

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2004

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2004 calendar year, or tax year beginning **OCT 1, 2004** and ending **SEP 30, 2005**

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 AND CHILDREN'S SERVICE, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1430 MAIN STREET

City or town, state or country, and ZIP + 4
WALTHAM, MA 02451

D Employer identification number
04-2104356

E Telephone number
(781) 647-5327

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? **N/A** Yes No (If "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number _____

G Website: **WWW.JFCSBOSTON.ORG**

J Organization type (check only one) 501(c) (**3**) (insert no) 4947(a)(1) or 527

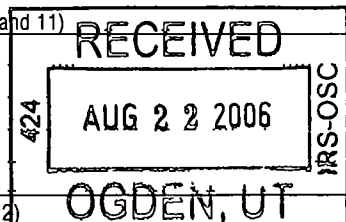
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **24,400,540.**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

| | | | | | | |
|------------|--|--|----------------|-----------------|----------|--|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received: | | | | |
| | a | Direct public support | 1a | 3,831,334. | | |
| | b | Indirect public support | 1b | 1,432,525. | | |
| | c | Government contributions (grants) | 1c | | | |
| | d | Total (add lines 1a through 1c) (cash \$ <u>5,263,859.</u> noncash \$ _____) | 1d | 5,263,859. | | |
| | 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | 15,960,256. | | |
| | 3 | Membership dues and assessments | 3 | | | |
| | 4 | Interest on savings and temporary cash investments | 4 | 10,972. | | |
| | 5 | Dividends and interest from securities | 5 | 145,159. | | |
| | 6a | Gross rents | 6a | | | |
| | b | Less: rental expenses | 6b | | | |
| | c | Net rental income or (loss) (subtract line 6b from line 6a) | 6c | | | |
| 7 | Other investment income (describe _____) | 7 | | | | |
| Revenue | 8a | Gross amount from sales of assets other than inventory | (A) Securities | (B) Other | | |
| | | | 8a | 2,268,906. | | |
| | b | Less: cost or other basis and sales expenses | 8b | 145,154. | | |
| | c | Gain or (loss) (attach schedule) | 8c | 2,123,752. | | |
| d | Net gain or (loss) (combine line 8c, columns (A) and (B)) | 8d | STMT 1 | 2,123,752. | | |
| Revenue | 9 | Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | | | |
| | a | Gross revenue (not including \$ <u>0.</u> of contributions reported on line 1a) | 9a | 749,905. | | |
| | b | Less: direct expenses other than fundraising expenses | 9b | 219,669. | | |
| | c | Net income or (loss) from special events (subtract line 9b from line 9a) | 9c | SEE STATEMENT 2 | 530,236. | |
| Revenue | 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 | 1,483. | | | |
| 12 | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | 12 | 24,035,717. | | | |
| Expenses | 13 | Program services (from line 44, column (B)) | 13 | 15,352,548. | | |
| | 14 | Management and general (from line 44, column (C)) | 14 | 3,191,338. | | |
| | 15 | Fundraising (from line 44, column (D)) | 15 | 623,687. | | |
| | 16 | Payments to affiliates (attach schedule) | 16 | | | |
| | 17 | Total expenses (add lines 16 and 44, column (A)) | 17 | 19,167,573. | | |
| 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | 18 | 4,868,144. | | | |
| Net Assets | 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | 10,957,773. | | |
| | 20 | Other changes in net assets or fund balances (attach explanation) | 20 | SEE STATEMENT 3 | 924,328. | |
| | 21 | Net assets or fund balances at end of year (combine lines 18, 19, and 20) | 21 | 16,750,245. | | |



SCANNED SEP 19 2006

3-13

**JEWISH FAMILY AND CHILDREN'S
SERVICE, INC.**

04-2104356

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.

Page 2

| 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 (attach schedule) (cash \$ _____ noncash \$ _____) | 22 | | | |
| 23 Specific assistance to individuals (attach schedule) | 23 | | | |
| 24 Benefits paid to or for members (attach schedule) | 24 | | | |
| 25 Compensation of officers, directors, etc. | 25 598,530. | 0. | 494,404. | 104,126. |
| 26 Other salaries and wages | 26 11,057,848. | 9,640,401. | 1,187,935. | 229,512. |
| 27 Pension plan contributions | 27 16,000. | | 16,000. | |
| 28 Other employee benefits | 28 1,307,334. | 1,038,170. | 244,050. | 25,114. |
| 29 Payroll taxes | 29 895,633. | 744,401. | 125,718. | 25,514. |
| 30 Professional fundraising fees | 30 | | | |
| 31 Accounting fees | 31 57,000. | | 57,000. | |
| 32 Legal fees | 32 22,779. | 9,887. | 12,892. | |
| 33 Supplies | 33 225,396. | 130,498. | 91,375. | 3,523. |
| 34 Telephone | 34 200,163. | 146,299. | 50,266. | 3,598. |
| 35 Postage and shipping | 35 84,850. | 51,351. | 20,796. | 12,703. |
| 36 Occupancy | 36 1,092,615. | 813,890. | 244,200. | 34,525. |
| 37 Equipment rental and maintenance | 37 67,403. | 38,848. | 24,374. | 4,181. |
| 38 Printing and publications | 38 70,336. | 60,761. | 2,433. | 7,142. |
| 39 Travel | 39 275,362. | 265,524. | 9,479. | 359. |
| 40 Conferences, conventions, and meetings | 40 58,875. | 21,969. | 32,509. | 4,397. |
| 41 Interest | 41 185,598. | 105,012. | 69,023. | 11,563. |
| 42 Depreciation, depletion, etc. (attach schedule) | 42 248,151. | 87,532. | 154,257. | 6,362. |
| 43 Other expenses not covered above (itemize): | | | | |
| a _____ | 43a | | | |
| b _____ | 43b | | | |
| c _____ | 43c | | | |
| d _____ | 43d | | | |
| e SEE STATEMENT 4 | 43e 2,703,700. | 2,198,005. | 354,627. | 151,068. |
| 44 <small>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15</small> | 44 19,167,573. | 15,352,548. | 3,191,338. | 623,687. |

