

# TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-300R

FOR THE YEAR ENDING

December 31, 2015

<b>Prepared for</b>	Ms. Susan Greenbaum, Executive Director Jewish Family Service, Inc. 1485 Teaneck Road Teaneck, NJ 07666
<b>Prepared by</b>	Citrin Cooperman & Company, LLP 290 W. MT. Pleasant Avenue #3310 Livingston, NJ 07039
<b>Amount due or refund</b>	Balance due of \$250.00
<b>Make check payable to</b>	New Jersey Division of Consumer Affairs
<b>Mail tax return and check (if applicable) to</b>	New Jersey Division of Consumer Affairs Charities Registration & Investigation P.O. Box 45021 Newark, NJ 07101
<b>Return must be mailed on or before</b>	January 2, 2017
<b>Special Instructions</b>	The report should be signed and dated by the authorized individual(s).  Include the organization's state registration number and "2015 Form CRI-300R" on the remittance.

New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section
124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101
(973) 504-6215

Form CRI-300R
Long-Form Renewal Registration/Verification Statement

(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 12/31/2015
2. Federal ID Number (EIN) 22-2223109 2a. N.J. Charities Registration Number: CH- 0399000
3. Full legal name of the registering organization: JEWISH FAMILY SERVICE, INC.
In care of: (if necessary, otherwise leave this line blank) MARILYN PEREZ
4. Mailing Address: 1485 TEANECK ROAD, TEANECK, NJ 07666
5. The principal street address of the registering organization SAME AS ABOVE

6. Does the organization have any offices in New Jersey in addition to the one listed above?
If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.
Marilyn Perez
201-837-9090
201-837-9393

7. Organization's contact information:
201-837-9090
WWW.JFSBERGEN.ORG

8. Type of organization (check one):
[X] Nonprofit corporation
[ ] Partnership
[ ] Foundation
[ ] Trust
[ ] Individual
[ ] Other (Specify)
[ ] Association
[ ] Society

9. Where and when was the organization legally established? Date: 09/07/1978 State: NJ

As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form?  Yes  No  
If "Yes," indicate all of the other names used: \_\_\_\_\_

11. Does the organization intend to solicit contributions from the general public?  Yes  No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions?  Yes  No  
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.  
\_\_\_\_\_  
\_\_\_\_\_

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey?  Yes  No  
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.  
SEE ATTACHED FORM 990  
\_\_\_\_\_  
\_\_\_\_\_

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.  
\_\_\_\_\_  
\_\_\_\_\_

15. Does the organization use an independent paid fund-raiser or fund-raising counsel?  Yes  No  
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds?  Yes  No  
If "Yes," please describe the situation.  
\_\_\_\_\_  
\_\_\_\_\_

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported?  Yes  No  
If "Yes," please explain: \_\_\_\_\_  
\_\_\_\_\_

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)?  Yes  No  
a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed.  Yes  No  
b. Has a tax exemption been granted under another I.R.S. code?  Yes  No  
If "Yes," advise which one: \_\_\_\_\_  
c. Has an I.R.S. tax exemption been refused, changed or revoked?  Yes  No  
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity?  Yes  No  
If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.

19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer?  Yes  No  
If "Yes," please attach to this registration the relevant document.

20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction?  Yes  No  
If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.

21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction.  Yes  No

22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets.  Yes  No  
If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.

\_\_\_\_\_

\_\_\_\_\_

23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
<b>SEE STATEMENT 1</b>				

# CRI-300R Long-Form Registration Renewal Financial Statement

*Note: If the financial value of a line item = 0, place a zero in the space provided.*

*Please report all figures as GROSS, not NET.*

Full legal name and street address of the organization

Full legal name: **JEWISH FAMILY SERVICE, INC.**

Fiscal year-end being reported: 12/31/2015 Federal ID Number (EIN) 22-2223109  
month day year

Mailing address:

**1485 TEANECK ROAD, TEANECK, NJ 07666**  
Mailing Address P.O. Box Number or Suite City State ZIP Code

Street address of the registering organization: **SAME AS ABOVE**  
Street Address City State ZIP Code

New Jersey Charities Registration number: CH 0399000 Telephone number: 201-837-9090  
(include area code)

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$500,000. **Note:** If the organization received gross revenue of less than \$500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

## A. Receipts

Line A1a. Direct Public Support received from the following sources:

- (1) Direct mail .....
- (2) Telephone solicitation .....
- (3) Commercial co-venture .....
- (4) Gross receipts from fund-raising events .....
- (5) Canisters, counter cards, door to door etc .....
- (6) Corporations and other businesses .....
- (7) Foundations and trusts .....
- (8) Donated land, buildings, property, equipment and materials .....
- (9) Legacies and bequests .....
- (10) Membership dues solely resulting from solicitations .....
- (11) Other support (specify) .....

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) .....

Line A1c. Indirect Public Support received from the following sources:

- (1) Federated fund-raising organization .....
- (2) From an affiliated organization .....
- (3) From another fund-raising organization .....

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3)) .....

Line A1e. Total Gross Contributions (add lines A1b and A1d) .....

Line A2. Government grants including purchase of service contracts (specify agency)

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

Line A2e. Total Government Grants (add lines 2a thru 2d) \_\_\_\_\_

Line A3. Other Support

- a. Bona fide membership \_\_\_\_\_
- b. Program service revenue \_\_\_\_\_
- c. Professional services rendered by volunteers \_\_\_\_\_
- d. Miscellaneous income (specify) \_\_\_\_\_

Line A3e. Total Other Support (add the total of lines A3a thru A3d) \_\_\_\_\_

Line A4. Total Gross Revenue (add lines A1e, A2e and A3e) \_\_\_\_\_

**B. Expenses**

- Line B1. Program expenses \_\_\_\_\_
- Line B2. Management and general expenses \_\_\_\_\_
- Line B3. Fund-raising expenses \_\_\_\_\_
- Line B4. Payments to state/national affiliates (if applicable) \_\_\_\_\_
- Line B5. Total Expenses (add the totals of line B1 thru B4) \_\_\_\_\_

**C. Excess or Deficit**

For the fiscal year-end (subtract line B5 from line A4) \_\_\_\_\_

**D. Fund Balance**

- Line D1. Net assets or fund balances at beginning of year \_\_\_\_\_
- Line D2. Other changes in net assets or fund balances (attach explanation) \_\_\_\_\_
- Line D3. Net assets or fund balances at end of year (Combine line C, D1 and D2) \_\_\_\_\_

**Please Note:** The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>.

**Long-Form Renewal Registration Statement  
Form CRI-300RC  
Confidential Information**

Organization's Name: JEWISH FAMILY SERVICE, INC.

N.J. Charities Registration Number: CH- 0399000 -00

Federal ID Number (EIN) 22-2223109

Fiscal Year-End being reported: 12/31/2015  
month day year

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:

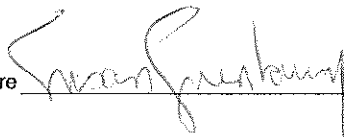
- a. each other?  Yes  No
- b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization?  Yes  No
- c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization?  Yes  No
- d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.

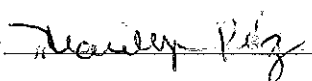
25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization?  Yes  No

If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature  Name SUSAN GREENBAUM Title EXECUTIVE DIRECTOR Date 11/14/16

Signature  Name MARILYN PEREZ Title CONTROLLER Date 11/14/16

*This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.*

**Note: Form CRI-300RC must be filed with Form CRI-300R.**

FORM CRI-300R LIST OF OFFICERS, DIRECTORS, TRUSTEES AND FIVE MOST HIGHLY PAID EMPLOYEES STATEMENT 1

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
SUSAN M. GREENBAUM	EXECUTIVE DIRECTOR	
<u>ADDRESS</u>		
1485 TEANECK ROAD TEANECK, NJ 07666		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
GEOFFREY LEWIS	TREASURER	
<u>ADDRESS</u>		
1485 TEANECK ROAD TEANECK, NJ 07666		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
SHIRA FEUERSTEIN	PRESIDENT	
<u>ADDRESS</u>		
1485 TEANECK ROAD TEANECK, NJ 07666		
<u>SALARY</u>		
0.		



NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

BETH NADEL

VICE PRESIDENT

ADDRESS

1485 TEANECK ROAD  
TEANECK, NJ 07666

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JOAN OPPENHEIMER

TRUSTEE

ADDRESS

1485 TEANECK ROAD  
TEANECK, NJ 07666

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

SHERYL SARNAK

TRUSTEE

ADDRESS

1485 TEANECK ROAD  
TEANECK, NJ 07666

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JOAN ALTER

TRUSTEE

ADDRESS

1485 TEANECK ROAD  
TEANECK, NJ 07666

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

DOUG BERN

TRUSTEE

ADDRESS

1485 TEANECK ROAD  
TEANECK, NJ 07666

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

STEVEN L. DAVIS

TRUSTEE

ADDRESS

1485 TEANECK ROAD  
TEANECK, NJ 07666

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

BRUCE EGERT

SECRETARY

ADDRESS

1485 TEANECK ROAD  
TEANECK, NJ 07666

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

LARRY EISEN

TRUSTEE

ADDRESS

1485 TEANECK ROAD  
TEANECK, NJ 07666

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

XIMENA FLOREZ

TRUSTEE

ADDRESS

1485 TEANECK ROAD  
TEANECK, NJ 07666

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ILENE GELMAN

TRUSTEE

ADDRESS

1485 TEANECK ROAD  
TEANECK, NJ 07666

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

HELEN GRAF

TRUSTEE

ADDRESS

1485 TEANECK ROAD  
TEANECK, NJ 07666

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

BARBARA BENDER

TRUSTEE

ADDRESS

1485 TEANECK ROAD  
TEANECK, NJ 07666

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

DEBRA HARRIS

VICE PRESIDENT

ADDRESS

1485 TEANECK ROAD  
TEANECK, NJ 07666

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

TERRI KATZ

TRUSTEE

ADDRESS

1485 TEANECK ROAD  
TEANECK, NJ 07666

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

BERNARD KOSTER

TRUSTEE

ADDRESS

1485 TEANECK ROAD  
TEANECK, NJ 07666

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

SUZETTE DIAMOND

TRUSTEE

ADDRESS

1485 TEANECK ROAD  
TEANECK, NJ 07666

SALARY

0.

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
LISA MARCUS ABRAMOWITZ	TRUSTEE	
<u>ADDRESS</u>		
1485 TEANECK ROAD TEANECK, NJ 07666		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
DIANNE NASHEL	TRUSTEE	
<u>ADDRESS</u>		
1485 TEANECK ROAD TEANECK, NJ 07666		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
LISA OSHMAN	TRUSTEE	
<u>ADDRESS</u>		
1485 TEANECK ROAD TEANECK, NJ 07666		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
LIESA ROSNER	TRUSTEE	
<u>ADDRESS</u>		
1485 TEANECK ROAD TEANECK, NJ 07666		
<u>SALARY</u>		
0.		

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

DIANE SEIDEN

TRUSTEE

ADDRESS

1485 TEANECK ROAD  
TEANECK, NJ 07666

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

HARVEY SORKOW

TRUSTEE

ADDRESS

1485 TEANECK ROAD  
TEANECK, NJ 07666

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ROBIN WALLACE

TRUSTEE

ADDRESS

1485 TEANECK ROAD  
TEANECK, NJ 07666

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ARLENE WEISS

TRUSTEE

ADDRESS

1485 TEANECK ROAD  
TEANECK, NJ 07666

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

BARRY FEIGENBAUM

TRUSTEE

ADDRESS

1485 TEANECK ROAD  
TEANECK, NJ 07666

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

DIANE FINK

TRUSTEE

ADDRESS

1485 TEANECK ROAD  
TEANECK, NJ 07666

SALARY

0.

New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section
124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101
(973) 504-6215

Form CRI-400

(Revised April 2008)

Application for an Extension of Time to File the Annual Renewal Registration Statement and Financial Report for a Charitable Organization

All questions must be answered.

Important: Effective July 9, 2006, changes were made to the Charitable Registration and Investigation Act. Carefully review the attached instructions before completing and submitting this form.

Short-form filers, which take in \$10,000 or less per year in gross contributions, will no longer be granted an extension of time to file their renewal registration, pursuant to changes in the Charitable Registration and Investigation Act effective July 9, 2006, for fiscal years ending January 31, 2006, and after. Please Note: Extensions of time to file cannot be granted for Initial Registrations.

Date fiscal year ends: 12/31/15 Date of this application: 04/20/16 N.J. Charities Registration Number: CH- 0399000

Charity's Full Legal Name: JEWISH FAMILY SERVICE, INC.
Other Names Used (d.b.a.)
Mailing Address: 1485 TEANECK ROAD, TEANECK, NJ 07666
Street Address: SAME AS ABOVE
Contact Person: MARILYN PEREZ Phone Number: 201-837-9090
E-mail: MARILYNP@JFSBERGEN.ORG Federal Tax ID (EIN): 22-2223109
Web site: WWW.JFSBERGEN.ORG Fax Number: 201-837-9393

1. A six-month extension of time to file the Renewal Statement and Financial Report(s), for the fiscal year-end shown above, is hereby requested for the following reason(s):



2. Has the organization filed all renewal registration statements for years prior to the fiscal year ending on the date shown on the first page of this application?  Yes  No

If "No," please stop: if any prior years' filings are delinquent, the extension request will be denied. Please bring the renewal registration filings for all previous years up to date before submitting a request for an extension on a more current year.

3. Has the organization submitted all previous years' registration fees and/or penalties owed to the Charities Registration Section of the Division of Consumer Affairs?  Yes  No

4. Has the organization previously filed an initial registration with the Charities Registration Section?  Yes  No

If "No," please stop: You must immediately file an initial registration for which an extension of time to file cannot be granted.

5. Final Check List - please review and check off each of the five items below as they are confirmed and accomplished.

- I have read the instructions for the extension of time to file the Registration Statement and Financial Report(s).
- All of the questions on this application have been answered.
- The charity has filed all previous renewal registrations and required documents.
- The charity has paid all previous years' fees and penalties owed to the Division.
- Payment of the registration fee due for the fiscal year being requested on this application is enclosed and has been made payable to the "New Jersey Division of Consumer Affairs."

We hereby certify that all of the above statements are true. I further certify that the organization has filed all previous years' reports, has paid all fines and penalties owed to the Division, and that this extension request contains true and accurate information. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature \_\_\_\_\_ Title EXECUTIVE DIREC \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title CONTROLLER \_\_\_\_\_ Date \_\_\_\_\_

*This form must be signed by at least one (1) officer of the charity.*

Should you have questions regarding charities registration in New Jersey, please visit our Web site at <http://www.njconsumeraffairs.gov/ocp/charities.htm> where registration information, instructions, forms and a fee schedule may be viewed and/or downloaded. After reading through all of the information on our Web site, if you have further questions, please contact the Charities Registration Section at our hotline number (973)-504-6215 during regular business hours.

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **JEWISH FAMILY SERVICE, INC.**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1485 TEANECK ROAD**  
 City or town, state or province, country, and ZIP or foreign postal code  
**TEANECK, NJ 07666**

**D** Employer identification number: **22-2223109**

**E** Telephone number: **201-837-9090**

**G** Gross receipts \$: **3,376,506.**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.JFSBERGEN.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1978** **M** State of legal domicile: **NJ**

**F** Name and address of principal officer: **SUSAN GREENBAUM**  
**1485 TEANECK ROAD, TEANECK, NJ 07666**

**H(c)** Group exemption number

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>JFS BUILDS STRONG FAMILIES, CAPABLE CHILDREN, HEALTHY ELDERNS AND VITAL COMMUNITIES.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	28
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	121
	6	Total number of volunteers (estimate if necessary)	6	140
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	19,987.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	14,980.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,078,443.	Current Year 1,634,924.
	9	Program service revenue (Part VIII, line 2g)	1,259,698.	1,570,876.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,329.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	414,311.	24,859.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,760,781.	3,230,659.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	262,055.	444,012.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,382,063.	1,638,787.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	129,325.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	855,118.	974,802.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,499,236.	3,057,601.
19	Revenue less expenses. Subtract line 18 from line 12	261,545.	173,058.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,770,465.	End of Year 1,965,390.
	21	Total liabilities (Part X, line 26)	795,736.	819,597.
	22	Net assets or fund balances. Subtract line 21 from line 20	974,729.	1,145,793.

**Part II Signature Block**

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.

**Sign Here**

Signature of officer: **SUSAN GREENBAUM, EXECUTIVE DIRECTOR**  
 Date: \_\_\_\_\_

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **PAULA VUKSIC, CPA, MST**  
 Preparer's signature: \_\_\_\_\_  
 Date: **11/11/16**  
 Check if self-employed:  PTIN: **P00360739**

Firm's name: **CITRIN COOPERMAN & COMPANY, LLP**  
 Firm's EIN: **22-2428965**

Firm's address: **290 W. MT. PLEASANT AVENUE #3310**  
**LIVINGSTON, NJ 07039**  
 Phone no.: **973-218-0500**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [ ]

1 Briefly describe the organization's mission: TO STENGTHEN AND PRESERVE THE WELL-BEING OF INDIVIDUALS AND FAMILIES; TO HELP THEM EFFECTIVELY MEET THE CHALLENGES AND CHANGES THROUGH LIFE BY PROVIDING QUALITY HUMAN SERVICES AND PROFESSIONAL COUNSELING TO ALL WHO CALL UPON ITS SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 905,892. including grants of \$ 420,622.) (Revenue \$ 76,543.) SENIOR SERVICES: JFS HELPED 547 SENIORS SAFELY REMAIN IN THEIR HOMES WITH DIGNITY AND ENHANCE THEIR QUALITY OF LIFE BY PROVIDING: COMPREHENSIVE IN-HOME ASSESSMENTS; CARE MANAGEMENT; FINANCIAL ASSISTANCE; AT-HOME DELIVERY OF KOSHER MEALS; AND FRIENDLY VISITS AND CALLS BY CARING VOLUNTEERS. NINETY-NINE PERCENT OF SENIORS SERVED BY JFS WERE ABLE TO REMAIN IN THEIR HOMES. A TOTAL OF 28,102 MEALS WERE DELIVERED TO 219 HOMEBOUND SENIORS IN 2015.

