BEDARD, KUROWICKI & CO., CPA'S, PC
114 BROAD STREET
FLEMINGTON, NJ 08822

JEWISH FAMILY & VOCATIONAL SERVICE OF
MIDDLESEX COUNTY, INC.
32 FORD AVENUE, 2ND FLOOR
MILLTOWN, NJ 08850

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BKC
Bedard, Kurowicki & Co.
Certified Public Accountants, PC
www.bkc-cpa.com

JEWISH FAMILY & VOCATIONAL SERVICE OF
MIDDLESEX COUNTY, INC.
32 FORD AVENUE, 2ND FLOOR
MILLTOWN, NJ 08850

JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2016 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2016 FORM 990

2016 NEW JERSEY FORM CRI-300R

PLEASE NOTE, THE NJ CRI-300R STATES THAT IT CANNOT BE PAPER FILED, BUT THE NJ ONLINE FILING SYSTEM IS NOT YET READY AND THEREFORE ALL RETURNS MUST BE PAPER FILED UNTIL THE SYSTEM IS FIXED.

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

BEDARD, KUROWICKI & CO., CPA'S, PC

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TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2016

PREPARED FOR:

JEWISH FAMILY & VOCATIONAL SERVICE OF
MIDDLESEX COUNTY, INC.
32 FORD AVENUE, 2ND FLOOR
MILLTOWN, NJ 08850

PREPARED BY:

BEDARD, KUROWICKI & CO., CPA'S, PC
114 BROAD STREET
FLEMINGTON, NJ 08822

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

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Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning _____, 2016, and ending _____, 20___

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at** *www.irs.gov/form8879eo.*

OMB No. 1545-1878

2016

Name of exempt organization
JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.

Employer identification number
22-2281774

Name and title of officer
SARA LEVINE
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here ▶ [X]	**b** **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	3,471,828.
2a	Form 990-EZ check here ▶ [ ]	**b** **Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a	Form 1120-POL check here ▶ [ ]	**b** **Total tax** (Form 1120-POL, line 22)	**3b**	
4a	Form 990-PF check here ▶ [ ]	**b** **Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a	Form 8868 check here ▶ [ ]	**b** **Balance Due** (Form 8868, line 3c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize BEDARD, KUROWICKI & CO., CPA'S, PC to enter my PIN 44444
ERO firm name **Enter five numbers, but do not enter all zeros**

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Sara Levine Date ▶ 6/8/2017

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 22220044444
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

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EXTENDED TO NOVEMBER 15, 2017

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ 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.

OMB No. 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
32 FORD AVENUE, 2ND FLOOR

City or town, state or province, country, and ZIP or foreign postal code
MILLTOWN, NJ 08850

F Name and address of principal officer: SARA LEVINE
SAME AS C ABOVE

D Employer identification number
22-2281774

E Telephone number
732-777-1940

G Gross receipts $ 3,497,263.

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)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.JFSMIDDLESEX.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1979 M State of legal domicile: NJ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: JEWISH FAMILY & VOCATIONAL SERVICE IS A NON-PROFIT HUMAN SERVICES AGENCY WHOSE MISSION, ROOTED		
	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	50
	6 Total number of volunteers (estimate if necessary)	6	325
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,935,765.	3,127,537.
	9 Program service revenue (Part VIII, line 2g)	230,343.	263,586.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	112,636.	80,705.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,278,744.	3,471,828.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	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)	1,309,694.	1,369,867.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 98,575.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,928,064.	2,096,580.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,237,758.	3,466,447.
	19 Revenue less expenses. Subtract line 18 from line 12	40,986.	5,381.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,117,829.	1,111,503.
	21 Total liabilities (Part X, line 26)	547,573.	535,866.
	22 Net assets or fund balances. Subtract line 21 from line 20	570,256.	575,637.

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 Date

▶ SARA LEVINE, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
JOSEPH M. CARDUCCI			☐	P00626953

Firm's name ▶ BEDARD, KUROWICKI & CO., CPA'S, PC Firm's EIN ▶ 22-3299874

Firm's address ▶ 114 BROAD STREET
FLEMINGTON, NJ 08822 Phone no. (908) 782-7900

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
JEWISH FAMILY & VOCATIONAL SERVICES IS A NON-PROFIT HUMAN SERVICES AGENCY WHOSE MISSION, ROOTED IN JEWISH VALUES, IS TO HELP ALL INDIVIDUALS AND FAMILIES THROUGHOUT MIDDLESEX COUNTY REALIZE A FULFILLING LIFE EXPERIENCE AT HOME, IN THE WORKPLACE, AND IN THE

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 ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses $ 2,304,990. including grants of $ _____) (R...nue $ 14,470.)
ELDERLY - JFVS PROVIDES A WIDE RANGE OF SERVICES AIMED AT MAINTAINING A PERSON'S INDEPENDENCE, WHILE OFFERING FAMILY SUPPORT AND RESPITE. FAMILY COUNSELING, CAREGIVER SUPPORT GROUPS AND INTERGENERATIONAL COUNSELING ARE PROVIDED.