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

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

| | | |
|---|-----------------------------------|--------------------|
| a SEE STATEMENT 6 | (Grants and allocations \$ _____) | 4,528,789. |
| b SEE STATEMENT 7 | (Grants and allocations \$ _____) | 9,081,097. |
| c SEE STATEMENT 8 | (Grants and allocations \$ _____) | 1,742,662. |
| d _____ | (Grants and allocations \$ _____) | |
| e Other program services (attach schedule) | (Grants and allocations \$ _____) | |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) | | 15,352,548. |

Part IV Balance Sheets

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 | 608,158. | 45 690,213. |
| | 46 Savings and temporary cash investments | | 46 42,318. |
| | 47 a Accounts receivable | 47a 5,182,283. | |
| | b Less: allowance for doubtful accounts | 47b 600,000. | 47c 4,582,283. |
| | 48 a Pledges receivable | 48a 1,779,867. | |
| | b Less: allowance for doubtful accounts | 48b | 48c 1,779,867. |
| | 49 Grants receivable | | 49 |
| | 50 Receivables from officers, directors, trustees, and key employees | | 50 |
| | 51 a Other notes and loans receivable | 51a 5,925. | |
| | b Less: allowance for doubtful accounts | 51b | 51c 5,925. |
| | 52 Inventories for sale or use | | 52 |
| | 53 Prepaid expenses and deferred charges | | 53 260,964. |
| | 54 Investments - securities STMT 9 STMT 15 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | | 54 6,829,693. |
| | 55 a Investments - land, buildings, and equipment: basis | 55a | |
| | b Less: accumulated depreciation | 55b | 55c |
| 56 Investments - other | | 56 | |
| 57 a Land, buildings, and equipment: basis | 57a 8,787,433. | | |
| b Less: accumulated depreciation STMT 10 | 57b 1,354,769. | 57c 7,432,664. | |
| 58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 11) | | 58 1,615,327. | |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | | 59 14,117,259. | |
| Liabilities | 60 Accounts payable and accrued expenses | | 60 1,635,856. |
| | 61 Grants payable | | 61 |
| | 62 Deferred revenue | | 62 562,481. |
| | 63 Loans from officers, directors, trustees, and key employees | | 63 |
| | 64 a Tax-exempt bond liabilities | | 64a |
| | b Mortgages and other notes payable STMT 12 STMT 13 | | 64b 803,386. |
| | 65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 14) | | 65 157,763. |
| 66 Total liabilities (add lines 60 through 65) | | 66 3,159,486. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | |
| | 67 Unrestricted | | 67 5,456,614. |
| | 68 Temporarily restricted | | 68 4,011,142. |
| | 69 Permanently restricted | | 69 1,490,017. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. | | |
| | 70 Capital stock, trust principal, or current funds | | 70 |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 |
| | 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) | | 73 10,957,773. |
| | 74 Total liabilities and net assets / fund balances (add lines 66 and 73) | | 74 14,117,259. |

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.

JEWISH FAMILY AND CHILDREN'S SERVICE, INC.

| Part IV-A | | Reconciliation of Revenue per Audited Financial Statements with Revenue per Return | |
|------------------|--|---|-------------------------|
| a | Total revenue, gains, and other support per audited financial statements | a | 25,188,105. |
| b | Amounts included on line a but not on line 12, Form 990: | | |
| (1) | Net unrealized gains on investments | | \$ 792,233. |
| (2) | Donated services and use of facilities | | \$ 8,391. |
| (3) | Recoveries of prior year grants | | \$ |
| (4) | Other (specify): | | |
| | STMT 16 | | \$ 132,095. |
| | Add amounts on lines (1) through (4) | b | 932,719. |
| c | Line a minus line b | c | 24,255,386. |
| d | Amounts included on line 12, Form 990 but not on line a: | | |
| (1) | Investment expenses not included on line 6b, Form 990 | | \$ |
| (2) | Other (specify): | | |
| | STMT 18 | | \$ <219,669.> |
| | Add amounts on lines (1) and (2) | d | <219,669.> |
| e | Total revenue per line 12, Form 990 (line c plus line d) | e | 24,035,717. |

| Part IV-B | | Reconciliation of Expenses per Audited Financial Statements with Expenses per Return | |
|------------------|--|---|--------------------|
| a | Total expenses and losses per audited financial statements | a | 19,395,633. |
| b | Amounts included on line a but not on line 17, Form 990: | | |
| (1) | Donated services and use of facilities | | \$ 8,391. |
| (2) | Prior year adjustments reported on line 20, Form 990 | | \$ |
| (3) | Losses reported on line 20, Form 990 | | \$ |
| (4) | Other (specify): | | |
| | STMT 17 | | \$ 219,669. |
| | Add amounts on lines (1) through (4) | b | 228,060. |
| c | Line a minus line b | c | 19,167,573. |
| d | Amounts included on line 17, Form 990 but not on line a: | | |
| (1) | Investment expenses not included on line 6b, Form 990 | | \$ |
| (2) | Other (specify): | | \$ |
| | Add amounts on lines (1) and (2) | d | 0. |
| e | Total expenses per line 17, Form 990 (line c plus line d) | e | 19,167,573. |

| Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.) | | | | |
|---|--|--|---|--|
| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
| SEE STATEMENT 19 | | 598,530. | 27,327. | 3,660. |
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. Yes No

**JEWISH FAMILY AND CHILDREN'S
SERVICE, INC.**

Form 990 (2004)

04-2104356

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Part VI Other Information

| | | 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 | | 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. | | X |
| 78 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | N/A | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | | X |
| 80 a | 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? | X | |
| b | If "Yes," enter the name of the organization SEE STATEMENT 20 and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt. | | |
| 81 a | Enter direct or indirect political expenditures See line 81 instructions | 81a | 0. |
| b | Did the organization file Form 1120-POL for this year? | | X |
| 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 | 8,391. |
| 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 | N/A |
| 85 | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | 85a | N/A |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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. | 85b | N/A |
| c | Dues, assessments, and similar amounts from members | 85c | N/A |
| d | Section 162(e) lobbying and political expenditures | 85d | N/A |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | N/A |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | N/A |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 85g | 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? | 85h | N/A |
| 86 | 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 | 86a | N/A |
| b | Gross receipts, included on line 12, for public use of club facilities | 86b | N/A |
| 87 | 501(c)(12) organizations. Enter: a Gross income from members or shareholders | 87a | 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.) | 87b | N/A |
| 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 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u> | | |
| 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 MASSACHUSETTS | | |
| b | Number of employees employed in the pay period that includes March 12, 2004 | 90b | 410 |
| 91 | The books are in care of A. KEENE METZGER, CFO Telephone no. (781) 647-5327 | | |

Located at **1430 MAIN STREET, WALTHAM, MA**

ZIP + 4 **02451**

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 N/A

JEWISH FAMILY AND CHILDREN'S SERVICE, INC.