4b (Code: ) (Expenses \$ 303,274. including grants of \$ ) (Revenue \$ 318,189.) MENTAL HEALTH COUNSELING: JFS PROVIDED INDIVIDUAL, FAMILY, COUPLE AND GROUP COUNSELING TO 544 CONSUMERS. IN ADDITION TO DELIVERING SERVICES AT JFS' MAIN LOCATION, SERVICES WERE DELIVERED AT PUBLIC SCHOOLS, INCREASING ACCESS TO CARE FOR STUDENTS AND THEIR FAMILIES. SPECIALIZED SERVICES TO VICTIMS OF DOMESTIC VIOLENCE WERE ALSO PROVIDED. SERVICES WERE DELIVERED IN ENGLISH, SPANISH, HEBREW AND KOREAN BY QUALIFIED MENTAL HEALTH PROFESSIONALS.

4c (Code: ) (Expenses \$ 959,090. including grants of \$ ) (Revenue \$ 1,173,844.) AFTERSCHOOL PROGRAMS: JFS PROVIDED SCHOOL-BASED AFTERSCHOOL PROGRAMMING TO APPROXIMATELY 986 CHILDREN IN FOUR SCHOOL DISTRICTS, THREE IN BERGEN COUNTY AND ONE IN NORTH HUDSON COUNTY. PROGRAMMING WAS OFFERED FIVE DAYS A WEEK THROUGHOUT THE ACADEMIC YEAR FOR THREE HOURS A DAY. THERE WERE A TOTAL OF 10 DAYS WHEN PROGRAMMING WAS OFFERED FOR FIVE HOURS A DAY WHEN CHILDREN HAD EARLY DISMISSAL ACROSS TWO SCHOOL DISTRICTS. PROGRAMMING INCLUDED HOMEWORK ASSISTANCE, ENRICHMENT AND STRUCTURED RECREATION FOR ALL SCHOOL DISTRICTS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 144,572. including grants of \$ 23,390.) (Revenue \$ 2,300.)

4e Total program service expenses 2,312,828.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Main form table with columns for line numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **NJ**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **SUSAN GREENBAUM - 201-837-9090**  
**1485 TEANECK ROAD, TEANECK, NJ 07666**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEOFFREY LEWIS TREASURER	5.00	X		X				0.	0.	0.
(2) SHIRA FEUERSTEIN PRESIDENT	5.00	X		X				0.	0.	0.
(3) BETH NADEL VICE PRESIDENT	5.00	X		X				0.	0.	0.
(4) JOAN OPPENHEIMER TRUSTEE	5.00	X		X				0.	0.	0.
(5) SHERYL SARNAK TRUSTEE	5.00	X		X				0.	0.	0.
(6) JOAN ALTER TRUSTEE	5.00	X						0.	0.	0.
(7) DOUG BERN TRUSTEE	5.00	X						0.	0.	0.
(8) STEVEN L. DAVIS TRUSTEE	5.00	X						0.	0.	0.
(9) BRUCE EGERT SECRETARY	5.00	X						0.	0.	0.
(10) LARRY EISEN TRUSTEE	5.00	X						0.	0.	0.
(11) XIMENA FLOREZ TRUSTEE	5.00	X						0.	0.	0.
(12) ILENE GELMAN TRUSTEE	5.00	X						0.	0.	0.
(13) HELEN GRAF TRUSTEE	5.00	X						0.	0.	0.
(14) BARBARA BENDER TRUSTEE	5.00	X						0.	0.	0.
(15) DEBRA HARRIS VICE PRESIDENT	5.00	X						0.	0.	0.
(16) TERRI KATZ TRUSTEE	5.00	X						0.	0.	0.
(17) BERNARD KOSTER TRUSTEE	5.00	X						0.	0.	0.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SUZETTE DIAMOND TRUSTEE	5.00	X						0.	0.	0.
(19) LISA MARCUS ABRAMOWITZ TRUSTEE	5.00	X						0.	0.	0.
(20) DIANNE NASHEL TRUSTEE	5.00	X						0.	0.	0.
(21) LISA OSHMAN TRUSTEE	5.00	X						0.	0.	0.
(22) LIESA ROSNER TRUSTEE	5.00	X						0.	0.	0.
(23) DIANE SEIDEN TRUSTEE	5.00	X						0.	0.	0.
(24) HARVEY SORKOW TRUSTEE	5.00	X						0.	0.	0.
(25) ROBIN WALLACE TRUSTEE	5.00	X						0.	0.	0.
(26) ARLENE WEISS TRUSTEE	5.00	X						0.	0.	0.
<b>1b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								152,470.	0.	16,078.
<b>d Total (add lines 1b and 1c)</b> .....								152,470.	0.	16,078.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) BARRY FEIGENBAUM TRUSTEE	5.00	X						0.	0.	0.
(28) DIANE FINK TRUSTEE	5.00	X						0.	0.	0.
(29) SUSAN M. GREENBAUM EXECUTIVE DIRECTOR	35.00			X				152,470.	0.	16,078.
Total to Part VII, Section A, line 1c .....								152,470.		16,078.

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 449,542.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b> 365,917.					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 819,465.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f .....		1,634,924.				
<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM FEES-SBS	Business Code 624100	1,173,844.	1,173,844.			
	<b>b</b> COUNSELING FEES	624100	318,189.	318,189.			
	<b>c</b> OTHER PROGRAM FEES	900099	78,843.	78,843.			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		1,570,876.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....						
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	60,210.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....	40,223.				
		<b>c</b> Rental income or (loss) .....	19,987.				
	<b>d</b> Net rental income or (loss) .....		19,987.		19,987.		
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
	<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ 365,917. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	105,624.				
		<b>b</b> Less: direct expenses .....	105,624.				
<b>c</b> Net income or (loss) from fundraising events .....			0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....						
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....						
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS REVENUE	900099	4,872.	4,872.				
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....		4,872.					
<b>12 Total revenue.</b> See instructions.		3,230,659.	1,575,748.	19,987.	0.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	444,012.	444,012.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	152,470.	120,451.	22,871.	9,148.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,239,369.	972,674.	189,205.	77,490.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	59,879.	32,116.	25,620.	2,143.
9 Other employee benefits	86,345.	46,311.	36,943.	3,091.
10 Payroll taxes	100,724.	54,024.	43,095.	3,605.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	71,958.	6,838.	65,120.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	380,856.	353,311.	27,545.	
12 Advertising and promotion	31,428.	9,188.	21,780.	460.
13 Office expenses	96,136.	20,495.	52,949.	22,692.
14 Information technology				
15 Royalties				
16 Occupancy	61,134.		61,134.	
17 Travel	9,680.	7,832.	1,848.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,496.	1,451.	9,045.	
20 Interest	22,125.		22,125.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,201.	26,818.	7,736.	8,647.
23 Insurance	32,785.	19,466.	11,270.	2,049.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>FOOD - KMW</b>	135,755.	135,755.		
b <b>FOOD AND VENUE</b>	59,997.	53,336.	6,661.	
c <b>MISC</b>	10,501.		10,501.	
d <b>CAMP FEES</b>	8,750.	8,750.		
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	3,057,601.	2,312,828.	615,448.	129,325.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	393,989.	1	490,999.
	2	Savings and temporary cash investments	133,491.	2	133,355.
	3	Pledges and grants receivable, net	103,168.	3	23,907.
	4	Accounts receivable, net	102,126.	4	274,232.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	31,139.	9	73,738.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,557,804.		
	b	Less: accumulated depreciation	10b 594,255.	10c	963,549.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	4,287.	14	0.
	15	Other assets. See Part IV, line 11	5,610.	15	5,610.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,770,465.	16	1,965,390.	
Liabilities	17	Accounts payable and accrued expenses	140,311.	17	214,674.
	18	Grants payable		18	
	19	Deferred revenue	159,516.	19	149,628.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	480,375.	23	446,738.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	15,534.	25	8,557.
	26	<b>Total liabilities.</b> Add lines 17 through 25	795,736.	26	819,597.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	508,448.	27	688,262.
	28	Temporarily restricted net assets	120,779.	28	112,029.
	29	Permanently restricted net assets	345,502.	29	345,502.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	974,729.	33	1,145,793.	
34	<b>Total liabilities and net assets/fund balances</b>	1,770,465.	34	1,965,390.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,230,659.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,057,601.
3	Revenue less expenses. Subtract line 2 from line 1	3	173,058.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	974,729.
5	Net unrealized gains (losses) on investments	5	-1,994.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,145,793.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2015)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization <b>JEWISH FAMILY SERVICE, INC.</b>	Employer identification number <b>22-2223109</b>
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**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: (For lines 1 through 11, check only one box.)

