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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 9/01/08 , and ending 8/31/09

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
JEWISH FAMILY SERVICE OF GREATER HARRISBURG, INC.

Number and street (or P O box, if mail is not delivered to street address) Room/suite
3333 NORTH FRONT STREET

City or town, state or country, and ZIP + 4
HARRISBURG PA 17110

D Employer identification number
23-2894802

E Telephone number
717-233-1681

F Group Exemption Number ▶

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

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ JFSOFHBG.ORG

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

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 909,320

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

1	Contributions, gifts, grants, and similar amounts received		1	280,705
2	Program service revenue including government fees and contracts		2	623,084
3	Membership dues and assessments		3	
4	Investment income		4	3,370
5a	Gross amount from sale of assets other than inventory	5a		
b	Less cost or other basis and sales expenses	5b		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)		5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
b	Less. direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
8	Other revenue (describe ▶ See Statement 1)		8	2,161
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	909,320
10	Grants and similar amounts paid (attach schedule)		10	
11	Benefits paid to or for members		11	
12	Salaries, other compensation, and employee benefits		12	582,348
13	Professional fees and other payments to independent contractors		13	108,739
14	Occupancy, rent, utilities, and maintenance		14	69,414
15	Printing, publications, postage, and shipping		15	52,100
16	Other expenses (describe ▶ See Statement 2)		16	141,943
17	Total expenses. Add lines 10 through 16 ▶		17	954,544
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-45,224
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	248,197
20	Other changes in net assets or fund balances (attach explanation) See Statement 3		20	-27,122
21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	175,851

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	188,303	22	155,375
23 Land and buildings	46,851	23	34,692
24 Other assets (describe ▶ See Statement 4)	91,025	24	155,022
25 Total assets	326,179	25	345,089
26 Total liabilities (describe ▶ See Statement 5)	77,982	26	169,238
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	248,197	27	175,851

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form **990-EZ** (2008)

DAA

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

See Statement 6

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)

28 See Statement 7

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 830,236

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 Total program service expenses (add lines 28a through 31a) ▶ 32 830,236

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

(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
CINDY LYNCH 3333 NORTH FRONT STREET HARRISBURG PA 17110	PRESIDENT 1	0	0	0
JONATHAN FREEMAN 3333 NORTH FRONT STREET HARRISBURG PA 17110	VP DEVELOPMT 1	0	0	0
JENNIFER ROSS 3333 NORTH FRONT STREET HARRISBURG PA 17110	VP PROGRAMS 1	0	0	0
ISADORE BASEMAN 3333 NORTH FRONT STREET HARRISBURG PA 17110	TREASURER 1	0	0	0
SHELLY ADLER 3333 NORTH FRONT STREET HARRISBURG PA 17110	IMM PST PRES 1	0	0	0
KAREN BALL 3333 NORTH FRONT STREET HARRISBURG PA 17110	DIRECTOR 1	0	0	0
MANDY CHESKIS 3333 NORTH FRONT STREET HARRISBURG PA 17110	DIRECTOR 1	0	0	0
DOREEN EVRARD 3333 NORTH FRONT STREET HARRISBURG PA 17110	DIRECTOR 1	0	0	0
MARCIA FINKELSTEIN 3333 NORTH FRONT STREET HARRISBURG PA 17110	DIRECTOR 1	0	0	0
CAROL HILLMAN 3333 NORTH FRONT STREET HARRISBURG PA 17110	DIRECTOR 1	0	0	0
APRIL HUTCHINSON 3333 NORTH FRONT STREET HARRISBURG PA 17110	DIRECTOR 1	0	0	0
DR. GARY KLEIN 3333 NORTH FRONT STREET HARRISBURG PA 17110	DIRECTOR 1	0	0	0
EDITH KUSHNER 3333 NORTH FRONT STREET HARRISBURG PA 17110	DIRECTOR 1	0	0	0
JULIE SHERMAN 3333 NORTH FRONT STREET HARRISBURG PA 17110	DIRECTOR 1	0	0	0
BRUCE WEBER 3333 NORTH FRONT STREET HARRISBURG PA 17110	DIRECTOR 1	0	0	0
HELENE COHEN 3333 NORTH FRONT STREET HARRISBURG PA 17110	CEO 40	108,373	20,637	1,125

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and (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," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ PA

42a The books are in care of ▶ CRYSTAL HACKETT Telephone no. ▶ 717-233-1681

Located at ▶ 3333 NORTH FRONT STREET HARRISBURG, PA ZIP + 4 ▶ 17110

			Yes	No
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 Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country. ▶	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than $100,000	(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
None				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over $100,000 ▶		

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

Helene Cohen — 12/23/2010

Signature of officer — Date

HELENE COHEN — CHIEF EXECUTIVE OFFICER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Allyson R. Harlen — Date: 2/04/10 — Check if self-employed ▶ ☐ — Preparer's Identifying Number (See instr.): P00539212

Firm's name (or yours if self-employed), address, and ZIP + 4: PADDEN, GUERRINI & ASSOCIATES, P.C., 3425 SIMPSON FERRY ROAD, CAMP HILL, PA 17011 — EIN ▶ 23-2290841 — Phone no ▶ 717-763-1644

May the IRS discuss this return with the preparer shown above? See instructions ▶ X Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: JEWISH FAMILY SERVICE OF GREATER HARRISBURG, INC.

