

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2007

Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

- 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 BOARD OF FAMILY AND CHILDREN'S SERVICES INC. Number and street: 120 WEST 57th STREET. City or town, state or country, and ZIP + 4: NEW YORK, NY 10019

D Employer identification number: 13-5564937. E Telephone number: (212) 582-9100. F Accounting method: Accrual

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? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: http://www.jbfcs.org

J Organization type: 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 183,386,431

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets at beginning of year, Other changes in net assets, Net assets at end of year.

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. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule) <input checked="" type="checkbox"/>	23	7,467,005	7,467,005	
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	2,564,608	511,480	2,053,128
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b			
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b and c	26	80,023,830	71,639,347	7,899,163
27	Pension plan contributions not included on lines 25a, b and c	27	2,670,849	2,318,805	337,933
28	Employee benefits not included on lines 25a - 27	28	9,479,534	8,233,953	1,206,343
29	Payroll taxes	29	7,082,452	6,247,520	797,228
30	Professional fundraising fees	30	78,621		78,621
31	Accounting fees	31	205,190	20,372	184,818
32	Legal fees	32	528,387	5,416	522,971
33	Supplies	33	3,891,377	3,473,544	407,263
34	Telephone	34	798,061	553,043	244,305
35	Postage and shipping	35	143,385	86,311	57,074
36	Occupancy	36	9,652,101	8,682,725	969,376
37	Equipment rental and maintenance	37	2,167,050	1,565,894	586,289
38	Printing and publications	38	160,207	105,725	53,966
39	Travel	39			
40	Conferences, conventions, and meetings	40	348,917	219,650	128,177
41	Interest	41	4,434,603	1,373,593	3,061,010
42	Depreciation, depletion, etc. (attach schedule) <input checked="" type="checkbox"/>	42	4,057,192	3,076,595	979,183
43	Other expenses not covered above (itemize)				
a	See Additional Data Table	43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	147,810,665	124,458,538	22,535,320

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 (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **▶** THE JEWISH BOARD OF FAMILY AND CHILDREN'S SERVICES, INC OFFERS A NETWORK OF 185 COMMUNITY-BASED PROGRAMS, RESIDENTIAL FACILITIES AND DAY TREATMENT CENTERS. OUR PROGRAMS REACH MORE THAN 65,000 PEOPLE OF ALL RELIGIOUS, ETHNIC AND ECONOMIC BACKGROUNDS. WE OFFER ADVANCED MENTAL HEALTH CARE AND HUMAN SERVICES TO HELP ALL NEW YORKERS LIVE BETTER AT EVERY STAGE IN LIFE. OUR RESIDENTIAL TREATMENT PROGRAMS PROVIDE A SUPPORTIVE ENVIRONMENT FOR CHILDREN WITH BEHAVIORAL DISORDERS AS AN ALTERNATIVE TO RESIDENTIAL PLACEMENT. JBFCS RUNS DAY TREATMENT PROGRAMS FOR EMOTIONALLY DISTURBED CHILDREN. MORE THAN 10,000 NEW YORKERS RECEIVE COUNSELING AND WE PROVIDE DAY TREATMENT AND RESIDENTIAL SERVICES TO ADULTS LIVING WITH SEVERE MENTAL ILLNESS. JBFCS IS ALSO A RESIDENTIAL PROVIDER OF DOMESTIC VIOLENCE SERVICES. ALL OUR WORK IS MADE POSSIBLE BY A HIGHLY COMMITTED STAFF AND DEVOTED CORPS OF VOLUNTEERS WHO WORK IN BOTH LEADERSHIP POSITIONS AND IN DIRECT SERVICES.

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

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.)

a RESIDENTIAL. JBFCS OPERATES RESIDENTIAL CENTERS FOR EMOTIONALLY AND DEVELOPMENTALLY DISTURBED ADULTS, ADOLESCENTS AND CHILDREN, GROUP HOMES, DOMESTIC VIOLENCE SHELTERS AND SUBSTANCE ABUSE PROGRAMS.