- 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 (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 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).
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1443042.	1583284.	1336983.	1078443.	1634924.	7076676.
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 through 3 .....	1443042.	1583284.	1336983.	1078443.	1634924.	7076676.
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) .....						19,324.
6 Public support. Subtract line 5 from line 4.						7057352.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4 .....	1443042.	1583284.	1336983.	1078443.	1634924.	7076676.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,940.	49,573.	58,005.	64,739.	60,210.	234,467.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....	16,914.					16,914.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1,892.	21,637.	2,495.		4,872.	30,896.
11 Total support. Add lines 7 through 10 .....						7358953.

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 2015 (line 6, column (f) divided by line 11, column (f)) .....	14	95.90 %
15 Public support percentage from 2014 Schedule A, Part II, line 14 .....	15	96.41 %

16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

b 10% -facts-and-circumstances test - 2014. 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 VI 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** 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 Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

**JEWISH FAMILY SERVICE, INC.**

Employer identification number

**22-2223109**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization <b>JEWISH FAMILY SERVICE, INC.</b>	Employer identification number <b>22-2223109</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JEWISH FEDERATION NORTHERN NJ 50 EISENHOWER DR PARAMUS, NJ 07652	\$ 449,542.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE OPTIMA CHARITABLE FOUNDATION 10 E 53RD STREET NEW YORK, NY 10022	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

**JEWISH FAMILY SERVICE, INC.**

**22-2223109**

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization <b>JEWISH FAMILY SERVICE, INC.</b>	Employer identification number <b>22-2223109</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**  
Open to Public Inspection

Name of the organization **JEWISH FAMILY SERVICE, INC.** Employer identification number **22-2223109**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Temporarily restricted endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes    | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  3b
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		543,900.		543,900.
b Buildings	149,424.	737,158.	494,839.	391,743.
c Leasehold improvements				
d Equipment		127,322.	99,416.	27,906.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				963,549.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>SECURITY DEPOSIT PAYABLE</b>	<b>8,557.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ <b>8,557.</b>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,228,665.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		-1,994.
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	-1,994.
3	Subtract line 2e from line 1		3	3,230,659.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,230,659.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,057,601.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,057,601.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,057,601.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

JFS HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. PERIODS ENDING DECEMBER 31, 2012 AND SUBSEQUENT REMAIN SUBJECT TO REVIEW BY APPLICABLE TAXING AUTHORITIES.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		CELEBRATING 63 EVENT (event type)	WHEELS FOR MEALS (event type)	NONE (total number)		
Revenue	1	341,178.	130,363.		471,541.	
	2	273,847.	92,070.		365,917.	
	3	67,331.	38,293.		105,624.	
Direct Expenses	4					
	5					
	6					
	7					
	8					
	9	67,331.	38,293.		105,624.	
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				105,624.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				0.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1					
	2					
Direct Expenses	3					
	4					
	5					
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_



- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).







**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2015**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**JEWISH FAMILY SERVICE, INC.**

Employer identification number

**22-2223109**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015











**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

JEWISH FAMILY SERVICE, INC.

Employer identification number

22-2223109

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 IS REVIEWED BY THE CONTROLLER, TREASURER AND THE EXECUTIVE DIRECTOR PRIOR TO BEING EMAILED TO THE BOARD. AFTER REVIEW OF THE FORM 990 INFORMATION, IT IS EMAILED TO THE REMAINING BOARD OF TRUSTEES FOR REVIEW AND APPROVAL. THE FORM 990 IS THEN FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS AND TRUSTEES SHALL AVOID ANY ACTUAL, POTENTIAL AND/OR PERCEIVED CONFLICT OF INTERESTS AND SHALL PROVIDE FULL DISCLOSURES AND REPORTING OF ANY SUCH CONFLICT TO THE BOARD PRESIDENT OR TREASURER. ALL OFFICERS AND TRUSTEES SHALL ANNUALLY SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT IN THE FORM PROVIDED BY THE BOARD, IF A CONFLICT IS DISCLOSED, THAT INDIVIDUAL WILL BE RECUSED FROM THE DECISION AT HAND.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTOR SEARCH COMMITTEE REVIEWED AND UTILIZED COMPARATIVE SALARY SURVEYS DURING THE DECISION MAKING PROCESS. THE MULTIPLE COMPENSATION SURVEYS UTILIZED INCLUDED LOCALLY AND NATIONALLY EXECUTIVE DIRECTOR SALARIES AT NOT FOR PROFIT ORGANIZATION WITH ANNUAL REVENUE BUDGET RANGES. THE COMPENSATION WAS APPROVED BY THE EXECUTIVE COMMITTEE AND THE BOARD PRESIDENT.

FORM 990, PART VI, SECTION C, LINE 19:

ALL INFORMATION IS AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2015)

532211  
08-02-15

Name of the organization

JEWISH FAMILY SERVICE, INC.

Employer identification number

22-2223109

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 353,311.

MANAGEMENT AND GENERAL EXPENSES 27,545.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 380,856.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 380,856.

FORM 990 PART XII LINE 2C

THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.





**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.



**JEWISH FAMILY SERVICE, INC. AND  
JEWISH FAMILY SERVICE FOUNDATION, INC.  
CONSOLIDATING FINANCIAL STATEMENTS  
AND SUPPLEMENTARY INFORMATION  
YEARS ENDED DECEMBER 31, 2015 AND 2014**

**JEWISH FAMILY SERVICE, INC. AND  
JEWISH FAMILY SERVICE FOUNDATION, INC.  
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014**

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**CITRIN COOPERMAN**

Attest & Assurance | Tax Compliance & Research | Specialty & Consulting

## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors  
Jewish Family Service, Inc. and Jewish Family Service Foundation, Inc.

We have audited the accompanying consolidating financial statements of Jewish Family Service, Inc. and Jewish Family Service Foundation, Inc., which comprise the consolidating statements of financial position as of December 31, 2015 and 2014, and the related consolidating statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidating financial statements.

### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these consolidating financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidating financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditor's Responsibility*

Our responsibility is to express an opinion on these consolidating financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidating financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidating financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidating financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidating financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidating financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



**CITRIN COOPERMAN**  
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*Opinion*

In our opinion, the consolidating financial statements referred to above present fairly, in all material respects, the financial position of Jewish Family Service, Inc. and Jewish Family Service Foundation, Inc. as of December 31, 2015 and 2014, the changes in their net assets and their cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

*Citrin Cooperman Company, LLP*  
CERTIFIED PUBLIC ACCOUNTANTS

Plainview, New York  
November 16, 2016

**JEWISH FAMILY SERVICE, INC. AND  
JEWISH FAMILY SERVICE FOUNDATION, INC.  
CONSOLIDATING STATEMENTS OF FINANCIAL POSITION  
DECEMBER 31, 2015 AND 2014**

<b>ASSETS</b>	2015		2014		
	Jewish Family Service, Inc.	Jewish Family Service Foundation, Inc.	Total	Jewish Family Service Foundation, Inc.	Total
Cash and cash equivalents	\$ 624,354	\$ 276,830	\$ 901,184	\$ 276,801	\$ 804,281
Investments	-	247,202	247,202	251,533	255,820
Accounts receivable, net	274,232	-	274,232	-	102,126
Contributions receivable, net	23,907	-	23,907	-	103,168
Prepaid expenses and other assets	73,738	-	73,738	-	31,139
Security deposits	5,610	-	5,610	-	5,610
Cemetery plots	7,200	-	7,200	-	7,200
Fixed assets, net	956,349	-	956,349	-	989,455
<b>TOTAL ASSETS</b>	<b>\$ 1,965,390</b>	<b>\$ 524,032</b>	<b>\$ 2,489,422</b>	<b>\$ 1,770,465</b>	<b>\$ 2,298,799</b>

**LIABILITIES AND NET ASSETS**

Liabilities:					
Accounts payable and accrued expenses	\$ 214,674	\$ -	\$ 214,674	\$ 140,311	\$ 140,311
Deferred income	149,628	-	149,628	159,516	159,516
Security deposits payable	8,557	-	8,557	8,557	8,557
Retirement obligation	-	-	-	6,977	6,977
Mortgage payable	446,738	-	446,738	480,375	480,375
Total liabilities	819,597	-	819,597	795,736	795,736
Commitments and contingencies (Notes 8, 9 and 13)					
Net assets:					
Unrestricted	688,262	524,032	1,212,294	508,448	1,036,782
Temporarily restricted	112,029	-	112,029	120,779	120,779
Permanently restricted	345,502	-	345,502	345,502	345,502
Total net assets	1,145,793	524,032	1,669,825	974,729	1,503,063
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 1,965,390</b>	<b>\$ 524,032</b>	<b>\$ 2,489,422</b>	<b>\$ 1,770,465</b>	<b>\$ 2,298,799</b>

See accompanying notes to consolidating financial statements.