4b (Code: _____) (Expenses $ 408,086. including grants of $ _____) (Revenue $ 53,840.)
VOCATIONAL SERVICES:ASSISTING THE UNEMPLOYED, UNDEREMPLOYED, CAREER CHANGERS, WOMEN IN TRANSITION, INDIVIDUALS WITH DISABILITIES, NEW AMERICANS, AND EARLY RETIREES IN REENTERING THE WORKFORCE. SERVICES ARE PROVIDED IN A CULTURALLY SENSITIVE MANNER TO ALL INDIVIDUALS REGARDLESS OF RACE, AGE, GENDER, ETHNIC ORIGINS, RELIGIOUS PREFERENCES, SOCIO-ECONOMIC STATUS OR SEXUAL ORIENTATION.

4c (Code: _____) (Expenses $ 552,194. including grants of $ _____) (Revenue $ 195,276.)
COMMUNITY SERVICES AND COUNSELING: JFVS ASSISTS THE COMMUNITY THROUGH PROVIDING ASSISTANCE WITH FOOD, CLOTHING AND HELP IN ADDRESSING LIFE CYCLE ISSUES TO ENABLE OTHERS TO IMPROVE THEIR QUALITY OF LIFE.

4d Other program services (Describe in Schedule O.)
(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ▶ 3,265,270.

COPY

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		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? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b		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? *If "Yes," complete Schedule D*	11c		X
d	Did the organization report an amount for other assets in Part X, line that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		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)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "Yes" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I*	17		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? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

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Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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*	21		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*	22		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*	23		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*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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*	25a		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*	25b		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*	26		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*	27		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*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		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*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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*	32		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*	33		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*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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*	35b		
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*	36		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*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

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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 ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	30		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	50		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)	4a			X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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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 X

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	1a	15		
	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	1b	15		
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?	2			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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets	5			X
6	Did the organization have members or stockholders?	6			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?	7a			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?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a	X		
b	Each committee with authority to act on behalf of the governing body?	8b	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*	9			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?	10a	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?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a		X
b	Other officers or key employees of the organization	15b		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?	16a		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?	16b		

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: ▶

JEWISH FAMILY & VOCATIONAL SERVICE - 732-777-1940
32 FORD AVENUE, 2ND FLOOR, MILLTOWN, NJ 08850

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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) DAVID RABINOWITZ TRUSTEE	1.00	X						0.	0.	0.
(2) ERIC GOLDMAN TRUSTEE	1.00	X						0.	0.	0.
(3) HOLLIE CERAME TRUSTEE	1.00	X						0.	0.	0.
(4) MICHAEL SCHNEIDERMAN TRUSTEE	1.00	X						0.	0.	0.
(5) MURRAY KATZ PAST PRESIDENT	2.00	X						0.	0.	0.
(6) RACHELLE STERN TRUSTEE	1.00	X						0.	0.	0.
(7) SANDRA LEVINE MONROE ADVISORY LIAISON	1.00	X						0.	0.	0.
(8) SARA LEVINE EXECUTIVE DIRECTOR	50.00	X						104,403.	0.	0.
(9) SORIN WEISSMAN TRUSTEE	1.00	X						0.	0.	0.
(10) VICKIE SOLOMON PRESIDENT EMERITUS	1.00	X						0.	0.	0.
(11) ALLAN BENISH TRUSTEE	1.00	X						0.	0.	0.
(12) JOHN SKOWRONSKI TRUSTEE	1.00	X						0.	0.	0.
(13) JACK GOLDBERG PRESIDENT	4.00			X				0.	0.	0.
(14) JEFF EINBOND TREASURER	1.00			X				0.	0.	0.
(15) NAOMI TRACHTENBERG RECORDING SECRETARY	1.00			X				0.	0.	0.
(16) PAUL ROVINSKY IMMEDIATE PAST PRESIDENT	1.00			X				0.	0.	0.
(17) SOL HECKELMAN VICE PRESIDENT PROFESSIONA	1.00			X				0.	0.	0.

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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			
1b Sub-total ▶								104,403.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c) ▶								104,403.	0.	0.

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*	3		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*	4		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*	5		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

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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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	388,995.			
	e Government grants (contributions)	1e	1,044,267.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,694,275.			
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a-1f		3,127,537.			
Program Service Revenue		Business Code				
	2a CLIENT FEES	624200	263,586.	263,586.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		263,586.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ _____ contributions reported on line 1c). See Part IV, line 18	a	99,091.			
	b Less: direct expenses	b	25,435.			
	c Net income or (loss) from fundraising events		73,656.			73,656.
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a OTHER REVENUE	624200	7,049.	7,049.		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		7,049.			
	12 **Total revenue.** See instructions.		3,471,828.	270,635.	0.	73,656.