(Grants and allocations \$) If this amount includes foreign grants, check here **74,621,193**

b OUTPATIENT. JBFCS PROVIDES CLIENTS, DAY TREATMENT AND CONTINUING DAY TREATMENT FOR CHILDREN, ADULTS AND FAMILIES WITH PERSISTENT EMOTIONAL AND SOCIAL PROBLEMS.

(Grants and allocations \$) If this amount includes foreign grants, check here **47,958,021**

c EVALUATION AND EDUCATION. JBFCS PROVIDES TRAINING AND EVALUATION TO PROVIDERS OF SERVICE TO OUR CONSUMERS, AND EVALUATION OF SERVICE RESULTS.

(Grants and allocations \$) If this amount includes foreign grants, check here **1,879,324**

d _____

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services) **▶** **124,458,538**

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		1,422,404	45	1,793,917	
	46 Savings and temporary cash investments		662,332	46	1,298,775	
	47a Accounts receivable	47a	20,300,614			
	b Less allowance for doubtful accounts	47b	2,290,000	18,359,211	47c	18,010,614
	48a Pledges receivable	48a	5,588,838			
	b Less allowance for doubtful accounts	48b	750,218	8,169,636	48c	4,838,620
	49 Grants receivable		1,835,181	49	2,693,008	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a		
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b		
	51a Other notes and loans receivable (attach schedule)	51a	2,290,000			
	b Less allowance for doubtful accounts	51b		2,290,000	51c	2,290,000
	52 Inventories for sale or use			52		
	53 Prepaid expenses and deferred charges			53		
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		102,274,877	54a	86,673,548	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		17,956,622	54b	11,173,871	
55a Investments—land, buildings, and equipment basis	55a					
b Less accumulated depreciation (attach schedule)	55b			55c		
56 Investments—other (attach schedule)			56			
57a Land, buildings, and equipment basis	57a	113,205,833				
b Less accumulated depreciation (attach schedule)	57b	61,417,518	51,493,607	57c	51,788,315	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			4,036,976	58	3,483,310	
59 Total assets (must equal line 74) Add lines 45 through 58		208,500,846	59	184,043,978		
Liabilities	60 Accounts payable and accrued expenses		33,313,310	60	26,791,211	
	61 Grants payable			61		
	62 Deferred revenue		1,604,014	62	2,201,399	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a Tax-exempt bond liabilities (attach schedule)			64a		
	b Mortgages and other notes payable (attach schedule)		29,732,744	64b	26,208,315	
	65 Other liabilities (describe <input type="checkbox"/> _____)		68,247,232	65	61,024,810	
66 Total liabilities Add lines 60 through 65		132,897,300	66	116,225,735		
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		26,546,720	67	23,667,624	
	68 Temporarily restricted		38,550,410	68	33,443,395	
	69 Permanently restricted		10,506,416	69	10,707,224	
	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 and column (B) must equal line 21)		75,603,546	73	67,818,243	
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		208,500,846	74	184,043,978	

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

a	Total revenue, gains, and other support per audited financial statements	a	151,540,448
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	732,996
3	Recoveries of prior year grants	b3	
4	Other (specify) <input type="checkbox"/>	b4	201,907
	Add lines b1 through b4	b	934,903
c	Subtract line b from line a	c	150,605,545
d	Amounts included on Part I, line 12, but not on line a		
1	Investment expenses not included on Part I, line 6b	d1	764,482
2	Other (specify) <input type="checkbox"/>	d2	-997,395
	Add lines d1 and d2	d	934,903
e	Total revenue (Part I, line 12) Add lines c and d	e	150,372,632

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

a	Total expenses and losses per audited financial statements	a	147,981,086
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	732,996
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) <input type="checkbox"/>	b4	201,907
	Add lines b1 through b4	b	934,903
c	Subtract line b from line a	c	147,046,183
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	764,482
2	Other (specify) <input type="checkbox"/>	d2	
	Add lines d1 and d2	d	764,482
e	Total expenses (Part I, line 17) Add lines c and d	e	147,810,665