**JEWISH FAMILY SERVICE, INC. AND  
JEWISH FAMILY SERVICE FOUNDATION, INC.  
CONSOLIDATING STATEMENT OF ACTIVITIES  
FOR THE YEAR ENDED DECEMBER 31, 2015**

	<u>Jewish Family Service, Inc.</u>			<u>Jewish Family Service Foundation, Inc.</u>		<u>Grand Total</u>
	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>	<u>Unrestricted</u>	
Public support and other revenue:						
Public support:						
Jewish Federation of Northern New Jersey	\$ 449,542	\$ -	\$ -	\$ 449,542	\$ -	\$ 449,542
Grant income	654,270	-	-	654,270	-	654,270
Contributions	165,195	-	-	165,195	-	165,195
Fund-raising event revenue:						
Fund-raising event	\$ 471,541					
Less: direct costs	<u>(105,624)</u>					
Net fund-raising event revenue	<u>365,917</u>	<u>-</u>	<u>-</u>	<u>365,917</u>	<u>-</u>	<u>365,917</u>
Total public support	<u>1,634,924</u>	<u>-</u>	<u>-</u>	<u>1,634,924</u>	<u>-</u>	<u>1,634,924</u>
Other revenue:						
Counseling fees	317,974	-	-	317,974	-	317,974
Program fees - school-based services	1,166,797	-	-	1,166,797	-	1,166,797
Other program fees	86,105	-	-	86,105	-	86,105
Rental income	60,210	-	-	60,210	-	60,210
Less: rental expenses	(40,223)	-	-	(40,223)	-	(40,223)
Investment losses	(1,994)	-	-	(1,994)	(4,152)	(6,146)
Other	<u>4,872</u>	<u>-</u>	<u>-</u>	<u>4,872</u>	<u>-</u>	<u>4,872</u>
Total other revenue	<u>1,593,741</u>	<u>-</u>	<u>-</u>	<u>1,593,741</u>	<u>(4,152)</u>	<u>1,589,589</u>
Net assets released from restrictions	<u>8,750</u>	<u>(8,750)</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total revenue and public support	<u>3,237,415</u>	<u>(8,750)</u>	<u>-</u>	<u>3,228,665</u>	<u>(4,152)</u>	<u>3,224,513</u>
Expenses:						
Program services:						
Family counseling	303,274	-	-	303,274	-	303,274
Senior adults	905,892	-	-	905,892	-	905,892
Adult case management	135,822	-	-	135,822	-	135,822
School-based services	959,090	-	-	959,090	-	959,090
Camp	<u>8,750</u>	<u>-</u>	<u>-</u>	<u>8,750</u>	<u>-</u>	<u>8,750</u>
Total program services	<u>2,312,828</u>	<u>-</u>	<u>-</u>	<u>2,312,828</u>	<u>-</u>	<u>2,312,828</u>
Supporting services:						
Management and general	615,448	-	-	615,448	150	615,598
Fund-raising	<u>129,325</u>	<u>-</u>	<u>-</u>	<u>129,325</u>	<u>-</u>	<u>129,325</u>
Total supporting services	<u>744,773</u>	<u>-</u>	<u>-</u>	<u>744,773</u>	<u>150</u>	<u>744,923</u>
Total expenses	<u>3,057,601</u>	<u>-</u>	<u>-</u>	<u>3,057,601</u>	<u>150</u>	<u>3,057,751</u>
Increase (decrease) in net assets	179,814	(8,750)	-	171,064	(4,302)	166,762
Net assets - beginning of year	<u>508,448</u>	<u>120,779</u>	<u>345,502</u>	<u>974,729</u>	<u>528,334</u>	<u>1,503,063</u>
<b>NET ASSETS - END OF YEAR</b>	<u>\$ 688,262</u>	<u>\$ 112,029</u>	<u>\$ 345,502</u>	<u>\$ 1,145,793</u>	<u>\$ 524,032</u>	<u>\$ 1,669,825</u>

See accompanying notes to consolidating financial statements.

**JEWISH FAMILY SERVICE, INC. AND  
JEWISH FAMILY SERVICE FOUNDATION, INC.  
CONSOLIDATING STATEMENT OF ACTIVITIES  
FOR THE YEAR ENDED DECEMBER 31, 2014**

	<u>Jewish Family Service, Inc.</u>			<u>Total</u>	<u>Jewish Family Service Foundation, Inc.</u>	<u>Grand Total</u>
	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>		<u>Unrestricted</u>	
Public support and other revenue:						
Public support:						
Jewish Federation of Northern New Jersey	\$ 470,296	\$ -	\$ -	\$ 470,296	\$ -	\$ 470,296
Grant income	416,983	-	-	416,983	-	416,983
Contributions	186,164	5,000	-	191,164	176,782	367,946
Fundraising event revenue:						
Fund-raising event	\$ 507,678					
Less: direct costs	(111,754)					
Net fund-raising event revenue	<u>395,924</u>	<u>-</u>	<u>-</u>	<u>395,924</u>	<u>-</u>	<u>395,924</u>
Total public support	<u>1,469,367</u>	<u>5,000</u>	<u>-</u>	<u>1,474,367</u>	<u>176,782</u>	<u>1,651,149</u>
Other revenue:						
Counseling fees	190,517	-	-	190,517	-	190,517
Program fees - school-based services	994,852	-	-	994,852	-	994,852
Other program fees	74,329	-	-	74,329	-	74,329
Rental income	56,410	-	-	56,410	-	56,410
Less: rental expenses	(38,598)	-	-	(38,598)	-	(38,598)
Investment income	8,329	-	-	8,329	598	8,927
Other	<u>575</u>	<u>-</u>	<u>-</u>	<u>575</u>	<u>-</u>	<u>575</u>
Total other revenue	<u>1,286,414</u>	<u>-</u>	<u>-</u>	<u>1,286,414</u>	<u>598</u>	<u>1,287,012</u>
Net assets released from restrictions	<u>2,000</u>	<u>(2,000)</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total revenue and public support	<u>2,757,781</u>	<u>3,000</u>	<u>-</u>	<u>2,760,781</u>	<u>177,380</u>	<u>2,938,161</u>
Expenses:						
Program services:						
Family counseling	235,732	-	-	235,732	-	235,732
Senior adults	644,065	-	-	644,065	-	644,065
Adult case management	135,238	-	-	135,238	-	135,238
School-based services	813,514	-	-	813,514	-	813,514
Camp	<u>2,000</u>	<u>-</u>	<u>-</u>	<u>2,000</u>	<u>-</u>	<u>2,000</u>
Total program services	<u>1,830,549</u>	<u>-</u>	<u>-</u>	<u>1,830,549</u>	<u>-</u>	<u>1,830,549</u>
Supporting services:						
Management and general	554,043	-	-	554,043	150	554,193
Fund-raising	<u>114,644</u>	<u>-</u>	<u>-</u>	<u>114,644</u>	<u>-</u>	<u>114,644</u>
Total supporting services	<u>668,687</u>	<u>-</u>	<u>-</u>	<u>668,687</u>	<u>150</u>	<u>668,837</u>
Total expenses	<u>2,499,236</u>	<u>-</u>	<u>-</u>	<u>2,499,236</u>	<u>150</u>	<u>2,499,386</u>
Increase in net assets	258,545	3,000	-	261,545	177,230	438,775
Net assets - beginning of year	<u>249,903</u>	<u>117,779</u>	<u>345,502</u>	<u>713,184</u>	<u>351,104</u>	<u>1,064,288</u>
<b>NET ASSETS - END OF YEAR</b>	<u>\$ 508,448</u>	<u>\$ 120,779</u>	<u>\$ 345,502</u>	<u>\$ 974,729</u>	<u>\$ 528,334</u>	<u>\$ 1,503,063</u>

See accompanying notes to consolidating financial statements.