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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 X

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				
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	104,403.	91,812.	6,964.	5,627.
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	1,028,382.	904,296.	68,620.	55,466.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	133,883.	113,725.	7,936.	12,222.
10 Payroll taxes	103,199.	92,954.	4,596.	5,649.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
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.)	1,835,775.	1,830,828.	548.	4,399.
12 Advertising and promotion	1,239.	1,280.	-111.	70.
13 Office expenses	58,440.	52,681.	1,335.	4,424.
14 Information technology				
15 Royalties				
16 Occupancy	146,033.	128,906.	9,353.	7,774.
17 Travel				
18 Payments of travel or entertainment expen for any federal, state, or local public offici				
19 Conferences, conventions, and meetings				
20 Interest	3,863.	3,073.	605.	185.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,704.	13,267.	-208.	645.
23 Insurance	24,403.	21,505.	1,589.	1,309.
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 DUES AND SUBSCRIPTIONS	4,927.	4,346.	317.	264.
b PROFESSIONAL DEVELOPMEN	4,238.	2,931.	977.	330.
c PRINTING	1,686.	1,498.	91.	97.
d REPAIRS AND MAINTENANCE	1,390.	1,207.	103.	80.
e All other expenses	882.	961.	-113.	34.
25 **Total functional expenses.** Add lines 1 through 24e	3,466,447.	3,265,270.	102,602.	98,575.
26 **Joint costs.** 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)				

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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		282,641.	1	811,985.
	2	Savings and temporary cash investments		290,644.	2	49,423.
	3	Pledges and grants receivable, net		8,151.	3	14,180.
	4	Accounts receivable, net		467,288.	4	175,382.
	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		25,507.	9	26,914.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 204,125.			
	b	Less: accumulated depreciation	10b 174,517.	39,812.	10c	29,608.
	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			14	
	15	Other assets. See Part IV, line 11		3,786.	15	4,011.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,117,829.	16	1,111,503.
Liabilities	17	Accounts payable and accrued expenses		366,512.	17	308,389.
	18	Grants payable			18	
	19	Deferred revenue		57,172.	19	110,715.
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties		123,889.	24	116,762.
	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			25	
	26	**Total liabilities.** Add lines 17 through 25		547,573.	26	535,866.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		189,169.	27	295,658.
	28	Temporarily restricted net assets		363,087.	28	261,979.
	29	Permanently restricted net assets		18,000.	29	18,000.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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	Total net assets or fund balances		570,256.	33	575,637.
	34	Total liabilities and net assets/fund balances		1,117,829.	34	1,111,503.

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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	3,471,828.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,466,447.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,381.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	570,256.
5	Net unrealized gains (losses) on investments	5	
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	575,637.

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: ☐ Cash ☒ Accrual ☐ 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? 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? 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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
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?	3a		X
b	If "Yes," did the organization undergo the required 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	3b		

Form 990 (2016)

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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.*

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.

Employer identification number 22-2281774

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in connection with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☒ 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.)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%

16a **33 1/3% support test - 2016.** 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 - 2015.** 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 - 2016.** 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 - 2015.** 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 ▶ ☐

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1990052.	1947946.	2447955.	3035138.	3201193.	12622284.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	192,548.	251,920.	211,293.	230,343.	263,586.	1149690.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	2182600.	2199866.	2659248.	3265481.	3464779.	13771974.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 **Public support.** (Subtract line 7c from line 6.)						13771974.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	2182600.	2199866.	2659248.	3265481.	3464779.	13771974.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	22,725.	17,144.	9,378.	13,263.	7,049.	69,559.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	2205325.	2217010.	2668626.	3278744.	3471828.	13841533.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	99.50 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	99.49 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	.00 %
18 Investment income percentage from **2015** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2016.** 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 - 2015.** 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 ▶ ☐

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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.*	1		
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).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answ (b) and (c) below.*	3a		
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 organization made the determination.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
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.*	4b		
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.*	4c		
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)*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.*	6		
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).*	7		
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).*	8		
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.*	9a		
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.*	9b		
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.*	9c		
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.*	10a		
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.)*	10b		

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Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?	11a	
b	A family member of a person described in (a) above?	11b	
c	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.*	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	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.*	1	
2	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.*	2	

Section C. Type II Supporting Organizations

		Yes	No
1	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).*	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	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?	1	
2	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).*	2	
3	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.*	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

a ☐ The organization satisfied the Activities Test. *Complete line 2 below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

		Yes	No
2	Activities Test. *Answer (a) and (b) below.*		
a	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.*	2a	
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.*	2b	
3	Parent of Supported Organizations. *Answer (a) and (b) below.*		
a	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.*	3a	
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.*	3b	

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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 (explain in Part VI.) **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 **Adjusted Net Income** (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 **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** 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 **Minimum Asset Amount** (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 D, line 8, column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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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	**Total annual distributions.** 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 2016 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-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	**Excess distributions carryover to 2017.** Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

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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.)

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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* .

OMB No. 1545-0047

2016

Name of the organization
JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.

Employer identification number
22-2281774

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 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

[X] 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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Name of organization: JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.