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

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

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	<u>76</u>		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	75b		No
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c		No
d Does the organization have a written conflict of interest policy?	75d	Yes	

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

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		No
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		No
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a	Yes	
b If "Yes," enter the name of the organization <input type="checkbox"/> See Additional Data Table _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter direct or indirect political expenditures (See line 81 instructions)	81a		
b Did the organization file Form 1120-POL for this year?	81b		No

Part VI Other Information (continued)

Form 990 (2007) Part VI Other Information (continued)
82a 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?
82b 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) 732,996
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88a 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
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0, section 4912 0, section 4955 0
89b 501(c)(3) and 501(c)(4) orgs. 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
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed NY
90b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 1,967
91a The books are in care of CARMELA CARINO Telephone no (914) 773-7300
226 LINDA AVENUE
Located at HAWTHORNE, NY ZIP + 4 10532
91b 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

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92**

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Agency and Individual					7,830,569
b Union Free School District					630,427
c					
d					
e					
f Medicare/Medicaid payments					79,938,872
g Fees and contracts from government agencies					6,007,476
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	126,939	
96 Dividends and interest from securities			14	2,002,640	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property			16	435,008	
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	-997,395	
101 Net income or (loss) from special events			01	190,805	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a See Additional Data Table					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				2,527,844	99,638,735
105 Total (add line 104, columns (B), (D), and (E))					102,166,579

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	IN-PATIENT AND OUT-PATIENT REHAB SERVICES
93B	EDUCATIONAL PROGRAMS FOR MENTALLY ILL INDIVIDUALS
103A	OTHER SERVICES FOR THE MENTALLY ILL AND DEVELOPMENTALLY DISABLED

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
Pelican Health Corp 120 West 57th Street New York, NY 10019 13-3969383	10000 00 %	HEALTH CARE SERVICES	0	1,366
	%			
	%			
	%			

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

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

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

NOTE: If "Yes" to **(b)**, file Form 8870 and Form 4720 (see instructions).

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

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

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

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

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

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

Yes	No

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

Signature of officer: ***** Date: 2009-02-19

Type or print name and title: ronald nes chief financial officer

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: LOEB & TROPER LLP
655 THIRD AVENUE 12TH FLOOR
NEW YORK, NY 10017

EIN: Phone no: (212) 867-4000

SCHEDULE A
(Form 990 or 990EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2007