**JEWISH FAMILY SERVICE, INC. AND  
JEWISH FAMILY SERVICE FOUNDATION, INC.  
CONSOLIDATING STATEMENT OF FUNCTIONAL EXPENSES  
FOR THE YEAR ENDED DECEMBER 31, 2015**

	Program Services					Supporting Services				Grand Total		
	Family Counseling	Senior Adults	Adult Case Management	School-based Services	Camp	Program Services Total	Management and General	Fund-raising	Direct Cost of Fund-raising Events		Rental Expenses	Supporting Services Total
Personnel costs:												
Salaries	\$ 159,705	\$ 275,547	\$ 82,593	\$ 575,280	\$ -	\$ 1,093,125	\$ 212,076	\$ 86,638	\$ -	\$ -	\$ 298,714	\$ 1,391,839
Payroll taxes and employee benefits	15,209	27,454	18,230	71,578	-	132,451	105,658	8,839	-	-	114,497	246,948
Total personnel costs	174,914	302,981	100,823	646,858	-	1,225,576	317,734	95,477	-	-	413,211	1,638,787
Other expenses:												
Professional fees	108,018	3,100	-	242,193	-	353,311	27,695	-	-	-	27,695	381,006
Accounting, legal and other fees	1,117	3,114	-	2,607	-	6,838	65,120	-	-	-	65,120	71,958
Camp fees	-	-	-	8,750	-	8,750	-	-	-	-	-	8,750
Supplies	2,314	1,400	-	7,767	-	11,481	20,601	265	-	-	20,866	32,347
Assistance to individuals	1,652	420,622	23,390	-	-	444,012	-	-	-	-	-	444,012
Staff travel and development	-	3,956	14	2,210	-	7,832	1,848	-	-	-	1,848	9,680
Telephone	-	-	-	-	-	-	15,181	-	-	-	15,181	15,181
Postage and shipping	318	1,661	-	212	-	2,191	2,830	3,551	-	-	6,381	8,572
Equipment	-	2,417	2,134	1,894	-	6,445	8,239	1,971	-	844	11,054	17,499
Printing and design	-	-	-	378	-	378	6,098	16,905	-	-	23,003	23,381
Advertising and public relations	390	3,581	-	5,217	-	9,188	21,780	460	-	-	22,240	31,428
Food and venue	194	8,605	-	44,537	-	53,336	6,661	-	105,624	-	112,285	165,621
Food - KMOW	-	135,755	-	-	-	135,755	-	-	-	-	-	135,755
Dues and conferences	-	1,451	-	-	-	1,451	9,045	-	-	-	9,045	10,496
Occupancy	-	-	-	-	-	-	61,134	-	-	20,832	81,966	81,966
Insurance	5,464	7,172	-	3,756	-	19,466	11,270	2,049	-	1,366	14,685	34,151
Interest	-	-	-	-	-	-	22,125	-	-	7,375	29,500	29,500
Depreciation	8,893	10,077	-	1,461	-	26,818	7,736	8,647	-	9,806	26,189	53,007
Miscellaneous	-	-	-	-	-	-	10,501	-	-	-	10,501	10,501
<b>TOTAL EXPENSES</b>	303,274	905,892	135,822	959,090	8,750	2,312,828	615,598	129,325	105,624	40,223	890,770	3,203,598
Less: expenses deducted directly from revenues on the consolidating statement of activities	-	-	-	-	-	-	-	-	(105,624)	-	(105,624)	(105,624)
Direct cost of fund-raising events	-	-	-	-	-	-	-	-	-	(40,223)	(40,223)	(40,223)
Rental expenses	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total expenses reported by function on the consolidating statement of activities</b>	\$ 303,274	\$ 905,892	\$ 135,822	\$ 959,090	\$ 8,750	\$ 2,312,828	\$ 615,598	\$ 129,325	\$ -	\$ -	\$ 744,923	\$ 3,057,751

See accompanying notes to consolidating financial statements.





**JEWISH FAMILY SERVICE, INC. AND  
JEWISH FAMILY SERVICE FOUNDATION, INC.  
STATEMENTS OF CASH FLOWS  
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014**

	2015	2014
Cash flows from operating activities:		
Change in net assets	\$ 166,762	\$ 438,775
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Unrealized gains (losses) on investments	8,618	(432)
Donated securities	-	(4,287)
Depreciation	53,007	52,069
Bad debt recovery	(859)	-
Changes in assets and liabilities:		
Accounts receivable	(164,309)	32,504
Contributions receivable	72,323	(54,790)
Prepaid expenses and other assets	(42,599)	(3,623)
Security deposits	-	2,700
Accounts payable and accrued expenses	74,363	(17,034)
Deferred income	(9,888)	43,154
Security deposits payable	-	247
Retirement obligation	(6,977)	(20,000)
Net cash provided by operating activities	150,441	469,283
Cash used in investing activities:		
Purchase of fixed assets	(19,901)	-
Cash used in financing activities:		
Principal payments of mortgage payable	(33,637)	(31,692)
Net increase in cash and cash equivalents	96,903	437,591
Cash and cash equivalents - beginning	804,281	366,690
<b>CASH AND CASH EQUIVALENTS - ENDING</b>	<b>\$ 901,184</b>	<b>\$ 804,281</b>
Supplemental disclosures of cash flow information:		
Interest paid	\$ 29,500	\$ 31,445

See accompanying notes to consolidating financial statements.

**JEWISH FAMILY SERVICE, INC. AND  
JEWISH FAMILY SERVICE FOUNDATION, INC.  
NOTES TO CONSOLIDATING FINANCIAL STATEMENTS  
DECEMBER 31, 2015 AND 2014**

**NOTE 1. NATURE OF ORGANIZATION**

Jewish Family Service, Inc. ("JFS") was organized on December 4, 1978. The JFS mission statement reads:

Based upon Jewish tradition and values, the mission of JFS is to strengthen and preserve the well-being of individuals and families; to help them effectively meet the challenges and changes through life by providing quality human services and professional counseling to all who call upon its services.

Jewish Family Service Foundation, Inc. ("JFSF") was organized in 2009 and began operations in 2012 with the sole purpose of raising funds to support JFS. On March 7, 2012, JFS initially transferred \$250,000 to JFSF.

**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Principles of consolidation

The accompanying consolidating financial statements include the accounts of JFS and JFSF (collectively referred to as the "Organization"). The financial statements have been consolidated because JFS maintains an economic interest in and control of JFSF through common board membership and the ability to elect JFSF board members. All significant intercompany accounts and transactions have been eliminated in consolidation.

Basis of accounting

The accompanying consolidating financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP") and are presented in accordance with accounting requirements for not-for-profit organizations. The Organization classifies net assets, revenues, expenses, gains and losses based on the existence or absence of donor-imposed restrictions.

The net assets of the Organization and changes therein are classified and reported as follows:

- Unrestricted net assets represent net assets that are not subject to donor-imposed stipulations.
- Temporarily restricted net assets are net assets whose use has been limited by donors to a specific time period and/or purpose.
- Permanently restricted net assets are subject to donor-imposed stipulations that the principal corpus be maintained in perpetuity.

Cash and cash equivalents

Cash and cash equivalents consist primarily of cash on deposit and money market accounts that are readily convertible into cash. The Organization considers all highly liquid investments with an original maturity of three months or less to be cash equivalents.

A separate bank account is required for depositing grant funds received from the County of Bergen, Department of Human Services. The Organization subsequently transfers the funds from this account to the operating bank account when required.

**JEWISH FAMILY SERVICE, INC. AND  
JEWISH FAMILY SERVICE FOUNDATION, INC.  
NOTES TO CONSOLIDATING FINANCIAL STATEMENTS  
DECEMBER 31, 2015 AND 2014**

**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

Use of estimates

The preparation of consolidating financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidating financial statements, and the reported amounts of revenues and expenses during the reporting periods. Actual results could differ from those estimates.

Fair value measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurement*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). Categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Under this standard, fair value is defined as the exit price, or the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date.

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access.

Level 2 - inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and, inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Donations-in-kind

Donations of noncash assets are recorded at their fair values at the date received. Contributions of donated services that create or enhance nonfinancial assets or that require specialized skills, and are provided by individuals possessing those skills, are recorded at their fair values in the period received.

Accounts receivable

Accounts receivable are reported at their outstanding unpaid principal balances reduced by an allowance for doubtful accounts. On a periodic basis, management evaluates such receivables and establishes an allowance for doubtful accounts based on a history of write-offs and collections and current credit conditions. At December 31, 2015 and 2014, the allowance for doubtful accounts was \$10,332 and \$18,129, respectively.

**JEWISH FAMILY SERVICE, INC. AND  
JEWISH FAMILY SERVICE FOUNDATION, INC.  
NOTES TO CONSOLIDATING FINANCIAL STATEMENTS  
DECEMBER 31, 2015 AND 2014**

**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

Contributions receivable

Contributions receivable are stated at the amount management expects to collect from outstanding balances. Contributions receivable are due in less than one year; therefore, no discount to present value is required.

Management evaluates such receivables and establishes an allowance for doubtful accounts based on a history of write-offs and collections and current credit conditions. At December 31, 2015, the allowance for doubtful accounts was \$6,938, and there was no allowance required at December 31, 2014.

Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

Investment transactions are recorded on a trade-date basis. Unrealized gains and losses represent the net change in the carrying value of securities owned as of the date of the consolidating statements of financial position. Realized gains and losses on investments are determined using the specific-identification method. Earnings from dividends are recognized on the ex-dividend date.