Employer identification number: 22-2281774

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	LILLIAN LORBER CHARITABLE TRUST METRO CORPORATE CAMPUS ONE, PO BOX 5600 WOODBRIDGE, NJ 07095	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	DEPARTMENT OF HOMELAND SECURITY - CITIZENSHIP 245 MURRAY LANE, SW WASHINGTON, DC 20528	$ 125,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	JEWISH FEDERATION OF GREATER MIDDLESEX COUNTY 230 OLD BRIDGE TURNPIKE SOUTH RIVER, NJ 08882	$ 388,995.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	MIDDLESEX COUNTY DEPARTMENT ON AGING 75 BAYARD STREET, FIFTH FLOOR NEW BRUNSWICK, NJ 08901	$ 196,796.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	MIDDLESEX COUNTY HSAC PROGRAMS 75 BAYARD STREET, FIFTH FLOOR NEW BRUNSWICK, NJ 08901	$ 38,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	NEW JERSEY DIVISION OF FAMILY DEVELOPMENT P.O. BOX 716 TRENTON, NJ 08625	$ 35,938.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization: JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.

Employer identification number: 22-2281774

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
7	NEW JERSEY DIVISION OF YOUTH AND FAMILY SERVICES 222 SOUTH WARREN STREET P.O. BOX 729 TRENTON, NJ 08625	$ 113,863.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	NEW JERSEY DIVISION ON WOMEN 301 BLAIR ROAD, 2ND FLOOR AVENEL, NJ 07001	$ 106,180.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	THE IOLTA FUND OF THE BAR OF NEW JERSEY ONE CONSTITUTION SQUARE NEW BRUNSWICK, NJ 08901	$ 20,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	UNITED WAY OF CENTRAL JERSEY 32 FORD AVENUE MILLTOWN, NJ 08850	$ 30,757.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	WOODBRIDGE HOUSING AUTHORITY 20 BUNNS LANE WOODBRIDGE, NJ 07095	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	DEPARTMENT OF HEALTH AND HUMAN SERVICES JACOB JAVITS BLDG. 26 FEDERAL PLAZA NEW YORK, NY 17551	$ 308,975.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization: JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.

Employer identification number: 22-2281774

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
13	MARION AND NORMAN TANZMAN FOUNDATION 90 WOODBRIDGE CENTER DRIVE #900 WOODBRIDGE, NJ 07095	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	CONFERENCE ON JEWISH MATERIAL CLAIMS AGAINST GERMANY, INC. 1359 BROADWAY, ROOM 2000 NEW YORK, NY 10018	$ 1,249,226.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	RSVP-CNS 250 E STREET SW WASHINGTON, DC 20525	$ 65,328.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	SAM OOLIE/ OOLIE FOUNDATION 800 PALISADE AVENUE, APT 1505 FORT LEE, NJ 07024	$ 120,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	JEWISH FEDERATION OF SOUTHERN NEW JERSEY 1301 SPRINGDALE RD #200 CHERRY HILL, NJ 08003	$ 40,001.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18	MIDDLESEX COUNTY- SHIP 32 FORD AVENUE MILLTOWN, NJ 08850	$ 7,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization
JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.

Employer identification number
22-2281774

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
19	DAVID HALPERN/ATLANTIC REALTY PROPERTIES 90 WOODBRIDGE CENTER DRIVE #900 WOODBRIDGE, NJ 07095	$ 18,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20	INVESTORS BANK 645 NJ 18 EAST BRUNSWICK, NJ 08816	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization	Employer identification number
JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.	22-2281774

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

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Name of organization
JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.

Employer identification number
22-2281774

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

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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.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.

Employer identification number: 22-2281774

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 fun
are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be u d o
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpos fer g
impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form , IV, 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)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation historically important land area
- ☐ Preser of a ed historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribu n in the m 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 includ in	2c
d	Number of conservation easements included in (c) acquired after 8/17/ and not historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, release or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation ea ment is loc d ▶ _____

5 Does the organization have a written policy regarding the odi onit ing, inspection, handling of violations, and enforcement of the conservation easeme ts i s? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspec hand of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, ins ting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reporte ne 2(d) ve satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization orts co servation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote 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 ▶ $ _____

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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				
b Buildings				
c Leasehold improvements		25,130.	19,547.	5,583.
d Equipment		178,995.	154,970.	24,025.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				29,608.

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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)		
Total. (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)		
Total. (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)	
Total. *(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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

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 ☐

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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	3,497,263.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	25,435.		
e	Add lines 2a through 2d			2e	25,435.
3	Subtract line 2e from line 1			3	3,471,828.
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	3,471,828.

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	3,491,882.
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	25,435.		
e	Add lines 2a through 2d			2e	25,435.
3	Subtract line 2e from line 1			3	3,466,447.
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, P*			5	3,466,447.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part I[illegible]ines 1a a[illegible]; 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 [illegible]rt t[illegible]rovi[illegible] any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NET WITH REVENUE ON 990 25,435.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NET WITH REVENUE ON 990 25,435.

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at** *www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.

Employer identification number: 22-2281774

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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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 FUNDRAISING (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	99,091.			99,091.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	99,091.			99,091.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	25,435.			25,435.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				25,435.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				73,656.

Part III Gaming. Complete if the organization answered "Yes" on Form 99[illegible] 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 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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: _____

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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

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Part IV Supplemental Information *(continued)*

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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.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.