Form 990 (2004)

04-2104356

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Part VII Analysis of Income-Producing Activities (See page 33 of 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) Exclu- sion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a SERVICE FEE INCOME | | | | | 13,011,218. |
| b GRANT INCOME | | | | | 2,049,149. |
| c CONTRACT REVENUE | | | | | 762,465. |
| d RENTAL INCOME | | | | | 137,424. |
| e _____ | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | 14 | 10,972. | |
| 96 Dividends and interest from securities | | | 14 | 145,159. | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | 18 | 2,123,752. | |
| 101 Net income or (loss) from special events | | | 03 | 530,236. | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue: | | | | | |
| a MISC. OTHER | | | 01 | 1,483. | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 0. | | 2,811,602. | 15,960,256. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 18,771,858. |

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 page 34 of 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). |
|----------|---|
| 93 | ALLOWED AGENCY TO PROMOTE AND COUNSEL SOUND STANDARDS OF NORMAL FAMILY LIFE IN THE GREATER BOSTON JEWISH COMMUNITY BY PROVIDING EFFICIENT CASEWORK SERVICE. |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

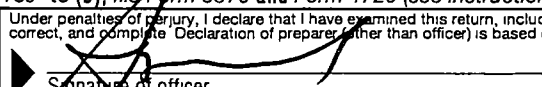
| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|---|--|-----------------------------|---------------------|------------------------------|
| N/A | % | | | |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

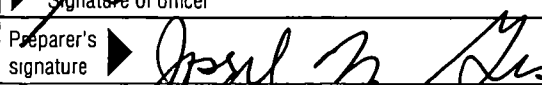
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (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).

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.

Please Sign Here:  Date: 8/15/06 Type or print name and title: Seymour J. Friedland, Exec Dir

Paid Preparer's Use Only: Preparer's signature:  Date: 8/3/06 Check if self-employed: Preparer's SSN or PTIN: P00030126

Firm's name (or yours if self-employed), address, and ZIP + 4: RSM MCGLADREY, INC.
7 NEW ENGLAND EXECUTIVE PARK, SUITE 320
BURLINGTON, MA 01803-3485

EIN: _____ Phone no.: (781) 685-3500

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization **JEWISH FAMILY AND CHILDREN'S SERVICE, INC.** Employer identification number **04 2104356**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| <u>ANNA BARENBOYM</u> C/O 1430 MAIN STREET, WALTHAM, MA 02451 | PHYS. THERAP 61.25 | 131,228. | 9,304. | 0. |
| <u>RIMMA ZELFAND</u> C/O 1430 MAIN STREET, WALTHAM, MA 02451 | DIR SR SVSC 36.25 | 111,041. | 1,670. | 0. |
| <u>ELLEN LASH</u> C/O 1430 MAIN STREET, WALTHAM, MA 02451 | DIR HEALTH OP 36.25 | 105,622. | 5,611. | 0. |
| <u>ELIZABETH CLOSS</u> C/O 1430 MAIN STREET, WALTHAM, MA 02451 | DIR DISABILIT 36.25 | 104,990. | 9,556. | 0. |
| <u>NATASHA GINSBURG</u> C/O 1430 MAIN STREET, WALTHAM, MA 02451 | RN 36.25 | 105,678. | 11,271. | 0. |
| Total number of other employees paid over \$50,000 ▶ | 42 | | | |

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

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|------------------------|------------------|
| <u>DIVERSIFIED PROJECT MANAGEMENT</u> ONE GATEWAY CENTER, NEWTON, MA 02458 | RELOCATION CONSULTANTS | 84,065. |
| <u>RAFANELLI EVENTS</u> 142 BERKELEY STREET, 2ND FLOOR, BOSTON, MA 02116 | EVENT CONSULTANTS | 83,910. |
| <u>MCGLADREY & PULLEN, LLP</u> 7 NEW ENGLAND EXECUTIVE PARK, SUITE 320, BURLINGTON, MA 01803 | AUDIT & TAX SERVICES | 57,645. |
| <u>COPLEY HARRIS COMPANY</u> 106 HIGH STREET, DANVERS, MA 01923 | CONSULTING SERVICES | 61,080. |
| Total number of others receiving over \$50,000 for professional services ▶ | 0 | |

| Part III Statements About Activities (See page 2 of the instructions.) | | Yes | No |
|---|---|-----|----|
| 1 | During the year, has the organization attempted to influence national, state, or local legislation, 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.) 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. | | X |
| 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.) SEE STATEMENT 21 | | |
| a | Sale, exchange, or leasing of property? | | X |
| b | Lending of money or other extension of credit? | | X |
| c | Furnishing of goods, services, or facilities? | X | |
| d | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990 | X | |
| e | Transfer of any part of its income or assets? | | X |
| 3 a | 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.) | | X |
| b | Do you have a section 403(b) annuity plan for your employees? | | X |
| 4 a | Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? | | X |
| b | Do you provide credit counseling, debt management, credit repair, or debt negotiation services? | | X |

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the 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). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the 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 page 5 of the instructions.)