Department of the Treasury
Internal Revenue Service

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

Name of the organization
JEWISH BOARD OF FAMILY
AND CHILDREN'S SERVICES INC

Employer identification number

13-5564937

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
ROBERT ABRAMOVITZ 120 WEST 57TH ST NEW YORK, NY 10019	CHIEF PSYCHIATRIST 35 00	229,422	52,941	0
RICHARD GERSH 120 WEST 57TH ST NEW YORK, NY 10019	EXEC DEP CHIEF PSY 35 00	201,989	27,824	0
DEVORA THAU 120 WEST 57TH ST NEW YORK, NY 10019	DIRECTOR OMRDD SERV 35 00	194,154	27,551	0
ANNE ZWEIMAN 120 WEST 57TH ST NEW YORK, NY 10019	EXEC DIVISION DIREC 35 00	185,116	31,464	0
MICHAEL BEHAR 120 WEST 57TH ST NEW YORK, NY 10019	PSYCHIATRIST 35 00	174,159	25,019	0
Total number of other employees paid over \$50,000	424			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual 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
ALTERNATE STAFFING 4918 FT HAMILTON PARKWAY BROOKLYN, NY 10017	PERSONNEL-SOCIAL SERVICES	530,792
PROSKAUER ROSE LLP 1585 BROADWAY NEW YORK, NY 10036	LEGAL	446,199
ULTIMATE PSYCHOLOGICAL 271 NORTH AVENUE NEW ROCHELLE, NY 10801	CONSULTATION AND EVALUATION	419,184
LOEB TROPER LLP 655 THIRD AVE NEW YORK, NY 10017	ACCOUNTING	293,749
ULTIMATE CONSULTATION 160 HENRY STREET BROOKLYN, NY 11201	CONSULTATION & EVALUATION	257,958
Total number of others receiving over \$50,000 for professional services	25	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
PETROVANO ASSOCIATES INC 25 BROOKLYN AVE MASSAPEQUA, NY 11758	CONSTRUCTION	1,175,861
AFEC 195 KETCHAM AVENUE AMITYVILLE, NY 11701	CONSTRUCTION	715,028
CAVALIER TECHNICAL SERVICES 242 WEST 19TH ST NEW YORK, NY 10018	CONSTRUCTION	518,421
HUNTER SERVICES GROUP INC 1275 FIRST AVE 171 NEW YORK, NY 10065	CLEANING	499,855
SKILL FLOOR CLEANING INC 1139-51 STREET BROOKLYN, NY 11219	CLEANING	414,718
Total number of other contractors receiving over \$50,000 for other services	25	

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include 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 ▶ \$ <u>51,213</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>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</p>	1	Yes	
<p>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.)</p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d		No
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

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

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

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	47,760,131	41,983,362	37,805,800	40,356,369	167,905,662
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	93,271,631	83,779,778	89,408,028	82,383,737	348,843,174
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	2,806,057	2,831,233	2,008,730	2,808,383	10,454,403
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets				517,502	517,502
23 Total of lines 15 through 22	143,837,819	128,594,373	129,222,558	126,065,991	527,720,741
24 Line 23 minus line 17	50,566,188	44,814,595	39,814,530	43,682,254	178,877,567
25 Enter 1% of line 23	1,438,378	1,285,944	1,292,226	1,260,660	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 3,577,551
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 0
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 178,877,567
d Add Amounts from column (e) for lines 18 10,454,403 19 0					26d 10,971,905
22 26b 0					
e Public support (line 26c minus line 26d total)					26e 167,905,662
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 9386 62 %
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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add Amounts from column (e) for lines 15 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)
(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) 		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) 		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

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

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41		
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)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
a Volunteers		No	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	Yes		
c Media advertisements		No	0
d Mailings to members, legislators, or the public		No	0
e Publications, or published or broadcast statements		No	0
f Grants to other organizations for lobbying purposes		No	0
g Direct contact with legislators, their staffs, government officials, or a legislative body	Yes		51,213
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	0
i Total lobbying expenditures (Add lines c through h.)			51,213

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 12 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.

	Yes	No
51a(i)		No
a(ii)		No
b(i)		No
b(ii)		No
b(iii)		No
b(iv)		No
b(v)		No
b(vi)		No
c		No

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

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

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

Form 990, Part VII, Line 103 - Other revenue:

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
a Litigation Settlements			01	503,096	
b			01	266,751	
c Fee Income					18,317
d Sales of Videos and Publications					26,060
e Other					26,017
f FORGIVENESS OF COPS INTEREST (see stmt 20)					5,149,360
g Miscellaneous write-off					11,637

Additional Data

Software ID:
Software Version:
EIN: 13-5564937
Name: JEWISH BOARD OF FAMILY
AND CHILDREN'S SERVICES INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Consulting and professional	43a	4,282,480	3,156,864	1,028,738	96,878
b Vehicle lease and expenses	43b	825,926	780,519	45,407	
c Other contract services and recruiting	43c	1,518,403	915,225	580,821	22,357
d Service assessment fee	43d	1,056,194	1,056,194		
e Insurance	43e	1,838,839	1,567,345	264,027	7,467
f Membership Dues	43f	190,185	82,467	105,968	1,750
g Bad debt	43g	921,381	921,381		
h Investment Manager Fee	43h	764,482		764,482	
i Workers expense	43i	382,309	273,294	105,231	3,784
j amortization expense	43j	98,608	52,144	46,464	
k Miscellaneous expense	43k	178,489	72,127	105,955	407