Employer identification number: 22-2281774

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN JEWISH VALUES, IS TO HELP ALL INDIVIDUALS AND FAMILIES THROUGHOUT MIDDLESEX COUNTY REALIZE A FULFILLING LIFE EXPERIENCE AT HOME, IN THE WORKPLACE, AND IN THE COMMUNITY. WE PURSUE THESE AIMS BY PROVIDING EFFECTIVE SOCIAL SERVICES, COUNSELING, AND ADVOCACY THROUGH RESPONSIVE, INNOVATIVE PROGRAMS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY. WE PURSUE THESE AIMS BY PROVIDING EFFECTIVE SOCIAL SERVICES, COUNSELING, AND ADVOCACY THROUGH RESPONSIVE, INNOVATIVE PROGRAMS.

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

THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS IS GIVEN A COPY OF THE FORM 990 FOR REVIEW AND COMMENT. ANY QUESTIONS OR COMMENTS ARE ADDRESSED AT THE MONTHLY BOARD MEETING.

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

THE CONFLICT OF INTEREST POLICY AND DISCLOSURE STATEMENT ARE GIVEN TO OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES ANNUALLY TO READ, DISCLOSE THE CONFLICT OF INTEREST IF THERE IS ANY, SIGN AND RETURN TO THE ENTITY.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

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Name of the organization JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.

Employer identification number 22-2281774

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

PROGRAM EXPENSES - PROGRAM:

PROGRAM SERVICE EXPENSES	1,737,963.
MANAGEMENT AND GENERAL EXPENSES	548.
FUNDRAISING EXPENSES	3,821.
TOTAL EXPENSES	1,742,332.

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	92,865.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	578.
TOTAL EXPENSES	93,443.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,835,775.

FORM 990, PART XII, LINE 2C:

PART XII LINE 2C EXPLANATION: THE FINANCE COMMITTEE, WITHIN THE BOARD OF DIRECTORS, ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE ORGANIZATIONS FINANCIAL STATEMENTS AND SELECTION OF ITS INDEPENDENT AUDITORS.

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2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
64	BUILDING MULTIPLEX	12/31/16	NC	5.00	HY		3,501.				3,501.			0.	
2	PHONE SYSTEM - MONROE	11/01/06	200DB	7.00	HY	17	4,240.				4,240.	4,240.		0.	4,240.
35	PHONE SYSTEM	09/09/11	SL	7.00	HY	17	12,852.				12,852.	8,262.		1,836.	10,098.
48	TELEPHONE SYSTEM	07/01/12	SL	7.00		16	3,689.				3,689.	1,845.		527.	2,372.
	* 990 PAGE 10 TOTAL -						24,282.				24,282.	14,347.		2,363.	16,710.
7	1999 FORD VAN	07/01/99	SL	10.00		16	21,665.				21,665.	21,665.		0.	21,665.
47	2001 BUICK	03/01/12	SL	3.00		16	7,607.				7,607.	7,607.		0.	7,607.
	* 990 PAGE 10 TOTAL -						29,272.				29,272.	29,272.		0.	29,272.
14	OFFICE FURNITURE & FIXTURES	03/15/07	200DB	7.00	HY	17	3,593.				3,593.	3,593.		0.	3,593.
15	OFFICE FURNITURE & FIXTURES	03/21/07	200DB	7.00	HY	17	23,530.				23,530.	23,530.		0.	23,530.
16	OFFICE FURNITURE & FIXTURES	04/12/07	200DB	7.00	HY	17	8,873.				8,873.	8,873.		0.	8,873.
17	OFFICE FURNITURE & FIXTURES	05/10/07	200DB	7.00	HY	17	1,861.				1,861.	1,861.		0.	1,861.
18	OFFICE FURNITURE & FIXTURES	05/18/07	200DB	7.00	HY	17	1,000.				1,000.	1,000.		0.	1,000.
19	OFFICE FURNITURE & FIXTURES	06/18/07	200DB	7.00	HY	17	2,424.				2,424.	2,424.		0.	2,424.
20	OFFICE FURNITURE & FIXTURES	10/09/07	200DB	7.00	HY	17	9,700.				9,700.	9,700.		0.	9,700.
46	OFFICE FURNITURE & FIXTURES	11/01/12	SL	7.00		16	1,597.				1,597.	722.		228.	950.
53	OFFICE FURNITURE & FIXTURES	04/30/13	SL	7.00		16	6,556.				6,556.	2,498.		937.	3,435.
54	OFFICE FURNITURE & FIXTURES	05/20/13	SL	7.00		16	1,137.				1,137.	419.		162.	581.