JEWISH FAMILY AND CHILDREN'S

| Calendar year (or fiscal year beginning in) | (a) 2003 | (b) 2002 | (c) 2001 | (d) 2000 | (e) Total |
|--|-------------|-------------|------------------|-------------|-----------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28) | 3,418,956. | 3,378,366. | 3,326,882. | 3,661,029. | 13,785,233. |
| 16 Membership fees received | | | | | |
| 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 | 14,236,683. | 12,669,904. | 11,366,318. | 10,163,777. | 48,436,682. |
| 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 | 55,407. | 76,601. | 135,572. | 201,423. | 469,003. |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 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 | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | 4,348. | | SEE STATEMENT 22 | | 4,348. |
| 23 Total of lines 15 through 22 | 17,715,394. | 16,124,871. | 14,828,772. | 14,026,229. | 62,695,266. |
| 24 Line 23 minus line 17 | 3,478,711. | 3,454,967. | 3,462,454. | 3,862,452. | 14,258,584. |
| 25 Enter 1% of line 23 | 177,154. | 161,249. | 148,288. | 140,262. | |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 | | | | | 26a 285,172. |
| 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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | | | | | 26b 5,346,428. |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) | | | | | 26c 14,258,584. |
| d Add: Amounts from column (e) for lines: 18 <u>469,003.</u> 19 _____ 22 <u>4,348.</u> 26b <u>5,346,428.</u> | | | | | 26d 5,819,779. |
| e Public support (line 26c minus line 26d total) | | | | | 26e 8,438,805. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 26f 59.1840% |
| 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: N/A | | | | | |
| 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 11, 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: N/A | | | | | |
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ | | | | | 27c N/A |
| d Add: Line 27a total _____ and line 27b total _____ | | | | | 27d N/A |
| e Public support (line 27c total minus line 27d total) | | | | | 27e N/A |
| f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) N/A | | | | | 27f N/A |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | 27g N/A % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | 27h N/A % |
| 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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. | | | | | NONE |

JEWISH FAMILY AND CHILDREN'S

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

N/A

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

| | | 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.) | | |
| <hr/> <hr/> <hr/> | | | |
| 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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) | 32d | |
| <hr/> <hr/> | | | |
| 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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | 33h | |
| <hr/> <hr/> | | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | |
| b | Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. | 34b | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | |

**JEWISH FAMILY AND CHILDREN'S
SERVICE, INC.**

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

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

| | | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|----|---|-----------------------------------|--|
| | | N/A | |
| 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 on page 11 of the instructions.)

| Calendar year (or fiscal year beginning in) | Lobbying Expenditures During 4-Year Averaging Period | | | | N/A |
|---|--|-------------|-------------|-------------|--------------|
| | (a) 2004 | (b) 2003 | (c) 2002 | (d) 2001 | (e) Total |
| 45 | Lobbying nontaxable amount | | | | 0. |
| 46 | Lobbying ceiling amount (150% of line 45(e)) | | | | 0. |
| 47 | Total lobbying expenditures | | | | 0. |
| 48 | Grassroots nontaxable amount | | | | 0. |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | | | | 0. |
| 50 | Grassroots lobbying expenditures | | | | 0. |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

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

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Exempt Organizations (See page 11 of the 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:

- (i) Cash
(ii) Other assets

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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:

Table with columns Yes/No and rows 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c. All 'No' boxes are checked with an 'X'.

N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. The table is currently empty.

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 (The 'No' box is checked with an 'X')

b If "Yes," complete the following schedule: N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. The table is currently empty.

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FORM 990 PAGE 2

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| Asset No | Description | Date Acquired | Method | Life | Line No | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Amount Of Depreciation |
|----------|------------------------|---------------|--------|-------|---------|--------------------------|------------|--------------------|------------------------|--------------------------|-----------------|------------------------|
| 1 | BUILDING IMPROVEMENTS | VARIIESL | | 39.00 | 16 | 6473710. | | | 6473710. | 626,550. | | 110,770. |
| 2 | FURNITURE AND FIXTURES | VARIIESL | | 5.00 | 16 | 1192043. | | | 1192043. | 480,068. | | 137,381. |
| 3 | LAND | VARIIESL | | | | 1121680. | | | 1121680. | | | 0. |
| | * TOTAL 990 PAGE 2 | | | | | 8787433. | | 0. | 8787433. | 1106618. | 0. | 248,151. |
| | DEPR | | | | | | | | | | | |

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED | | |
|-------------------------|-------------------|---------------------|-----------------|--------|--------------------|
| SALE OF BOSTON FACILITY | VARIOUS | VARIOUS | PURCHASED | | |
| NAME OF BUYER | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | DEPREC | NET GAIN OR (LOSS) |
| UNRELATED | 2,268,906. | 127,401. | 17,753. | 0. | 2,123,752. |
| TO FM 990, PART I, LN 8 | 2,268,906. | 127,401. | 17,753. | 0. | 2,123,752. |

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

| DESCRIPTION OF EVENT | GROSS RECEIPTS | CONTRIBUT. INCLUDED | GROSS REVENUE | DIRECT EXPENSES | NET INCOME |
|---------------------------|----------------|---------------------|---------------|-----------------|------------|
| FALL GALA | 749,905. | | 749,905. | 219,669. | 530,236. |
| TO FM 990, PART I, LINE 9 | 749,905. | | 749,905. | 219,669. | 530,236. |

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

| DESCRIPTION | AMOUNT |
|--|----------|
| UNREALIZED GAIN ON INVESTMENTS AT FAIR MARKET VALUE | 792,233. |
| UNREALIZED CHANGE IN BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUST | 48,567. |
| GAIN ON INTEREST SWAP | 83,528. |
| TOTAL TO FORM 990, PART I, LINE 20 | 924,328. |

FORM 990

OTHER EXPENSES

STATEMENT 4

| DESCRIPTION | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING |
|-------------------------------|-------------------|----------------------------|----------------------------------|--------------------|
| OTHER EXPENSES | 187,299. | 120,435. | 60,694. | 6,170. |
| BANK CHARGES | 14,346. | 833. | 13,320. | 193. |
| INSURANCE | 29,636. | | 29,636. | |
| DUES & SUBSCRIPTIONS | 32,085. | 14,076. | 17,344. | 665. |
| ADVERTISING | 89,063. | 73,592. | 11,706. | 3,765. |
| BIRTH MOTHER | 99,207. | 99,207. | | |
| FAMILY ASSISTANCE | 212,921. | 212,921. | | |
| FOOD | 102,864. | 86,709. | 15,800. | 355. |
| PROGRAM EXPENSES | 100,617. | 90,116. | 5,497. | 5,004. |
| PUBLIC RELATIONS | 10,301. | 8,522. | 1,779. | |
| STAFF | | | | |
| DEVELOPMENT/TRAINING | 16,865. | 12,341. | 4,489. | 35. |
| BAD DEBT | 118,669. | 118,738. | <69.> | |
| CONSULTANTS | 1,161,153. | 1,009,872. | 82,971. | 68,310. |
| ADMINISTRATIVE | | | | |
| SUPPORT | 35,631. | 33,249. | 2,382. | |
| PAYROLL SERVICES | 38,393. | 24,075. | 14,318. | |
| SOFTWARE SUPPORT | 60,944. | 40,370. | 19,318. | 1,256. |
| AUDIO/VISUAL | | | | |
| EXPENSES | 37,180. | 16,441. | 2,067. | 18,672. |
| PROMO/SOLICITATION | | | | |
| MALTS | 159,162. | 42,897. | 70,935. | 45,330. |
| ADOPTION | 40,623. | 40,623. | | |
| SCHOLARSHIPS | 17,620. | 17,620. | | |
| CLIENT EXPENSES | 29,999. | 29,999. | | |
| HOME HEALTH & AID | | | | |
| ASSISTANCE | 60,541. | 60,541. | | |
| FURNITURE/FURNISHING | 45,701. | 41,948. | 2,440. | 1,313. |
| AMORTIZATION | 2,880. | 2,880. | | |
| TOTAL TO FM 990, LN 43 | 2,703,700. | 2,198,005. | 354,627. | 151,068. |