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 plans	(E) Expense account and other allowances
PAUL LEVINE 120 WEST 57TH STREET NEW YORK, NY 10019	EXECUTIVE VP & CEO 35 00	393,242	63,822	0
ALAN SISKIND 120 WEST 57TH STREET NEW YORK, NY 10019	EXECUTIVE VP & CEO (RET) 35 00	376,712	20,166	0
SUSAN BEAR 120 WEST 57TH STREET NEW YORK, NY 10019	ASST EXEC DIRECTOR 35 00	190,608	46,164	0
ELLEN JOSEM 120 WEST 57TH STREET NEW YORK, NY 10019	ASSOC EXEC DIRECTOR & GEN COUNSE 35 00	206,247	48,012	0
KATHLEEN MCGLADE 120 WEST 57TH STREET NEW YORK, NY 10019	ASSOC EXEC DIRECTOR 35 00	177,336	34,119	0
RONALD RIES 120 WEST 57TH STREET NEW YORK, NY 10019	CHIEF FINANCIAL OFFICER 35 00	336,014	36,269	0
LEONARDO RODRIGUEZ 120 WEST 57TH STREET NEW YORK, NY 10019	DEPUTY EXEC DIRECTOR WESTCHESTER 35 00	225,981	48,727	0
SUSAN WIVIOTT 120 WEST 57TH STREET NEW YORK, NY 10019	DEPUTY EXEC DIRECTOR SERVICES 35 00	236,853	36,771	0
ALAN SCHOOR 120 WEST 57TH STREET NEW YORK, NY 10019	DEPUTY EXEC DIRECTOR ADMI 35 00	77,988	9,577	0
JOHN HERRMANN 120 WEST 57TH STREET NEW YORK, NY 10019	PRESIDENT OF BOARD 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 plans	(E) Expense account and other allowances
DAVID EVERETT 120 WEST 57TH STREET NEW YORK, NY 10019	VICE PRESIDENT 1 00	0	0	0
JAMIE STECHER 120 WEST 57TH STREET NEW YORK, NY 10019	VICE PRESIDENT 1 00	0	0	0
MICHAEL EPSTEIN 120 WEST 57TH STREET NEW YORK, NY 10019	SECRETARY 1 00	0	0	0
DAVID EDELSON 120 WEST 57TH STREET NEW YORK, NY 10019	TREASURER 1 00	0	0	0
STEVEN FASMAN 120 WEST 57TH STREET NEW YORK, NY 10019	ASSISTANT SECRETARY 1 00	0	0	0
NORMAN LEBEN 120 WEST 57TH STREET NEW YORK, NY 10019	ASSISTANT TREASURER 1 00	0	0	0
SEYMOUR ASKIN 120 WEST 57TH STREET NEW YORK, NY 10019	HON BOARD CHAIR 1 00	0	0	0
DAVID LINDAU 120 WEST 57TH STREET NEW YORK, NY 10019	HON PRESIDENT 1 00	0	0	0
FRED YERMAN 120 WEST 57TH STREET NEW YORK, NY 10019	HON PRESIDENT 1 00	0	0	0
LYNN KROLL 120 WEST 57TH STREET NEW YORK, NY 10019	VICE CHAIR EXECUTIVE COMMITTEE 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 plans	(E) Expense account and other allowances
FRAN LEVY 120 WEST 57TH STREET NEW YORK, NY 10019	VICE PRESIDENT 1 00	0	0	0
ANTHONY MANN 120 WEST 57TH STREET NEW YORK, NY 10019	VICE PRESIDENT 1 00	0	0	0
JOSEPH KAPLAN 120 WEST 57TH STREET NEW YORK, NY 10019	CO-CHAIR OF BOARD 1 00	0	0	0
JEAN TROUB 120 WEST 57TH STREET NEW YORK, NY 10019	CO-CHAIR OF BOARD 1 00	0	0	0
JACK ACKERMAN 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
KATHLEEN AHN 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
BETH ANISMAN 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
STEPHANIE BERNHEIM 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
JEFFREY BERNSTEIN 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
LAUREN BLOOM 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 plans	(E) Expense account and other allowances
LORRAINE CORTES-VAZQUEZ 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
JOYCE COWIN 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
LORI FIFE 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
JOHN FINLEY 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
SUSAN O FRIEDMAN 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
ALANA FRUMKES 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
JEFF GERTLER 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
ROGER GOLDMAN 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
HARRIET GRUBER 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
