for lines:					
18 104,945.					
19 -8,254.					
22 0.					
26b 161,442.					26d 258,133.
e Public support (line 26c minus line 26d total)					26e 3,594,584.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 93.30 %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines:					
15 _____ 16 _____					
17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27a total _____ and line 27b 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 instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
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?		
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?		
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?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
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?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
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?		
b Has the organization's right to such aid ever been revoked or suspended?		
If you answered 'Yes' to either 34a or b, please explain using an attached statement. ----- ----- -----		
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.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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**

(The term 'expenditures' means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table —		
If the amount on line 40 is —		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is —		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.		

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable 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 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		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
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.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 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?

a Transfers from the reporting organization to a noncharitable exempt organization of:

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51 a (i)		X
(ii) Other assets	a (ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b (i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b (ii)		X
(iii) Rental of facilities, equipment, or other assets	b (iii)		X
(iv) Reimbursement arrangements	b (iv)		X
(v) Loans or loan guarantees	b (v)		X
(vi) Performance of services or membership or fundraising solicitations	b (vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d 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]

52a 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]

Additional Information

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 1

JEWISH FAMILY SERVICES OFFERS THE FOLLOWING PROGRAMS:

COUNSELING SERVICES FOR INDIVIDUALS, FAMILIES AND COUPLES IS BASED ON A SLIDING FEE SCALE CONSIDERING FAMILY SIZE AND INCOME. NO ONE IS TURNED AWAY FOR INABILITY TO PAY.

SENIOR SERVICES IS AIMED AT HELPING THE ELDERLY CLIENTELE REMAIN INDEPENDENT FOR AS LONG AS POSSIBLE. OUTREACH PROGRAMS PROVIDE ASSESSMENT OF CLIENTS' NEEDS, CASE MANAGEMENT, COUNSELING, HOME VISITATION, REFERRALS, FRIENDLY VISITORS AND TRANSPORTATION ASSISTANCE. THE AGENCY PROVIDES SIMILAR COUNSELING, SUPPORT AND CASE MANAGEMENT TO RESIDENTS OF KINNERET, A HUD PROJECT FOR THE ELDERLY, ALONG WITH HOMEMAKER SERVICES.

EMERGENCY SERVICES INCLUDES THE ON-SITE PEARLMAN FOOD PANTRY, CASE MANAGEMENT AND FINANCIAL ASSISTANCE FOR RENT, MORTGAGE, UTILITIES, PRESCRIPTION MEDICATIONS AND OTHER BASIC NEEDS FOR QUALIFIED FAMILIES. THE FAMILY STABILIZATION PROGRAM (FSP) PROVIDES INTENSIVE CASE MANAGEMENT AND LIMITED FINANCIAL SUPPORT FOR QUALIFIED LOW INCOME FAMILIES TO ENABLE THEM TO INCREASE THEIR INDEPENDENT AND SUCCESSFUL FUNCTIONING.

FAMILY LIFE EDUCATION HELPS INDIVIDUALS AND FAMILIES, ESPECIALLY THE UNDERSERVED AND ELDERLY, DEAL WITH SERIOUS ISSUES IN THEIR LIVES, SUCH AS BEREAVEMENT, PARENTING, CHRONIC ILLNESS, MAJOR FAMILY CHANGES AND CHILDREN'S ISSUES.

KIDSKONNECT SUPPORT GROUPS FOR CHILDREN FROM DISRUPTED FAMILIES PROVIDE A SAFE PLACE WHERE CHILDREN CAN EXPRESS FEELINGS AND LEARN POSITIVE COPING SKILLS.

THE WOMEN'S FORUM HELPS MEET THE NEEDS OF WOMEN IN LIFE-CHANGING CIRCUMSTANCES THROUGH EDUCATIONAL AND INSPIRATIONAL SUPPORT PROGRAMS.

VOLUNTEER SERVICES PROVIDES DEDICATED AND CARING VOLUNTEERS WHO HELP JFS EXPAND ITS SERVICES WITH LIMITED RESOURCES. THE PROGRAM IS INTERFAITH AND TRAINS VOLUNTEERS TO PROVIDE A VARIETY OF SERVICES FOR THE ELDERLY, ILL AND DISABLED.

CHAPLAINCY PROVIDES SPIRITUAL SERVICES FOR UNAFFILIATED INDIVIDUALS AND FAMILIES, WITH AN EMPHASIS ON END-OF-LIFE SPIRITUAL CARE.

IN OCTOBER 2006, JFS BECAME A LICENSED CHILD PLACEMENT AGENCY AND IMPLEMENTED ADOPTION SERVICES OF CENTRAL FLORIDA. WE PROVIDE HOME STUDIES AND PLACEMENT SERVICES FOR FAMILIES SEEKING ADOPTION.