628111 04-01-16

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	OFFICE FURNITURE & FIXTURES	11/13/13	SL	7.00		16	467.				467.	145.		67.	212.
	* 990 PAGE 10 TOTAL -						60,738.				60,738.	54,765.		1,394.	56,159.
27	COMPUTER SOFTWARE	01/03/08	200DB	3.00	HY	17	2,285.				2,285.	2,285.		0.	2,285.
28	COMPUTER EQPT	04/09/08	200DB	3.00	HY	17	1,106.				1,106.	1,106.		0.	1,106.
30	COMPUTER EQPT	02/15/10	200DB	5.00	HY	17	1,070.				1,070.	1,070.		0.	1,070.
31	COMPUTER EQPT	04/13/10	200DB	5.00	HY	17	943.				943.	943.		0.	943.
32	COMPUTER EQPT	04/22/10	200DB	5.00	HY	17	9,846.				9,846.	9,846.		0.	9,846.
33	COMPUTER EQPT	07/22/10	200DB	5.00	HY	17	7,030.				7,030.	7,030.		0.	7,030.
34	COMPUTER EQPT	12/28/10	200DB	5.00	HY	17	580.				580.	580.		0.	580.
36	COMPUTERS	08/11/11	SL	5.00	HY	17	2,489.				2,489.	2,241.		248.	2,489.
37	COMPUTER	08/30/11	SL	5.00	HY	17	588.				588.	531.		57.	588.
38	COMPUTERS	11/10/11	SL	5.00	HY	17	2,870.				2,870.	2,583.		287.	2,870.
39	LASER PRINTER	12/02/11	SL	5.00	HY	17	1,530.				1,530.	1,377.		153.	1,530.
49	COMPUTER EQUIPMENT	10/01/12	SL	3.00		16	6,801.				6,801.	6,801.		0.	6,801.
50	COMPUTER EQUIPMENT - MONITORS	04/16/12	SL	3.00		16	376.				376.	376.		0.	376.
51	COMPUTERS	04/18/12	SL	3.00		16	1,290.				1,290.	1,290.		0.	1,290.
56	COMPUTER EQPT - WIRELESS N ACCESS POINT	03/19/13	SL	5.00		16	225.				225.	124.		45.	169.
57	COMPUTER EQPT	11/01/13	SL	5.00		16	4,092.				4,092.	1,772.		818.	2,590.

628111 04-01-16

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
60	DELL COMPUTERS AND MONITORS	11/14/14	SL	5.00		16	8,419.				8,419.	1,965.		1,684.	3,649.
61	QUICKBOOKS 2015 PREMIER	11/19/14	SL	3.00		16	1,879.				1,879.	678.		626.	1,304.
62	DELL DESKTOP 10 MONITOR	02/10/15	SL	5.00		16	1,496.				1,496.	274.		299.	573.
63	DELL COMPUTERS AND MONITORS 2015	09/17/15	SL	5.00		16	8,455.				8,455.	423.		1,691.	2,114.
	* 990 PAGE 10 TOTAL -						63,370.				63,370.	43,295.		5,908.	49,203.
29	IMPROVEMENT - PLUMBING & HEATING	05/13/08	200DB	5.00	HY	17	6,275.				6,275.	6,275.		0.	6,275.
40	LEASEHOLD IMPROVEMENTS	07/09/12	SL	5.00		16	3,234.				3,234.	2,264.		647.	2,911.
41	LEASEHOLD IMPROVEMENTS - CARPET	09/24/12	SL	5.00		16	4,129.				4,129.	2,684.		826.	3,510.
42	LEASEHOLD IMPROVEMENTS	01/10/12	SL	5.00		16	1,490.				1,490.	1,192.		298.	1,490.
43	LEASEHOLD IMPROVEMENTS	11/12/12	SL	5.00		16	4,018.				4,018.	2,546.		804.	3,350.
44	BLINDS	11/14/12	SL	5.00		16	1,037.				1,037.	656.		207.	863.
45	LEASEHOLD IMPROVEMENTS - CARPET	10/12/12	SL	5.00		16	813.				813.	530.		163.	693.
52	LEASEHOLD IMPROVEMENTS - MONROE	06/04/13	SL	5.00		16	634.				634.	328.		127.	455.
	* 990 PAGE 10 TOTAL -						21,630.				21,630.	16,475.		3,072.	19,547.
58	MONROE MULTIMEDIA EQUIPMENT	03/19/13	SL	5.00		16	555.				555.	305.		111.	416.
59	MONROE MULTIMEDIA EQUIPMENT	03/29/13	SL	5.00		16	4,278.				4,278.	2,354.		856.	3,210.
	* 990 PAGE 10 TOTAL -						4,833.				4,833.	2,659.		967.	3,626.
	* GRAND TOTAL 990 PAGE 10 DEPR						204,125.				204,125.	160,813.		13,704.	174,517.

628111 04-01-16

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						200,624.			0.	200,624.	160,813.			174,517.
	ACQUISITIONS						3,501.			0.	3,501.	0.			0.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						204,125.			0.	204,125.	160,813.			174,517.
	ENDING ACCUM DEPR											174,517.			
	ENDING BOOK VALUE											29,608.			

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628111 04-01-16

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **8868**
(Rev. January 2017)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at** *www.irs.gov/form8868* .