EMILY ISRAEL 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 plans	(E) Expense account and other allowances
JUDITH ISRAEL 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
RON JACOBS 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
STEPHEN JACOBS 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
PETER JOSEPH 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
EILEEN WEILER JUDELL 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
RITA KAPLAN 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
KAREN SPAR KASNER 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
DAVID KLEGER 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
DOUG KORN 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
PAUL KRONISH 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 plans	(E) Expense account and other allowances
HORTENSE LANDAU 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
ARTHUR LEONARD 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
CAROL LEVIN 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
MARK LEVY 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
JENNY LYSS 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
DAVID MOORE 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
BARBARA PECK 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
BRADFORD PECK 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
DAVID PORTNY 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
LORING PRATT 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 plans	(E) Expense account and other allowances
MARK RACHESKY 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
STEPHEN REINER 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
LORI REINSBERG 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
HERBERT ROBINSON 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
MICHAEL ROSEN 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
JOSHUA RUBENSTEIN 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
RABBI PETER RUBINSTEIN 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
LISA SCHIFF 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
IRA SCHUMAN 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
ERICA SCHWARTZ 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 plans	(E) Expense account and other allowances
JODI SCHWARTZ 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
JEAN SHAFIROFF 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
ELLEN SHAPIRO 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
JOHN SOLOMON 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
ANNE SPAR 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
LAURIE SPRAYREGEN 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
KEITH STEIN 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
EMILY STEINMAN 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
DAVID SWEET 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
ALICE TISH 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 plans	(E) Expense account and other allowances
SUE TOFEL 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
ADAM USDAN 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
RENEE WARD 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
RENEE WARREN 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0
CATHY ZISES 120 WEST 57TH STREET NEW YORK, NY 10019	BOARD MEMBER 1 00	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
Shield of David Inc	X	
Pelican Health Corp		X