FORM 990

STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE
PART III

STATEMENT 5

EXPLANATION

JEWISH FAMILY AND CHILDREN'S SERVICE CARES FOR INDIVIDUALS AND FAMILIES BY PROVIDING EXCEPTIONAL HUMAN SERVICE AND HEALTH CARE PROGRAMS, GUIDED BY JEWISH TRADITIONS OF SOCIAL RESPONSIBILITY, COMPASSION, AND RESPECT FOR ALL MEMBERS OF THE COMMUNITY.

DESCRIPTION OF PROGRAM SERVICE ONE

FAMILY AND CHILDREN'S SERVICES - OFFERS A COMPREHENSIVE GROUP OF PROGRAMS DESIGNED TO STRENGTHEN FAMILIES AND SUPPORT INDIVIDUALS THROUGH CHALLENGING TIMES. SERVED 1,561 CLIENTS. ADOPTION RESOURCES: OFFERS PRE-ADOPTION CONSULTATION, HOME STUDIES, DOMESTIC AND INTERNATIONAL PLACEMENTS, EDUCATIONAL WORKSHOPS, CLINICAL SERVICES AND COMMUNITY OUTREACH. EARLY INTERVENTION: PROVIDES DEVELOPMENTAL AND THERAPEUTIC SERVICES FOR INFANTS AND TODDLERS FROM BIRTH TO AGE THREE WHO ARE EXPERIENCING DELAYS IN THEIR DEVELOPMENT OR ARE AT-RISK FOR DEVELOPMENTAL DELAYS. CENTER FOR EARLY RELATIONSHIP SUPPORT: PROMOTES THE HEALTHY DEVELOPMENT OF FAMILIES AT THE EARLIEST STAGES. FAMILY CIRCLE: SUPPORTS PARENTS OF SEVERELY NEUROLOGICALLY IMPAIRED CHILDREN. SERVICES FOR PEOPLE WITH DISABILITIES: OFFERS SUPPORT TO ADULTS WITH SPECIAL NEEDS AND THEIR FAMILIES. SPECIAL NEEDS INITIATIVE: SERVES CHILDREN FROM PRE-SCHOOL THROUGH HIGH SCHOOL WITH A VARIETY OF PHYSICAL AND MENTAL DISABILITIES AND THEIR FAMILIES (LOCATED IN DNEPROPETROVSK, UKRAINE).

| | GRANTS | EXPENSES |
|-------------------------------|-----------------------------|-------------------|
| TO FORM 990, PART III, LINE A | <u> </u> | <u>4,528,789.</u> |

DESCRIPTION OF PROGRAM SERVICE TWO

HOME CARE SERVICES TO THE ELDERLY: WE OFFER COMPREHENSIVE, COMPASSIONATE CARE TO THE ELDERLY. THE PROGRAMS LISTED BELOW PROVIDE HIGH QUALITY, INNOVATIVE SERVICES TO SENIOR ADULTS, HELPING THEM LIVE HEALTHY, INDEPENDENT AND MEANINGFUL LIVES. HOME HEALTH AND HOMECARE: BLENDS SKILLED MEDICAL AND REHABILITATION SERVICES WITH THE SUPPORT, EDUCATION AND CARE MANAGEMENT THAT MAKES A DIFFERENCE FOR CLIENTS AND THEIR FAMILIES. SERVED 7,853 CLIENTS
 LONG-TERM CARE OMBUDSMAN: A FREE SERVICE PROVIDED TO NURSING HOME RESIDENTS AND THEIR FAMILIES IN THE SUBURBAN AREAS WEST OF BOSTON, THE PROGRAM PROTECTS AND ADVOCATES FOR NURSING HOME RESIDENTS.
 GUARDIANSHIP: PROVIDES SERVICES TO INDIVIDUALS NO LONGER LEGALLY COMPETENT TO MAKE DECISIONS REGARDING THEIR HEALTH AND WELFARE.
 GERIATRIC CARE MANAGEMENT: HELPS ELDERS AND THEIR FAMILIES UNDERSTAND AND ACCESS THE VAST COMMUNITY RESOURCES THAT ARE AVAILABLE TO ELDERS IN THE GREATER BOSTON AREA.
 GERIATRIC MENTAL HEALTH: PROVIDES ACCESS TO SENIOR ADULTS FOR HIGH QUALITY, SPECIALIZED MENTAL HEALTH TREATMENT.
 SAFE AT HOME: HELPS FAMILIES CARING FOR A LOVED ONE WITH ALZHEIMER'S DISEASE OR OTHER DEMENTIAS.
 NORC: ASSISTS THE ELDERLY LIVING AT HOME IN CLOSE PROXIMITY TO OTHER ELDERLY TO RECEIVE SERVICES IN THEIR HOME AS PART OF "NATURALLY OCCURRING RETIREMENT COMMUNITIES."

| | GRANTS | EXPENSES |
|-------------------------------|--------|------------|
| TO FORM 990, PART III, LINE B | _____ | _____ |
| | ===== | ===== |
| | | 9,081,097. |

DESCRIPTION OF PROGRAM SERVICE THREE

COMMUNITY PROGRAMS- PROVIDE SERVICES THAT ARE RESPONSIVE TO THE SOCIAL AND CULTURAL NEEDS OF THE COMMUNITY. THESE PROGRAMS STRIVE TO REDUCE ISOLATION, MAKE CONNECTIONS TO THE JEWISH COMMUNITY AND PROMOTE THE WELL BEING OF INDIVIDUALS AND FAMILIES.