OMB No. 1545-1709

Electronic filing *(e-file).* You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.	Employer identification number (EIN) or 22-2281774
	Number, street, and room or suite no. If a P.O. box, see instructions. 32 FORD AVENUE, 2ND FLOOR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MILLTOWN, NJ 08850	

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1120-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JEWISH FAMILY & VOCATIONAL SERVICE

- The books are in the care of ▶ 32 FORD AVENUE, 2ND FLOOR - MILLTOWN, NJ 08850
  Telephone No. ▶ 732-777-1940 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year 2016 or
▶ ☐ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2017)

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623841 01-11-17

- CURRENT YEAR FEDERAL - JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
64	BUILDING MULTIPLEX	12 31 16	NC	5.00		3,501.			3,501.			0.
2	PHONE SYSTEM - MONROE	11 01 06	200DB	7.00	17	4,240.			4,240.	4,240.		0.
35	PHONE SYSTEM	09 09 11	SL	7.00	17	12,852.			12,852.	8,262.		1,836.
48	TELEPHONE SYSTEM	07 01 12	SL	7.00	16	3,689.			3,689.	1,845.		527.
	* 990 PAGE 10 TOTAL -					24,282.		0.	24,282.	14,347.		2,363.
7	1999 FORD VAN	07 01 99	SL	10.00	16	21,665.			21,665.	21,665.		0.
47	2001 BUICK	03 01 12	SL	3.00	16	7,607.			7,607.	7,607.		0.
	* 990 PAGE 10 TOTAL -					29,272.		0.	29,272.	29,272.		0.
14	OFFICE FURNITURE & FIXTURES	03 15 07	200DB	7.00	17	3,593.			3,593.	3,593.		0.
15	OFFICE FURNITURE & FIXTURES	03 21 07	200DB	7.00	17	23,530.			23,530.	23,530.		0.
16	OFFICE FURNITURE & FIXTURES	04 12 07	200DB	7.00	17	8,873.			8,873.	8,873.		0.
17	OFFICE FURNITURE & FIXTURES	05 10 07	200DB	7.00	17	1,861.			1,861.	1,861.		0.
18	OFFICE FURNITURE & FIXTURES	05 18 07	200DB	7.00	17	1,000.			1,000.	1,000.		0.
19	OFFICE FURNITURE & FIXTURES	06 18 07	200DB	7.00	17	2,424.			2,424.	2,424.		0.
20	OFFICE FURNITURE & FIXTURES	10 09 07	200DB	7.00	17	9,700.			9,700.	9,700.		0.
46	OFFICE FURNITURE & FIXTURES	11 01 12	SL	7.00	16	1,597.			1,597.	722.		228.
53	OFFICE FURNITURE & FIXTURES	04 30 13	SL	7.00	16	6,556.			6,556.	2,498.		937.
54	OFFICE FURNITURE & FIXTURES	05 20 13	SL	7.00	16	1,137.			1,137.	419.		162.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	OFFICE FURNITURE & FIXTURES	11 13 13	SL	7.00	16	467.			467.	145.		67.
	* 990 PAGE 10 TOTAL -					60,738.		0.	60,738.	54,765.		1,394.
27	COMPUTER SOFTWARE	01 03 08	200DB	3.00	17	2,285.			2,285.	2,285.		0.
28	COMPUTER EQPT	04 09 08	200DB	3.00	17	1,106.			1,106.	1,106.		0.
30	COMPUTER EQPT	02 15 10	200DB	5.00	17	1,070.			1,070.	1,070.		0.
31	COMPUTER EQPT	04 13 10	200DB	5.00	17	943.			943.	943.		0.
32	COMPUTER EQPT	04 22 10	200DB	5.00	17	9,846.			9,846.	9,846.		0.
33	COMPUTER EQPT	07 22 10	200DB	5.00	17	7,030.			7,030.	7,030.		0.
34	COMPUTER EQPT	12 28 10	200DB	5.00	17	580.			580.	580.		0.
36	COMPUTERS	08 11 11	SL	5.00	17	2,489.			2,489.	2,241.		248.
37	COMPUTER	08 30 11	SL	5.00	17	588.			588.	531.		57.
38	COMPUTERS	11 10 11	SL	5.00	17	2,870.			2,870.	2,583.		287.
39	LASER PRINTER	12 02 11	SL	5.00	17	1,530.			1,530.	1,377.		153.
49	COMPUTER EQUIPMENT	10 01 12	SL	3.00	16	6,801.			6,801.	6,801.		0.
50	COMPUTER EQUIPMENT - MONITORS	04 16 12	SL	3.00	16	376.			376.	376.		0.
51	COMPUTERS	04 18 12	SL	3.00	16	1,290.			1,290.	1,290.		0.
56	COMPUTER EQPT - WIRELESS N ACCESS P	03 19 13	SL	5.00	16	225.			225.	124.		45.
57	COMPUTER EQPT	11 01 13	SL	5.00	16	4,092.			4,092.	1,772.		818.

