Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2005

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning , 2005, 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: FL ZIP code + 4: 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).**

G Web site: ► N/A

J Organization type (check only one) ► ☒ 501(c) 3 ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ► ☐ if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 1,549,484.

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)

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received.			
	a	Direct public support	1a	762,542.	
	b	Indirect public support	1b	341,328.	
	c	Government contributions (grants)	1c	0.	
	d	Total (add lines 1a through 1c) (cash $ 1,055,450. noncash $ 48,420.)			1d 1,103,870.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 120,781.
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 16,491.
	5	Dividends and interest from securities			5 17,155.
	6a	Gross rents	6a	30,210.	
	b	Less rental expenses	6b	37,527.	
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c -7,317.
	7	Other investment income (describe ►)			7
	8a	Gross amount from sales of assets other than inventory	(A) Securities 8a	(B) Other 8a	
	b	Less: cost or other basis and sales expenses	8b	8b	
	c	Gain or (loss) (attach schedule)	8c	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 1a)	9a	260,977.	
	b	Less direct expenses other than fundraising expenses	9b	55,490.	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		See L-9 Stmt	9c 205,487.
	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 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 1,456,467.
EXPENSES	13	Program services (from line 44, column (B))			13 1,083,662.
	14	Management and general (from line 44, column (C))			14 138,982.
	15	Fundraising (from line 44, column (D))			15 26,783.
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses** (add lines 16 and 44, column (A))			17 1,249,427.
NET ASSETS	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 207,040.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 1,837,169.
	20	Other changes in net assets or fund balances (attach explanation)			20 8,273.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 2,052,482.

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
22 Grants and allocations (att sch) (cash $ ____ non-cash $ ____) If this amount includes foreign grants, check here ► ☐	22				
23 Specific assistance to individuals (att sch)	23	93,206.	93,206.		
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	88,779.	75,462.	11,541.	1,776.
26 Other salaries and wages	26	783,909.	666,323.	101,908.	15,678.
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34	9,377.	7,970.	1,219.	188.
35 Postage and shipping	35	5,306.	4,510.	690.	106.
36 Occupancy	36	40,112.	34,095.	5,215.	802.
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	8,116.	6,899.	1,055.	162.
42 Depreciation, depletion, etc (attach schedule)	42	21,492.	18,268.	2,794.	430.
43 Other expenses not covered above (itemize):					
a FOOD PANTRY	43a	48,420.	48,420.	0.	0.
b SERVICES AND SUPPLIES	43b	52,384.	52,384.	0.	0.
c TRANSPORTATION	43c	6,541.	6,541.	0.	0.
d PROFESSIONAL FEES	43d	33,736.	13,478.	20,258.	0.
e STAFF DEVELOPMENT	43e	9,738.	8,277.	1,266.	195.
f INSURANCE	43f	10,725.	9,117.	1,393.	215.
g See Other Expenses Stmt	43g	37,586.	38,712.	-8,357.	7,231.
44 **Total functional expenses.** Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	1,249,427.	1,083,662.	138,982.	26,783.

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? ► TO PROVIDE WELFARE All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a SEE ATTACHED STATEMENT 1 (Grants and allocations $ 0.) If this amount includes foreign grants, check here ► ☐	1,083,662.
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) ►	1,083,662.