Fixed assets

Fixed assets are stated at cost if acquired or at their fair values at the date of donation. Maintenance and repairs are charged to operations when incurred. Expenditures that increase the value or significantly extend the lives of assets with a cost of \$1,000 or more are capitalized. Depreciation is calculated using the straight-line method over the estimated useful lives of the assets. When property and equipment are sold or otherwise disposed of, the asset account and related accumulated depreciation account are relieved, and any gain or loss is included in operations.

Revenue and support recognition

The Organization derives revenue and support primarily from grants, contributions, and program and counseling fees.

Contributions, including beneficial interests in remainder trusts, are recognized as revenue when they are unconditionally promised. Conditional promises to give are recognized as contributions when substantially all conditions are met. All other donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidating statements of activities as "Net assets released from restrictions".

Contributions received with donor-imposed restrictions that are met in the same year in which the contributions are received are classified as unrestricted contributions. Special event income is recognized when the event has taken place.

Revenue from cost-reimbursement grants is recognized when the Organization has expended the program costs in accordance with the grant agreements.

**JEWISH FAMILY SERVICE, INC. AND  
JEWISH FAMILY SERVICE FOUNDATION, INC.  
NOTES TO CONSOLIDATING FINANCIAL STATEMENTS  
DECEMBER 31, 2015 AND 2014**

**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

Deferred income

Revenue generated from program fees - school-based services is recognized when such services are rendered. The portion of revenue collected in advance but not yet earned is reflected as deferred income.

Advertising

Advertising costs are expensed as incurred and aggregated \$31,428 and \$31,445 for the years ended December 31, 2015 and 2014, respectively.

Allocation of expenses

The costs of providing the various programs and supporting services have been summarized on a functional basis in the accompanying consolidating statements of activities. Accordingly, certain costs have been allocated by management among the programs and supporting services benefited.

Income taxes

JFS and JFSF qualify as tax-exempt, not-for-profit organizations under Section 501(c)(3) of the Internal Revenue Code.

The Organization recognizes and measures its unrecognized tax benefits in accordance with FASB ASC 740, *Income Taxes*. Under that guidance, the Organization assesses the likelihood, based on their technical merit, that tax positions will be sustained upon examination based on the facts, circumstances and information available at the end of each period. The measurement of unrecognized tax benefits is adjusted when new information is available or when an event occurs that requires a change.

Management has evaluated the Organization's tax positions and has concluded that the Organization has taken no uncertain tax positions that require adjustment to the consolidating financial statements. Generally, the Organization is no longer subject to income tax examinations by U.S. federal or state taxing authorities for years before 2012.

Reclassifications

Certain amounts in the 2014 consolidating financial statements have been reclassified to conform to the current-year presentation. The change in net assets previously reported for 2014 was not affected by these changes.

Subsequent events

In accordance with FASB ASC 855, *Subsequent Events*, the Organization has evaluated subsequent events through November 16, 2016, the date on which these consolidating financial statements were available to be issued. There were no material subsequent events that required recognition or disclosure in these consolidating financial statements.

Starting in January 2016, the board of directors has decided to change its accounting period from a calendar year ended December 31 to a fiscal year ending on June 30.

On October 26, 2016, the board of directors has agreed to acquire Jewish Family Service of North Jersey, Inc., a not-for-profit organization under Section 501(c)(3) of the Internal Revenue Code. The acquisition is currently in process, and is expected to happen effective January 1, 2017.

**JEWISH FAMILY SERVICE, INC. AND  
JEWISH FAMILY SERVICE FOUNDATION, INC.  
NOTES TO CONSOLIDATING FINANCIAL STATEMENTS  
DECEMBER 31, 2015 AND 2014**

**NOTE 3. CONCENTRATION OF CREDIT RISK**

The Organization maintains cash and cash equivalent balances with financial institutions which were routinely in excess of federal insurance limits during 2015 and 2014. The Organization has not experienced any losses in these accounts, and management does not believe the Organization is exposed to any significant credit risks with respect to cash and cash equivalents.

Revenue from the after school program accounted for 36% and 34% of total public support and other revenue during the years ended December 31, 2015 and 2014, respectively.

Revenue from Jewish Federation of Northern New Jersey ("JFNNJ") accounted for 14% and 16% of total public support and other revenue during the years ended December 31, 2015 and 2014, respectively.

Revenue from Jewish Family Service of Central New Jersey ("JFSCNJ") accounted for 14% of total public support and other revenue during the year ended December 31, 2015. There was no revenue concentration from JFSCNJ during the year ended December 31, 2014.

Additionally, JFNNJ accounted for 32% and 20% of total accounts receivable at December 31, 2015 and 2014, respectively. JFSCNJ accounted for 52% and 14% of total accounts receivable at December 31, 2015 and 2014, respectively. Bergen County accounted for 47% of total accounts receivable at December 31, 2014. There was no accounts receivable concentration for Bergen County at December 31, 2015.

**NOTE 4. FAIR VALUE MEASUREMENTS**

Assets and liabilities measured at fair value are based on one or more of three valuation techniques identified in the table below. The valuation techniques are as follows:

- a) *Market approach*. Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities;
- b) *Cost approach*. Amount that would be required to replace the service capacity of an asset (replacement cost); and
- c) *Income approach*. Techniques to convert future amounts to a single present amount based on market expectations (including present value techniques, option-pricing and excess earnings models).

**JEWISH FAMILY SERVICE, INC. AND  
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**NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)**

The following tables present the investments measured at fair value by level at December 31, 2015 and 2014:

Description	Level 1: Quoted Prices in Active Markets for Identical Assets	Level 2: Significant Other Observable Inputs	Level 3: Significant Unobservable Inputs	Total at December 31, 2015	Valuation Technique
Money market funds	\$ 149,479	\$ -	\$ -	\$ 149,479	(a)
JFNNJ pooled investment account	-	97,723	-	97,723	(a)
<b>Total</b>	<b>\$ 149,479</b>	<b>\$ 97,723</b>	<b>\$ -</b>	<b>\$ 247,202</b>	

Description	Level 1: Quoted Prices in Active Markets for Identical Assets	Level 2: Significant Other Observable Inputs	Level 3: Significant Unobservable Inputs	Total at December 31, 2014	Valuation Technique
Money market funds	\$ 149,613	\$ -	\$ -	\$ 149,613	(a)
Common stock	4,287	-	-	4,287	(a)
JFNNJ pooled investment account	-	101,920	-	101,920	(a)
<b>Total</b>	<b>\$ 153,900</b>	<b>\$ 101,920</b>	<b>\$ -</b>	<b>\$ 255,820</b>	

The following is a description of the valuation methodologies used for assets measured at fair value:

*Money market funds* - valued at cost plus accrued interest, which approximates fair value due to the liquidity of the investment.

*Common stock* - valued based on the closing price reported in the active market in which the individual security is traded.

*JFNNJ pooled investment account* - valued at JFS's share of the investments of the JFNNJ pooled investments as reported by JFNNJ and its investment managers and advisors. The methods and procedures used to value these investments may include but are not limited to: (1) performing comparisons with prices of comparable or similar securities; (2) obtaining valuation-related information from issuers; and/or (3) other analytical data relating to the investment and using other available indications of value, absent readily available market values.



**JEWISH FAMILY SERVICE, INC. AND  
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NOTES TO CONSOLIDATING FINANCIAL STATEMENTS  
DECEMBER 31, 2015 AND 2014**

**NOTE 4. FAIR VALUE MEASUREMENTS (CONTINUED)**

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Organization believes its valuation methods are appropriate and consistent with those of other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**NOTE 5. RETIREMENT OBLIGATION**

JFS provides a voluntary supplementary retirement plan for the former executive director, who retired on June 30, 1995. The liability reflects the present value of the obligation based on mortality tables and a discount rate of 5%.