OTHER AGENCY OFFERINGS INCLUDE A FAMILY ADVOCACY PROGRAM THAT HELPS COUPLES AND FAMILIES "GET CONNECTED" WITH THE JEWISH COMMUNITY; THE JEWISH SUPPORT NETWORK, AVAILABLE TO MEMBERS OF PARTICIPATING LOCAL SYNAGOGUES, THROUGH WHICH A LICENSED MENTAL HEALTH PROFESSIONAL PROVIDES PROGRAMS TO HELP MEET CONGREGANTS' LIFE CHALLENGES; INDIGENT BURIAL; A UNIVERSITY OF CENTRAL FLORIDA SCHOLARSHIP FUND; AND "GRANDPARENTS CONNECT," A PROGRAM FOR JEWISH GRANDPARENTS TO SHARE THEIR JEWISH HERITAGE, CULTURE AND HISTORY WITH THEIR INTERFAITH GRANDCHILDREN.

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize):				
OFFICE EXPENSES	32,098.	23,937.	3,661.	4,500.
DUES AND LICENSES	9,224.	7,840.	1,199.	185.
ADVERTISING	2,874.	2,143.	328.	403.
ACCRUAL TO CASH CONVERSION	2,825.	0.	2,825.	0.
In-Kind Expenses	64,981.	64,981.	0.	0.
Total	<u>112,002.</u>	<u>98,901.</u>	<u>8,013.</u>	<u>5,088.</u>

Form 990, Page 5, Part V-A

List of Officers, Etc. Statement

(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 and deferred compensation	(E) Expense account and other allowances
JIM RIOLA				
2100 LEE ROAD	TREASURER			
WINTER PARK, FL 32789	5	0.	0.	0.
SEE STATEMENT 5				
2100 LEE ROAD	DIRECTORS			
WINTER PARK, FL 32789	5	0.	0.	0.

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
FUNDRAISING EVENTS	204,131.	0.	204,131.	18,346.	185,785.
Total	<u>204,131.</u>	<u>0.</u>	<u>204,131.</u>	<u>18,346.</u>	<u>185,785.</u>

Form 990, Page 4, Part IV, Line 56

Investments - Other Statement

Line 56 – Investments - Other:	Beginning of Year	End of Year
TOP ENDOWMENT FUNDS	644,656.	683,072.
Total	<u>644,656.</u>	<u>683,072.</u>

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LAND	412,680.	0.	412,680.
BUILDING AND IMPROVEMENTS	742,153.	110,213.	631,940.
FURNITURE AND FIXTURES	93,076.	75,952.	17,124.
VEHICLES	7,375.	2,212.	5,163.
Total	<u>1,255,284.</u>	<u>188,377.</u>	<u>1,066,907.</u>

A.L. 12

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
ACCRUAL TO CASH CONVERSION	2,825.
Total	<u>2,825.</u>

Supporting Statement of:

Form 990 p 2/Line 23 column (B)

Description	Amount
FINANCIAL ASSISTANCE	15,603.
FINANCIAL ASSISTANCE - REIMBURSEMENT	36,089.
RIDE EXPENSES	24,438.
DIRECT ASSISTANCE	87,091.
UCF SCHOLARSHIP	2,000.
OLDER ADULT SERVICES	97.
	2,738.
	986.
Total	<u>169,042.</u>

Supporting Statement of:

Form 990 p 5/Part IV-A, Line b(4)

Description	Amount
RENTAL EXPENSES	29,683.
Total	<u>29,683.</u>

Supporting Statement of:

Form 990 p 5/Part IV-B, Line b(4)

Description	Amount
RENTAL EXPENSES	29,683.
Total	<u>29,683.</u>

CLM... 4/1/12

Supporting Statement of:

Form 990 p 5/Part IV-B, Line d(2)

Description	Amount
ACCRUAL TO CASH CONVERSION	2,825.
Total	2,825.

Statement 4/2 of 2

Jewish Family Services of Greater Orlando		
Board of Directors and Officers Listing		
2006		
Name	Address	Title
Brockington, Jackie	2100 Lee RoadWinter Park, FL 32789	Director
Chepenik, Nancy	2100 Lee RoadWinter Park, FL 32789	Director
Fuchs, Roz	2100 Lee RoadWinter Park, FL 32789	Director
Goldstein, Bill	2100 Lee RoadWinter Park, FL 32789	Director
Haynes, Francine G.	2100 Lee RoadWinter Park, FL 32789	Director
Lencioni, Jonny	2100 Lee RoadWinter Park, FL 32789	Director
Levy, Rosalie	2100 Lee RoadWinter Park, FL 32789	Director
Luden, Craig	2100 Lee RoadWinter Park, FL 32789	Director
Miller, Alfred	2100 Lee RoadWinter Park, FL 32789	Director
Pearlman, Craig	2100 Lee RoadWinter Park, FL 32789	Director
Petree, Robert	2100 Lee RoadWinter Park, FL 32789	Director
Riola, Jill	2100 Lee RoadWinter Park, FL 32789	Director
Saft, Amanda	2100 Lee RoadWinter Park, FL 32789	Director
Selznick, Karen	2100 Lee RoadWinter Park, FL 32789	Director
Shader, Stan	2100 Lee RoadWinter Park, FL 32789	Director
Trabold, Blanquita	2100 Lee RoadWinter Park, FL 32789	Director
Webman, Neil	2100 Lee RoadWinter Park, FL 32789	Director
Weiner, Ben	2100 Lee RoadWinter Park, FL 32789	Director
Wolly, Madeline	2100 Lee RoadWinter Park, FL 32789	Director