Part IV Balance Sheets (See 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		46,662.	45	155,751.
	46 Savings and temporary cash investments		361,491.	46	363,871.
	47a Accounts receivable	47a			
	b Less allowance for doubtful accounts	47b		47c	
	48a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b		48c	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes & loans receivable (attach sch)	51a			
	b Less allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use		8,157.	52	7,851.
	53 Prepaid expenses and deferred charges			53	
	54 Investments – securities (attach schedule)	► ☐ Cost ☐ FMV		54	
	55a Investments – land, buildings, & equipment basis	55a			
	b Less accumulated depreciation (attach schedule)	55b		55c	
	56 Investments – other (attach schedule)	L-56 Stmt	593,755.	56	644,656.
	57a Land, buildings, and equipment. basis	57a 1,249,160.			
	b Less accumulated depreciation (attach schedule) L-57 Stmt	57b 160,259.	1,105,974.	57c	1,088,901.
	58 Other assets (describe ► DEPOSITS)		1,700.	58	1,700.
	59 **Total assets** (must equal line 74) Add lines 45 through 58		2,117,739.	59	2,262,730.
LIABILITIES	60 Accounts payable and accrued expenses		15,160.	60	29,438.
	61 Grants payable			61	
	62 Deferred revenue		10,000.	62	10,000.
	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)		255,410.	64b	170,810.
	65 Other liabilities (describe ►)			65	
	66 **Total liabilities.** Add lines 60 through 65		280,570.	66	210,248.
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		1,313,161.	67	1,385,949.
	68 Temporarily restricted		264,108.	68	406,633.
	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, column (B) **must** equal line 21)		1,837,169.	73	2,052,482.
	74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73		2,117,739.	74	2,262,730.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements			a	1,516,545.
b	Amounts included on line a but not on Part I, line 12				
	1 Net unrealized gains on investments	b1	22,551.		
	2 Donated services and use of facilities	b2			
	3 Recoveries of prior year grants	b3			
	4 Other (specify) SEE STATEMENT 4	b4	37,527.		
	Add lines b1 through b4			b	60,078.
c	Subtract line b from line a			c	1,456,467.
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	1,456,467.

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

a	Total expenses and losses per audited financial statements			a	1,301,232.
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) SEE STATEMENT 4	b4	37,527.		
	Add lines b1 through b4			b	37,527.
c	Subtract line b from line a			c	1,263,705.
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): SEE STATEMENT 4	d2	-14,278.		
	Add lines d1 and d2			d	-14,278.
e	**Total expenses** (Part I, line 17) Add lines c and d		►	e	1,249,427.

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	93,452.	0.	0.
FRANCINE G. HAYNES 2100 LEE ROAD WINTER PARK, FL 32789	PRESIDENT 5	0.	0.	0.
BERNICE W. SCHWARTZ 2100 LEE ROAD WINTER PARK, FL 32789	1ST. VICE-PRES. 5	0.	0.	0.
KAREN SELZNICK 2100 LEE ROAD WINTER PARK, FL 32789	2ND. VICE-PRES. 5	0.	0.	0.
RON SACHS 2100 LEE ROAD WINTER PARK, FL 32789	SECRETARY 5	0.	0.	0.
See List of Officers, Etc. Statement				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings ► 6			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	75c		X
Note. Related organizations include section 509(a)(3) supporting organizations If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization			
d Does the organization have a written conflict of interest policy?	75d	X	

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

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information *(See the instructions)*

		Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77		X
78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a		X
b If 'Yes,' enter the name of the organization ► _____ and check whether it is ☐ exempt **or** ☐ nonexempt			
81a Enter direct and indirect political expenditures (See line 81 instructions) 81a 0.			
b Did the organization file **Form 1120-POL** for this year?	81b		X

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?	82a		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) 82b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	*501(c)(4), (5), or (6) organizations* **a** Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	If 'Yes' was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) organizations* Enter **a** Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	*501(c)(12) organizations* Enter **a** Gross income from members or shareholders 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b			
88	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	88		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	89b		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.			
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, 2005 (See instructions)	90b	20	
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)? 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 Statements	91b		X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ►	91c		X
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 (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue					
a PROGRAM SERVICE REVENUE					120,781.
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	16,491.	
96 Dividends & interest from securities			14	17,155.	
97 Net rental income or (loss) from real estate					
a debt-financed property	531120	-7,317.			
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	205,487.	
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))		-7,317.		239,133.	120,781.
105 Total (add line 104, columns (B), (D), and (E))				►	352,597.