**NOTE 6. FIXED ASSETS**

The following is an analysis of fixed assets as of December 31, 2015 and 2014:

	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Net</u>
<b><u>December 31, 2015</u></b>			
Land	\$ 536,700	\$ -	\$ 536,700
Building and improvements	886,582	(494,840)	391,742
Furniture and equipment	<u>127,323</u>	<u>(99,416)</u>	<u>27,907</u>
	<u>\$ 1,550,605</u>	<u>\$ (594,256)</u>	<u>\$ 956,349</u>
<b><u>December 31, 2014</u></b>			
Land	\$ 536,700	\$ -	\$ 536,700
Building and improvements	873,098	(453,521)	419,577
Furniture and equipment	<u>120,906</u>	<u>(87,728)</u>	<u>33,178</u>
	<u>\$ 1,530,704</u>	<u>\$ (541,249)</u>	<u>\$ 989,455</u>

**JEWISH FAMILY SERVICE, INC. AND  
JEWISH FAMILY SERVICE FOUNDATION, INC.  
NOTES TO CONSOLIDATING FINANCIAL STATEMENTS  
DECEMBER 31, 2015 AND 2014**

**NOTE 7. TEMPORARILY RESTRICTED NET ASSETS**

During 2015 and 2014, net assets were released from restrictions by incurring expenses satisfying the restricted purposes as follows:

	2015	2014
Youth Assistance Fund	\$ 8,750	\$ 2,000

At December 31, 2015 and 2014, temporarily restricted net assets were available for the following purposes:

	2015	2014
Child counseling	\$ 20,014	\$ 20,014
Senior adults	23,676	23,676
Youth assistance	8,841	17,591
Maier Bat Mitzvah	13,975	13,975
President's fund	18,526	18,526
Bergenfield designated	18,383	18,383
Other programs	8,614	8,614
	\$ 112,029	\$ 120,779

**NOTE 8. MORTGAGE PAYABLE**

In April 2010, JFS entered into a mortgage agreement with a financial institution totaling \$610,000 at an interest rate of 6.25%. Payment of principal and interest is made in monthly installments of \$5,261. The loan is secured by the building located in Teaneck, New Jersey. The mortgage is due on May 1, 2025. Principal payments over the next five years and thereafter are as follows:

<u>Year ending December 31:</u>	<u>Amount</u>
2016	\$ 35,833
2017	38,171
2018	40,661
2019	43,314
2020	46,140
Thereafter	242,619
	\$ 446,738

Interest expense for the years ended December 31, 2015 and 2014, was \$29,500 and \$31,445, respectively.

**NOTE 9. RENTAL INCOME**

JFS had an operating lease agreement with a tenant expiring August 2016. Future minimum rents receivable under this noncancelable lease is \$7,200 for the year ending December 31, 2016.

**JEWISH FAMILY SERVICE, INC. AND  
JEWISH FAMILY SERVICE FOUNDATION, INC.  
NOTES TO CONSOLIDATING FINANCIAL STATEMENTS  
DECEMBER 31, 2015 AND 2014**

**NOTE 10. PERMANENTLY RESTRICTED NET ASSETS (ENDOWMENTS)**

Interpretation of Relevant Law

The Board of Trustees of JFS follows New Jersey guidelines under the Uniform Prudent Management of Institutional Funds Act ("UPMIFA"). UPMIFA provides that the governing board may appropriate for expenditures the uses and purposes for which the endowment fund was established, including how much of the net appreciation, both realized and unrealized, of the fair value of the assets of the endowment to be added over the historical value of the fund that is considered prudent. The policy of the governing board is to appropriate all investment income up to 7% of the corpus and the excess added to the historical dollar value.

Return Objectives, Strategies Employed and Spending Policy

The objective is to maintain the principal endowment funds at the original amount designated by the donor while earning investment income. The investment policy to achieve this objective is to invest in low-risk securities. Interest earned in relation to the endowment funds is recorded as unrestricted income.

During the years ended December 31, 2015 and 2014, there were no changes to the permanently restricted net assets.

**NOTE 11. CONTRIBUTIONS**

Contribution revenue includes bequests received by JFSF in the amount of \$176,782 for the year ended December 31, 2014. Such revenue is neither predictable nor recurring.

**NOTE 12. RELATED-PARTY TRANSACTIONS**

During the years ended December 31, 2015 and 2014, board members of the Organization made contributions of \$135,728 and \$136,410, respectively, which is included in the contributions in the accompanying consolidating statements of activities.

**NOTE 13. CONTINGENCIES**

Revenue from cost-reimbursement grants is subject to audits and possible adjustments by the funding agencies. The effects of any such adjustments are recorded when reasonably determinable. Management believes that the effect of audit adjustments, if any, will not have a material effect on the accompanying consolidating financial statements.

**SUPPLEMENTARY INFORMATION**

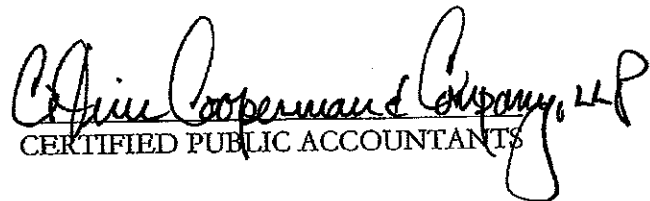


**CITRIN COOPERMAN**  
Attest & Assurance | Tax Compliance & Research | Specialty & Consulting

## INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTARY INFORMATION

To the Board of Directors  
Jewish Family Service, Inc. and Jewish Family Service Foundation, Inc.

We have audited the accompanying consolidating financial statements of Jewish Family Service, Inc. and Jewish Family Service Foundation, Inc. as of and for the year ended December 31, 2015, and our report thereon dated November 16, 2016, which expressed an unmodified opinion on those consolidating financial statements, appears on pages 1 - 2. Our audit was conducted for the purpose of forming an opinion on the consolidating financial statements as a whole. Schedule I - Conference on Jewish Material Claims Against Germany, Inc., Fund: GG17 - Application Number: 16736 on page 19 is presented for purposes of additional analysis and is not a required part of the consolidating financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidating financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidating financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidating financial statements or to the consolidating financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidating financial statements as a whole.

  
CERTIFIED PUBLIC ACCOUNTANTS

Plainview, New York  
November 16, 2016

**JEWISH FAMILY SERVICE, INC.**  
**SCHEDULE I - CONFERENCE ON JEWISH MATERIAL CLAIMS**  
**AGAINST GERMANY, INC.**  
**FOR THE YEAR ENDED DECEMBER 31, 2015**  
**FUND: GG17**  
**APPLICATION NUMBER: 16736**

Amounts received:	
Claims conference grant	\$ <u>429,808</u>
Amounts expended:	
Claims conference expenses	386,313
Personnel costs	19,936
Administrative overhead	<u>22,505</u>
	<u>428,754</u>
<b>EXCESS AMOUNTS RECEIVED OVER EXPENDITURES</b>	<b>\$ <u>1,054</u></b>

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2015

For calendar year 2015 or other tax year beginning , and ending

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Header section containing: A Check box if address changed; B Exempt under section 501(c)(3); Name of organization: JEWISH FAMILY SERVICE, INC.; Number, street, and room or suite no.: 1485 TEANECK ROAD; City or town, state or province, country, and ZIP or foreign postal code: TEANECK, NJ 07666; D Employer identification number: 22-2223109; E Unrelated business activity codes: 531120.

C Book value of all assets at end of year: 1,965,390.; F Group exemption number; G Check organization type: [X] 501(c) corporation; [ ] 501(c) trust; [ ] 401(a) trust; [ ] Other trust.

H Describe the organization's primary unrelated business activity: RENTAL OF OFFICE SPACE; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? [ ] Yes [X] No.

J The books are in care of: SUSAN GREENBAUM; Telephone number: 201-837-9090.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales; 1b Less returns and allowances; 2 Cost of goods sold; 3 Gross profit; 4a Capital gain net income; 4b Net gain (loss); 5 Income (loss) from partnerships and S corporations; 6 Rent income; 7 Unrelated debt-financed income; 8 Interest, annuities, royalties, and rents from controlled organizations; 9 Investment income; 10 Exploited exempt activity income; 11 Advertising income; 12 Other income; 13 Total. Combine lines 3 through 12.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest (attach schedule); 19 Taxes and licenses; 20 Charitable contributions; 21 Depreciation; 22 Less depreciation claimed on Schedule A and elsewhere on return; 23 Depletion; 24 Contributions to deferred compensation plans; 25 Employee benefit programs; 26 Excess exempt expenses (Schedule I); 27 Excess readership costs (Schedule J); 28 Other deductions (attach schedule); 29 Total deductions. Add lines 14 through 28; 30 Unrelated business taxable income before net operating loss deduction; 31 Net operating loss deduction; 32 Unrelated business taxable income before specific deduction; 33 Specific deduction; 34 Unrelated business taxable income. Subtract line 33 from line 32.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded (49).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year (1, 6), Purchases (2), Cost of labor (3), Additional section 263A costs (4a, 4b), and Total (5, 7).

Sign Here section with signature of Paula Vuksic, CPA, MST, Preparer's signature, Date, Title (EXECUTIVE DIRECTOR), and Firm's information (CITRIN COOPERMAN & COMPANY, LLP).



**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1. Description of property

(1)			
(2)			
(3)			
(4)			
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	
0.		0.	

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule) STATEMENT 1	(b) Other deductions (attach schedule) STATEMENT 2
(1) RENTAL PROPERTY - 1485 TEANECK			
(2) ROAD, TEANECK, NJ	60,210.	10,330.	29,893.
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 3	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
(1)		%	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(2) 446,738.	558,737.	79.95%	48,138.
(3)		%	32,158.
(4)		%	
Totals		48,138.	32,158.
Total dividends-received deductions included in column 8		0.	

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations				
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
Totals				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I		0.	0.			0.
Totals, Part II (lines 1-5)		Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.			Enter here and on page 1, Part II, line 27. 0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.