TY 2007 Depreciation and Depletion Schedule

Name: JEWISH BOARD OF FAMILY
AND CHILDREN'S SERVICES INC

EIN: 13-5564937

Asset	Amount
Building and building improvement	2,781,123
Leasehold improvement	52,823
Equipment	1,223,246

TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name: JEWISH BOARD OF FAMILY
AND CHILDREN'S SERVICES INC

EIN: 13-5564937

Gross Sales Price: 31,720,579

Basis: 32,717,974

Sales Expenses: 0

Total (net): -997,395

TY 2007 General Explanation Attachment

Name: JEWISH BOARD OF FAMILY
AND CHILDREN'S SERVICES INC

EIN: 13-5564937

Identifier	Return Reference	Explanation
		form 990, part vii, line 103a, statement 19 During the year, the Organization reached an agreement with the New York State Department of Health (DOH) to accelerate the payment of its Comprehensive Outpatient Services (COPS) liability in exchange for a partial forgiveness of debt on accumulated interest thereon of \$5,149,360

TY 2007 Individual Assistance Schedule

Name: JEWISH BOARD OF FAMILY
AND CHILDREN'S SERVICES INC

EIN: 13-5564937

Class of Activity	Amount
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TY 2007 Investments - Securities Schedule

Name: JEWISH BOARD OF FAMILY
AND CHILDREN'S SERVICES INC

EIN: 13-5564937

Description	Book Value	Cost/FMV
Money Market Funds	4,222,249	F
Real Estate Investment Trusts	6,951,622	F

TY 2007 Land etc. Schedule

Name: JEWISH BOARD OF FAMILY
AND CHILDREN'S SERVICES INC

EIN: 13-5564937

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	2,883,247		2,883,247
Building and building improvement	83,668,904	43,864,138	39,804,766
Leasehold improvement	2,636,706	2,322,346	314,360
Equipment	20,687,510	15,231,034	5,456,476
Construction in progress	3,329,466		3,329,466

TY 2007 Other Assets Schedule

Name: JEWISH BOARD OF FAMILY
AND CHILDREN'S SERVICES INC

EIN: 13-5564937

Description	Beginning of Year Amount	End of Year Amount
Deferred Charges and bond issue charges	3,360,455	3,483,310
Asset from interest swap	676,521	0

TY 2007 Other Changes in Net Assets Schedule

Name: JEWISH BOARD OF FAMILY
AND CHILDREN'S SERVICES INC

EIN: 13-5564937

Description	Amount
Loss on Interest Rate Swap	-921,535
Unrealized Gain (Loss) on Investments	-9,425,735

TY 2007 Other Expenses Included Schedule

Name: JEWISH BOARD OF FAMILY
AND CHILDREN'S SERVICES INC

EIN: 13-5564937

Description	Amount
Rental Expenses	133,840
Disability insurance recovery	68,067

TY 2007 Other Liabilities Schedule

Name: JEWISH BOARD OF FAMILY
AND CHILDREN'S SERVICES INC

EIN: 13-5564937

Description	Beginning of Year Amount	End of Year Amount
Capital Lease Obligations	15,820,000	15,820,000
Bonds Payable - DASNY	14,895,000	13,960,000
Advances from Government	37,532,232	30,999,796
Liability from Swap	0	245,014

TY 2007 Other Revenues Included Schedule

Name: JEWISH BOARD OF FAMILY
AND CHILDREN'S SERVICES INC

EIN: 13-5564937

Description	Amount
Rental Expense	133,840
Disability insurance recovery	68,067

**TY 2007 Other Revenues
Not Included Schedule**

Name: JEWISH BOARD OF FAMILY
AND CHILDREN'S SERVICES INC

EIN: 13-5564937

Description	Amount
Net Realized Loss	-997,395

TY 2007 Special Events Schedule

Name: JEWISH BOARD OF FAMILY
AND CHILDREN'S SERVICES INC

EIN: 13-5564937

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
YCL 2008 Cabaret	311,920	80,470	231,450	86,168	145,282
CDC Therapy Nursery	55,628	36,048	19,580	30,480	-10,900
Gold & Silver Dec07	106,000	4,240	101,760	30,417	71,343
A Psychic Supper	63,301	63,301	0	14,920	-14,920

TY 2007 Non Electing Public Charities Statement

Name: JEWISH BOARD OF FAMILY
AND CHILDREN'S SERVICES INC

EIN: 13-5564937

Statement: DAMES REID, LLC--PUBLIC POLICY DEVELOPMENT AT THE CITY,
STATE, AND NATIONAL LEVELS. STRATEGIC THINKING,
UNDERSTANDING THE POLITICAL LANDSCAPE, AND MATCHING
NOT-FOR-PROFIT NEEDS WITH GOOD PUBLIC POLICY AND
PRACTICAL POLITICS FOR 35,500 GREENBURG TRAUERIG,-- LLC
PUBLIC POLICY FEE FOR 1,000 UJA FEDERATION OF NY --
GOVERNMENT RELATIONS REPRESENTATIONS FOR 14,500

TY 2007 Other Income Schedule

Name: JEWISH BOARD OF FAMILY
AND CHILDREN'S SERVICES INC

EIN: 13-5564937

Description	2006	2005	2004	2003	Total
Other				517,502	517,502