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

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

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

► ✓ Barry J. Kudlowitz — Signature of officer — ✓ 5/8/2006 Date

► ✓ BARRY J. KUDLOWITZ, EXECUTIVE DIRECTOR — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► [signature] Date 5.5.06 Check if self-employed ► ☐ Preparer's SSN or PTIN (See General Instruction W)

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

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

2005

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
NONE				
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	

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	Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)	3a	X	
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

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

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

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

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ An organization that normally receives **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ► ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) ***Use cash method of accounting.***

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

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	977,828.	791,815.	882,513.	856,980.	3,509,136.
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	265,283.	228,118.	51,135.	27,462.	571,998.
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	30,347.	15,857.	25,095.	14,080.	85,379.
19 Net income from unrelated business activities not included in line 18	-937.	0.	0.	0.	-937.
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	1,272,521.	1,035,790.	958,743.	898,522.	4,165,576.
24 Line 23 minus line 17	1,007,238.	807,672.	907,608.	871,060.	3,593,578.
25 Enter 1% of line 23	12,725.	10,358.	9,587.	8,985.	

26 Organizations described on lines 10 or 11: **a** Enter 2% of amount in column (e), line 24 ►	26a	71,872.
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 2001 through 2004 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ►	26b	99,030.
c Total support for section 509(a)(1) test Enter line 24, column (e) ►	26c	3,593,578.
d Add Amounts from column (e) for lines 18 85,379. 19 -937. 22 0. 26b 99,030. ►	26d	183,472.
e Public support (line 26c minus line 26d total) ►	26e	3,410,106.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ►	26f	94.89 %

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·

(2004) _____ (2003) _____ (2002) _____ (2001) _____

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

(2004) _____ (2003) _____ (2002) _____ (2001) _____

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 2001 through 2004, 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?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to.			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See 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 — / **The lobbying nontaxable amount is —**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $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)** 2005	**(b)** 2004	**(c)** 2003	**(d)** 2002	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See 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?

		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

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a 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

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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.

ADOPTION SERVICES ARE EXPECTED TO BE AVAILABLE IN 2006.
WE ARE IN THE LAST STAGES OF SECURING A STATE CERTIFICATE TO BECOME A LICENSED CHILD PLACING AGENCY. THIS WILL BE ABLE TO ALLOW US TO 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.

Statement 1

Form 990, Page 2, Part II, Line 43
Other Expenses Stmt

Other expenses not covered above (itemize).	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
OFFICE EXPENSES	39,772.	28,434.	4,349.	6,989.
DUES AND LICENSES	12,092.	10,278.	1,572.	242.
ACCRUAL TO CASH CONVERSION	-14,278.	0.	-14,278.	0.
Total	37,586.	38,712.	-8,357.	7,231.

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
AMANDA SAFT 2100 LEE ROAD WINTER PARK, FL 32789	TREASURER 5	0.	0.	0.
SEE STATEMENT 5 2100 LEE ROAD WINTER PARK, FL 32789	DIRECTORS 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	260,977.	0.	260,977.	55,490.	205,487.
Total	260,977.	0.	260,977.	55,490.	205,487.

Form 990, Page 4, Part IV, Line 56
Investments - Other Statement

Line 56 – Investments - Other:	Beginning of Year	End of Year
TOP ENDOWMENT FUNDS	593,755.	644,656.
Total	593,755.	644,656.

statement2

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.	91,183.	650,970.
FURNITURE AND FIXTURES	86,952.	68,339.	18,613.
VEHICLES	7,375.	737.	6,638.
Total	1,249,160.	160,259.	1,088,901.

Statement 3

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	22,551.
ACCRUAL TO CASH CONVERSION	-14,278.
Total	8,273.