JEWISH HEALING CONNECTIONS: PROVIDES OUTREACH AND CONNECTION TO JUDAISM AND THE JEWISH COMMUNITY TO INDIVIDUALS AND THEIR FAMILIES WHO ARE ILL, ISOLATED, BEREAVED, OR LACK ACCESS TO JEWISH SUPPORTS.

HOLOCAUST SERVICES: ADDRESSES THE NEEDS AND CONCERNS OF HOLOCAUST SURVIVORS AND THEIR FAMILIES AND PROVIDES SPECIALIZED PROGRAMMING FOR CHILDREN AND GRANDCHILDREN OF SURVIVORS.

NEW AMERICAN SERVICES: ASSISTS REFUGEES IN THE INITIAL ADJUSTMENT TO RESETTLING IN AMERICA. PROVIDES SPECIALIZED BILINGUAL SERVICES INCLUDING CITIZENSHIP ASSISTANCE, OUTREACH TO RUSSIAN ADOLESCENTS AND SUPPORT FOR FRAIL ELDERLY AND SINGLE PARENT FAMILIES.

INTERFAITH FAMILY RESOURCE CENTER: REACHES OUT TO INTERFAITH COUPLES AND THEIR FAMILIES TO ADDRESS THE UNIQUE CHALLENGES THAT ARISE FROM DIFFERENCES IN FAITH AND TRADITIONS.

CENTER FOR FAMILY ASSISTANCE: OFFERS PROGRAMS AND SERVICES THAT MEET THE BASIC NEEDS OF INDIVIDUALS AND FAMILIES FOR FOOD, HOUSING, CLOTHING, AND ACCESS TO MEDICAL CARE AND LEGAL REPRESENTATION.

THE DANIEL CONNECTION: THE DANIEL CONNECTION, A PROGRAM OF JEWISH HEALING CONNECTIONS, PROVIDES SUPPORTIVE SERVICES TO HOSPITAL PATIENTS AND THEIR FAMILIES THROUGH A COLLABORATIVE EFFORT WITH BOSTON'S JEWISH COMMUNITY AND HOSPITAL STAFF.

KOL ISHA - DOMESTIC VIOLENCE PROGRAM: KOL ISHA PROVIDES CULTURALLY COMPETENT AND RELIGIOUSLY SENSITIVE SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT, WITH SPECIALIZED SERVICES FOR THE JEWISH COMMUNITY AND THE RUSSIAN-SPEAKING COMMUNITY.

SERVED 13,111 CLIENTS.

GRANTS

EXPENSES

TO FORM 990, PART III, LINE C

1,742,662.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9

| SECURITY DESCRIPTION | COST/FMV | CORPORATE STOCKS | CORPORATE BONDS | OTHER PUBLICLY TRADED SECURITIES | TOTAL NON-GOV'T SECURITIES |
|-----------------------------|----------|------------------|-----------------|----------------------------------|----------------------------|
| EQUITY SECURITIES | FMV | 6,669,282. | | | 6,669,282. |
| FIXED INCOME SECURITIES | FMV | | 256,013. | | 256,013. |
| TO FORM 990, LINE 54, COL B | | 6,669,282. | 256,013. | | 6,925,295. |

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 10

| DESCRIPTION | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE |
|-----------------------------------|---------------------|--------------------------|------------|
| BUILDING IMPROVEMENTS | 6,473,710. | 737,320. | 5,736,390. |
| FURNITURE AND FIXTURES | 1,192,043. | 617,449. | 574,594. |
| LAND | 1,121,680. | 0. | 1,121,680. |
| TOTAL TO FORM 990, PART IV, LN 57 | 8,787,433. | 1,354,769. | 7,432,664. |

FORM 990 OTHER ASSETS STATEMENT 11

| DESCRIPTION | AMOUNT |
|---|------------|
| OTHER ASSETS/DEPOSITS | 209,053. |
| BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUST | 1,344,740. |
| TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B | 1,553,793. |

FORM 990

MORTGAGES PAYABLE

STATEMENT 12

DESCRIPTION

BALANCE DUE

WILSHIRE CREDIT CORPORATION
 COMBINED JEWISH PHILANTHROPIES

141,044.
 77,859.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B

218,903.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 13

| | | | |
|--------------------------------|--|------------------------------------|--|
| <u>LENDER'S NAME</u> | | <u>TERMS OF REPAYMENT</u> | |
| COMBINED JEWISH PHILANTHROPIES | | NO REPAYMENT SCHEDULE HAS BEEN SET | |

| <u>DATE OF NOTE</u> | <u>MATURITY DATE</u> | <u>ORIGINAL LOAN AMOUNT</u> | <u>INTEREST RATE</u> |
|---------------------|----------------------|-----------------------------|----------------------|
| 12/31/05 | 12/31/16 | 92,282. | .00% |

| | |
|--------------------------------------|---------------------------|
| <u>SECURITY PROVIDED BY BORROWER</u> | <u>PURPOSE OF LOAN</u> |
| N/A | UNDERFUND OF PENSION PLAN |

RELATIONSHIP OF LENDER
NONE

| <u>DESCRIPTION OF CONSIDERATION</u> | <u>FMV OF CONSIDERATION</u> | <u>BALANCE DUE</u> |
|-------------------------------------|-----------------------------|--------------------|
| | 0. | 92,282. |

| | | | |
|--------------------------|--|---------------------------|--|
| <u>LENDER'S NAME</u> | | <u>TERMS OF REPAYMENT</u> | |
| CHITTENDEN TRUST COMPANY | | VARIOUS INT/PRIN | |

| <u>DATE OF NOTE</u> | <u>MATURITY DATE</u> | <u>ORIGINAL LOAN AMOUNT</u> | <u>INTEREST RATE</u> |
|---------------------|----------------------|-----------------------------|----------------------|
| 10/01/04 | 10/04/34 | 5,002,877. | 4.11% |

| | |
|--------------------------------------|------------------------|
| <u>SECURITY PROVIDED BY BORROWER</u> | <u>PURPOSE OF LOAN</u> |
| PROPERTY | BOND PAYABLE |

RELATIONSHIP OF LENDER
UNRELATED

| <u>DESCRIPTION OF CONSIDERATION</u> | <u>FMV OF CONSIDERATION</u> | <u>BALANCE DUE</u> |
|-------------------------------------|-----------------------------|--------------------|
| | 0. | 5,002,877. |

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

5,095,159.