Employer identification number: 23-2894802

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

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

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

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

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

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

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

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

10 ☐ An *organization organized and operated exclusively to test for public safety* See **section 509(a)(4).** (see instructions)

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

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally Integrated d ☐ Type III–Other

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the organizations the organization supports.

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 %

16a **33 1/3 % support test—2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3 % support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	215,310	234,172	285,751	253,785	280,705	1,269,723
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	518,596	627,554	625,994	612,897	623,084	3,008,125
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5	733,906	861,726	911,745	866,682	903,789	4,277,848
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				12,646	12,910	25,556
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b				12,646	12,910	25,556
8 **Public support** (Subtract line 7c from line 6)	733,906	861,726	911,745	854,036	890,879	4,252,292

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	733,906	861,726	911,745	866,682	903,789	4,277,848
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,300	11,967	30,455	9,691	3,370	65,783
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	10,300	11,967	30,455	9,691	3,370	65,783
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)	744,206	873,693	942,200	876,373	907,159	4,343,631

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	97.8972 %
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	98.1529 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	1.5145 %
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	1.8471 %

19a **33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶ ☐

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

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
MISCELLANEOUS INCOME	$ 2,161
Total	$ 2,161

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	$
Insurance	12,123
PROGRAM EXPENSES	74,655
EQUIP REPAIRS & MAINTENAN	12,737
DUES & SUBSCRIPTIONS	6,390
MISCELLANEOUS EXPENSES	1,269
INFORMATION TECHNOLOGY	2,274
TRAVEL	25,819
CONFERENCES & MEETINGS	4,936
INTEREST	1,740
Total	$ 141,943

Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED GAIN/(LOSS) ON INVESTMENTS	$ -27,122
Total	$ -27,122

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Pledges Receivable	$ 27,562	$ 29,750
Accounts Receivable	59,736	122,471
Prepaid Expenses and Deferred Charges	3,727	2,801
	91,025	155,022

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	$ 49,372	$ 57,038
Unsecured Notes and Loans Payable	28,610	112,200
	77,982	169,238

Federal Statements

Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description
TO PROVIDE ASSISTANCE TO JEWISH AND GENERAL COMMUNITIES THROUGH CASE MANAGEMENT, COUNSELING, KOSHER MEALS ON WHEELS, OUTREACH SERVICES, AND OTHER PROGRAMS.

Statement 7 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description
TO PROVIDE ASSISTANCE TO JEWISH AND GENERAL COMMUNITIES THROUGH CASE MANAGEMENT, COUNSELING, KOSHER MEALS ON WHEELS, OUTREACH SERVICES, THERAPY TO CHILDREN WITH AUDITORY PROCESSING AND SENSORY INTEGRATION DISORDERS, AND OTHER PROGRAMS.

Federal Statements

Form 990-EZ, Part II, Line 23 - Land and Buildings

Description	Beginning of Year	Accumulated Depreciation	End of Year	Accumulated Depreciation
PROPERTY & EQUIPMENT	$ 120,688	$ 73,837	$ 120,688	$ 85,996
Total	$ 120,688	$ 73,837	$ 120,688	$ 85,996

Federal Statements

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2008	2007	2006	2005	2004
HELENE COHEN	$	$ 567	$	$	$
SHELLEY ADLER	3,637	4,644			
KAREN BALL	350	370			
ITSY BASEMAN	1,181	1,181			
MANDY CHESKIS	298	242			
DOREEN EVRARD	255				
MARCIA FINKELSTEIN	224				
BARRY FOX	100				
JONATHAN FREEMAN	914	825			
CAROL HILLMAN	577				
GARY KLEIN	330	506			
LARRY KLUGER	500				
EDITH KUSHNER	1,005	2,070			
CINDY LYNCH	972	191			
JENNIFER ROSS	1,145	1,404			
JULIE SHERMAN	762	495			
DR, STANLEY SCHNEIDER		25			
BRUCE WEBER	660	126			
Total	$ 12,910	$ 12,646	$ 0	$ 0	$ 0