Supporting Statement of:

Form 990 p 2/Line 23 column (B)

Description	Amount
FINANCIAL ASSISTANCE	20,787.
FINANCIAL ASSISTANCE - REIMBURSEMENT	53,996.
FOOD SUBSIDY	5,523.
RIDE EXPENSES	5,973.
PROGRAM SUPPLIES	1,561.
DIRECT ASSISTANCE	5,366.
Total	93,206.

Supporting Statement of:

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

Description	Amount
RENTAL EXPENSES	37,527.
Total	37,527.

Supporting Statement of:

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

Description	Amount
RENTAL EXPENSES	37,527.
Total	37,527.

Supporting Statement of:

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

Description	Amount
ACCRUAL TO CASH CONVERSION	-14,278.
Total	-14,278.

59-1873758

Jewish Family Services
Board of Directors 2004-2005
As of 2/1/2005

Name	Title	Home Phone	Business Phone	Fax	Email
Andrews, Diane		407-333-9026 (cell)	407-247-7843	407-333-9932	dcra@cfl.rr.com
Berger, Mimi (Emeritus)		407-774-3074			
Brown, Sid (Emeritus)		407-774-8459			roslynarts@aol.com
Chepenik, Nancy		407-629-5914 (cell)	407-492-0902		nchepenik@cfl.rr.com
Fuchs, Roz		407-767-8895 (cell)	321-277-8648	407-767-8391	rozfuchs@cfl.rr.com
Greenberg, Marci		407-975-0812 (cell)	407-760-1510	407-644-6561	mossykg@aol.com
Grossman, Barbara		407-788-3824		407-788-0448	BBG104@aol.com
Hara, Anita (Emeritus)		407-293-6343			
Haynes, Francine G.	Pres	407-622-1781	407-629-0000	407-252-8964 (cell)	Haynesblat@aol.com
Kudlowitz, Barry	Exec.	407-869-0627	407-644-7593	407-628-0773	barry.kudlowitz@ jewishfamilyservicesorlando.org
Levy, Rosalind		407-622-7619			Roajl@aol.com
Ludin, Craig		407-975-3335	407-622-7060	407-622-7066	ludincpa@earthlink.net
Pearlman, Craig		407-425-1466	407-425-1020	407-839-3635	rossam@aol.com
			(cell) 407-761-2234		
Pearlman, David (Emeritus)		407-425-7315	407-578-2008		
Petree, Robert		407-323-3639	407-425-2731	407-422-3485	Auvenbloom@aol.com
Rida Jill		407-677-7562	407-649-4686	407-841-0168	jriola@bakerlaw.com
			(cell)407-474-5979		
Riola, James		407-810-5595	407-677-7562		jriola@digital4ce.com
Sachs, Ron	Secy.	407-834-0370	(cell) 407-617-0370	407-834-0370	Taipan@cfl.rr.com
Saft, Amanda	Treas.	407-539-5754	(cell) 407-421-4889		Amandasaft@earthlink.net
Schwartz, Bernice W.	1st VP	407-774-0133	(cell) 407-222-8365	407-774-6654	spinrmom58@aol.com
Shader, Anne/Stan (Emer)		407-774-5237			
Selznick, Karen	2nd VP	407-333-3377	(cell) 407-697-2425	407-333-4272	karenselznick@aol.com
Sherman, Marty		407-226-8182	407-938-7701	407-938-7778	homazoma@cfl.rr.com
			(cell) 407-697-3427		
Trabold, Blanquita		407-628-0789	(cell) 407-718-9877	407-420-6896	bandftrabold@aol.com
Webman, Neil		407-422-0106		407-843-2593	nfwebman@aol com
Weiner, Ben		407-629-2609	407-623-5600	407-623-5659	ben.weiner@rssmb.com
			(cell) 407-252-1124		
Weissmann, Robert		321-214-0091	407-418-6279	407-843-4444	robert.weissmann@ Lowndes-law.com
Wolly, Madeline		407-788-0247		407-788-8276	madwolly@earthlink.net

statements