FORM 990 OTHER LIABILITIES STATEMENT 14

| DESCRIPTION | AMOUNT |
|---|----------|
| DEFERRED COMPENSATION | 121,971. |
| AGENCY PAYABLE-FUNDS HELD IN TRUST | 6,094. |
| TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B | 128,065. |

FORM 990 OTHER SECURITIES STATEMENT 15

| SECURITY DESCRIPTION | COST/FMV | OTHER SECURITIES |
|-----------------------------|----------|------------------|
| CASH AND CASH EQUIVALENTS | FMV | 873,264. |
| TO FORM 990, LINE 54, COL B | | 873,264. |

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 16

| DESCRIPTION | AMOUNT |
|---|----------|
| GAIN ON INTEREST SWAP AGREEMENT | 83,528. |
| CHANGE IN BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUST | 48,567. |
| TOTAL TO FORM 990, PART IV-A | 132,095. |

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 17

| DESCRIPTION | AMOUNT |
|------------------------------|----------|
| SPECIAL EVENT EXPENSES | 219,669. |
| TOTAL TO FORM 990, PART IV-B | 219,669. |

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 18

| DESCRIPTION | AMOUNT |
|------------------------------|------------|
| SPECIAL EVENT EXPENSES | <219,669.> |
| TOTAL TO FORM 990, PART IV-A | <219,669.> |

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 19

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|---|---------------------------------|-------------------|---------------------------------|--------------------|
| JOHN LEVY C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | PRESIDENT 0-5 | 0. | 0. | 0. |
| ALAN DANA C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | IMMEDIATE PAST PRESIDENT 0-5 | 0. | 0. | 0. |
| ERIC S. SILVERMAN C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | TREASURER 0-5 | 0. | 0. | 0. |
| AMY BLOOMSTONE C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | CLERK 0-5 | 0. | 0. | 0. |
| HARVEY M. GREENBERG C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | VP OF BOARD OF DIRECTORS 0-5 | 0. | 0. | 0. |
| WILLIAM W. KANNEL C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | VP OF BOARD OF DIRECTORS 0-5 | 0. | 0. | 0. |
| JAMES M. LITTON C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | VP OF BOARD OF DIRECTORS 0-5 | 0. | 0. | 0. |
| ELIZABETH ROSEN C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | VP OF BOARD OF DIRECTORS 0-5 | 0. | 0. | 0. |

JEWISH FAMILY AND CHILDREN'S SERVICE, IN

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| | | | | |
|---|---------------------------------|----------|---------|--------|
| STEVEN J. SNYDER C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | VP OF BOARD OF DIRECTORS 0-5 | 0. | 0. | 0. |
| SEYMOUR J. FRIEDLAND, PH.D. C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | EXECUTIVE DIRECTOR 36.25 | 239,643. | 15,904. | 3,660. |
| JOSEPH H. ALBERT C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| DELLSON S. ALBERTS C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| ELISABETH BABCOCK C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| NEAL BALKOWITSCH C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| MARK R. BELSKY, M.D. C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| PATRICIA BERENSON C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| KATHLEEN KIRK BISHOP, D.S.W C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| GERALD FELDMAN C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| LISA HEYISON C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| MELISSA WEINER JANFAZA C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| JULIE RIVEN JAYE C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |

JEWISH FAMILY AND CHILDREN'S SERVICE, IN

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| | | | | |
|---|-----------------|----|----|----|
| STEWART KARGER C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| PAMELA LESSER C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| MARK LEVY C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| GINNY STRAUSS MACDOWELL C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| DALE OKONOW C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| MICHAEL V. ORLOV, MD, PHD C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| GEORGE PELZ C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| ALAN PINSHAW, MD C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| LAURA PONTIN C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| JAMES RABB, MD C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| MATTHEW ROSENTHAL C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| DAVID SCHECHTER C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| BETH C. SCHLAGER C/O JFCS 1430 MAIN STREET WALTHAM, MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |

JEWISH FAMILY AND CHILDREN'S SERVICE, IN

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| | | | | |
|---|----------------------------------|----------|---------|--------|
| SUSAN FLORENCE SMITH C/O JFCS 1430 MAIN STREET WALTHAM,MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| HAROLD SOLOMON, M.D. C/O JFCS 1430 MAIN STREET WALTHAM,MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| DONNA STEIN C/O JFCS 1430 MAIN STREET WALTHAM,MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| BARBARA STERN C/O JFCS 1430 MAIN STREET WALTHAM,MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| ELINOR SVENSON C/O JFCS 1430 MAIN STREET WALTHAM,MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| JACKIE WEINSTEIN C/O JFCS 1430 MAIN STREET WALTHAM,MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| JAMIE WEINTRAUB C/O JFCS 1430 MAIN STREET WALTHAM,MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| DONALD WERTLIEB C/O JFCS 1430 MAIN STREET WALTHAM,MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| VIRGINIA WISE C/O JFCS 1430 MAIN STREET WALTHAM,MA 02451 | DIRECTOR 0-5 | 0. | 0. | 0. |
| MARLA KANNEL C/O JFCS 1430 MAIN STREET WALTHAM,MA 02451 | CHIEF DEVELOPMENT OFFICER 29 | 104,126. | 0. | 0. |
| A. KEENE METZGER C/O JFCS 1430 MAIN STREET WALTHAM,MA 02451 | CHIEF FINANCIAL OFFICER 36.25 | 128,681. | 1,728. | 0. |
| CARL J. ZACK C/O JFCS 1430 MAIN STREET WALTHAM,MA 02451 | CHIEF OPERATING OFFICER 36.25 | 126,080. | 9,695. | 0. |
| TOTALS INCLUDED ON FORM 990, PART V | | 598,530. | 27,327. | 3,660. |

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 20
PART VI, LINE 80B

| NAME OF ORGANIZATION | EXEMPT | NONEXEMPT |
|--|--------|-----------|
| JEWISH FAMILY AND CHILDREN'S FOUNDATION, INC | | X |

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC, . PART III, LINE 2 STATEMENT 21

SEE THE ATTACHED STATEMENT.

SCHEDULE A OTHER INCOME STATEMENT 22

| DESCRIPTION | 2003 AMOUNT | 2002 AMOUNT | 2001 AMOUNT | 2000 AMOUNT |
|------------------------------|-------------|-------------|-------------|-------------|
| MISCELLANEOUS INCOME | 4,348. | 0. | 0. | 0. |
| TOTAL TO SCHEDULE A, LINE 22 | 4,348. | 0. | 0. | 0. |

Jewish Family and Children's Service, Inc.
Form 990; Schedule A, Page 2, Part III, Question #2c
Tax ID: 04-2104356
Attachment to Statement #21
September 30, 2005

Two members of the Organization's Board of Directors (William W. Kannel, Vice President of Board of Directors and Steven J. Snyder, Vice President of Board of Directors) are partners in law firms (Mintz, Levin, Cohn, Ferris, Glovsky and Popeo P.C. and Goulston & Storrs, respectively) that represent the Organization. During the years ended September 30, 2005 and 2004 legal fees incurred by the Organization to these firms totaled \$77,591 and \$73,575, respectively. In addition, the law firms provided donated services in their capacity as legal counsel to the Organization totaling \$516 and \$2,796 in fiscal years 2005 and 2004, respectively. All legal fees paid to Mintz, Levin, Cohn, Ferris, Glovsky and Popeo P.C. and Goulston & Storrs were reviewed by our Auditors and all judged to appear reasonable and appropriate in the normal course of business.

A relative (Gail Levy) of a member (Mark Levy, Director) of the Organization's Board of Directors provided certain consulting services (lactation consultant) related to the Organization's Early Intervention program. Fees paid to the board member's relative totaled \$38,320 and \$29,654 for the year ended September 30, 2005 and September 30, 2004, respectively. At September 30, 2005 and 2004, the Organization owed \$3,781 and \$3,576, respectively, to the consultant.

All fees paid to the related parties for services were reviewed during our audit. All fees were judged to be normal and appropriate business policies at market rates.

All related party transactions have been duly reviewed and noted in the Audited Financial Statements of the Organization. An unqualified opinion was given for the year ended September 30, 2005 and 2004.

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

JEWISH FAMILY AND CHILDREN'S SERVICE, INC.

Business or activity to which this form relates

FORM 990 PAGE 2

Identifying number

04-2104356

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

| | | |
|----|--|------------------------------|
| 1 | Maximum amount See instructions for a higher limit for certain businesses | 102,000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 410,000. |
| 4 | Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- | |
| 5 | Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | |
| 6 | (a) Description of property | (b) Cost (business use only) |
| | | (c) Elected cost |
| 7 | Listed property Enter the amount from line 29 | |
| 8 | Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | |
| 9 | Tentative deduction Enter the smaller of line 5 or line 8 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2003 Form 4562 | |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | |
| 13 | Carryover of disallowed deduction to 2005 Add lines 9 and 10, less line 12 | |

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

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

| | | |
|----|---|----------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | |
| 15 | Property subject to section 168(f)(1) election (see instructions) | |
| 16 | Other depreciation (including ACRS) (see instructions) | 248,151. |

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

Section A

| | | |
|----|--|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2004 | |
| 18 | If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | |

Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions)

| | | |
|----|--|----------|
| 21 | Listed property Enter amount from line 28 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr | 248,151. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | |

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

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

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|--|----------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use | | | | | | | 25 | |
| 26 Property used more than 50% in a qualified business use | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| 27 Property used 50% or less in a qualified business use | | | | | | | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 | | | | | | | 28 | |
| 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 | | | | | | | | 29 |

Section B - Information on Use of Vehicles

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

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

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

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

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

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|--|------------------------------------|------------------------------|------------------------|---|--------------------------------------|
| 42 Amortization of costs that begins during your 2004 tax year | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2004 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f) See instructions for where to report | | | | | 44 |

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

| | | |
|--|---|---|
| Type or print | Name of Exempt Organization JEWISH FAMILY AND CHILDREN'S SERVICE, INC. | Employer identification number 04-2104356 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P O box, see instructions 31 NEW CHARDON STREET | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02114 | |

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **A. KEENE METZGER, CFO**
 Telephone No ▶ **(781) 647-5327** FAX No ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **MAY 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2004**, and ending **SEP 30, 2005**

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box [X]
- Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

| | | |
|--|---|---|
| Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy. | | |
| Type or print. File by the extended due date for filing the return. See instructions. | Name of Exempt Organization JEWISH FAMILY AND CHILDREN'S SERVICE, INC. | Employer identification number 04-2104356 |
| | Number, street, and room or suite no. If a P.O. box, see instructions 1430 MAIN STREET | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions WALTHAM, MA 02451 | |

Check type of return to be filed (File a separate application for each return)

Form 990
 Form 990 EZ
 Form 990 T (sec 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990 T (trust other than above)
 Form 4720
 Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **A. KEENE METZGER, CFO**
Telephone No **(781) 647-5327** FAX No _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box If it is for **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3 month extension of time until **AUGUST 15, 2006**

5 For calendar year _____, or other tax year beginning **OCT 1, 2004** and ending **SEP 30, 2005**

6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

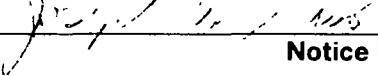
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **MANAGER** Date **5/12/06**

Notice to Applicant - To Be Completed by the IRS

We **have** approved this application. Please attach this form to the organization's return

We **have not** approved this application. However, we have granted a 10 day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return **EXTENSION APPROVED**

We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

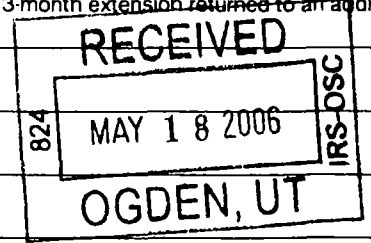
We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested

Other _____

By _____ Date _____
Director _____ FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

| | |
|---------------|---|
| Type or print | Name RSM MCGLADREY, INC. |
| | Number and street (include suite, room, or apt. no.) or a P.O. box number 7 NEW ENGLAND EXECUTIVE PARK, SUITE 320 |
| | City or town, province or state, and country (including postal or ZIP code) BURLINGTON, MA 01803-3485 |



EXTENDED DUE DATE MAY 15 2006