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(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
60	DELL COMPUTERS AND MONITORS	11 14 14	SL	5.00	16	8,419.			8,419.	1,965.		1,684.
61	QUICKBOOKS 2015 PREMIER	11 19 14	SL	3.00	16	1,879.			1,879.	678.		626.
62	DELL DESKTOP 10 MONITOR	02 10 15	SL	5.00	16	1,496.			1,496.	274.		299.
63	DELL COMPUTERS AND MONITORS 2015	09 17 15	SL	5.00	16	8,455.			8,455.	423.		1,691.
	* 990 PAGE 10 TOTAL -					63,370.		0.	63,370.	43,295.		5,908.
29	IMPROVEMENT - PLUMBING & HEATING	05 13 08	200DB	5.00	17	6,275.			6,275.	6,275.		0.
40	LEASEHOLD IMPROVEMENTS	07 09 12	SL	5.00	16	3,234.			3,234.	2,264.		647.
41	LEASEHOLD IMPROVEMENTS - CARP	09 24 12	SL	5.00	16	4,129.			4,129.	2,684.		826.
42	LEASEHOLD IMPROVEMENTS	01 10 12	SL	5.00	16	1,490.			1,490.	1,192.		298.
43	LEASEHOLD IMPROVEMENTS	11 12 12	SL	5.00	16	4,018.			4,018.	2,546.		804.
44	BLINDS	11 14 12	SL	5.00	16	1,037.			1,037.	656.		207.
45	LEASEHOLD IMPROVEMENTS - CARP	10 12 12	SL	5.00	16	813.			813.	530.		163.
52	LEASEHOLD IMPROVEMENTS - MONR	06 04 13	SL	5.00	16	634.			634.	328.		127.
	* 990 PAGE 10 TOTAL -					21,630.		0.	21,630.	16,475.		3,072.
58	MONROE MULTIMEDIA EQUIPMENT	03 19 13	SL	5.00	16	555.			555.	305.		111.
59	MONROE MULTIMEDIA EQUIPMENT	03 29 13	SL	5.00	16	4,278.			4,278.	2,354.		856.
	* 990 PAGE 10 TOTAL -					4,833.		0.	4,833.	2,659.		967.
	* GRAND TOTAL 990 PAGE 10 DEPR					204,125.		0.	204,125.	160,813.		13,704.

COPY

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					200,624.		0.	200,624.	160,813.		
	ACQUISITIONS					3,501.		0.	3,501.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					204,125.		0.	204,125.	160,813.		

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628102 04-01-16

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- NEXT YEAR FEDERAL - JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
64	BUILDING MULTIPLEX	12 31 16	NC	5.00	3,501.		3,501.		0.
2	PHONE SYSTEM - MONROE	11 01 06	200DB	7.00	4,240.		4,240.	4,240.	0.
35	PHONE SYSTEM	09 09 11	SL	7.00	12,852.		12,852.	10,098.	1,836.
48	TELEPHONE SYSTEM	07 01 12	SL	7.00	3,689.		3,689.	2,372.	527.
	* 990 PAGE 10 TOTAL -				24,282.		24,282.	16,710.	2,363.
7	1999 FORD VAN	07 01 99	SL	10.00	21,665.		21,665.	21,665.	0.
47	2001 BUICK	03 01 12	SL	3.00	7,607.		7,607.	7,607.	0.
	* 990 PAGE 10 TOTAL -				29,272.		29,272.	29,272.	0.
14	OFFICE FURNITURE & FIXTURES	03 15 07	200DB	7.00	3,593.		3,593.	3,593.	0.
15	OFFICE FURNITURE & FIXTURES	03 21 07	200DB	7.00	23,530.		23,530.	23,530.	0.
16	OFFICE FURNITURE & FIXTURES	04 12 07	200DB	7.00	8,873.		8,873.	8,873.	0.
17	OFFICE FURNITURE & FIXTURES	05 10 07	200DB	7.00	1,861.		1,861.	1,861.	0.
18	OFFICE FURNITURE & FIXTURES	05 18 07	200DB	7.00	1,000.		1,000.	1,000.	0.
19	OFFICE FURNITURE & FIXTURES	06 18 07	200DB	7.00	2,424.		2,424.	2,424.	0.
20	OFFICE FURNITURE & FIXTURES	10 09 07	200DB	7.00	9,700.		9,700.	9,700.	0.
46	OFFICE FURNITURE & FIXTURES	11 01 12	SL	7.00	1,597.		1,597.	950.	228.
53	OFFICE FURNITURE & FIXTURES	04 30 13	SL	7.00	6,556.		6,556.	3,435.	937.
54	OFFICE FURNITURE & FIXTURES	05 20 13	SL	7.00	1,137.		1,137.	581.	162.
55	OFFICE FURNITURE & FIXTURES	11 13 13	SL	7.00	467.		467.	212.	67.
	* 990 PAGE 10 TOTAL -				60,738.		60,738.	56,159.	1,394.
27	COMPUTER SOFTWARE	01 03 08	200DB	3.00	2,285.		2,285.	2,285.	0.
28	COMPUTER EQPT	04 09 08	200DB	3.00	1,106.		1,106.	1,106.	0.
30	COMPUTER EQPT	02 15 10	200DB	5.00	1,070.		1,070.	1,070.	0.
31	COMPUTER EQPT	04 13 10	200DB	5.00	943.		943.	943.	0.
32	COMPUTER EQPT	04 22 10	200DB	5.00	9,846.		9,846.	9,846.	0.
33	COMPUTER EQPT	07 22 10	200DB	5.00	7,030.		7,030.	7,030.	0.
34	COMPUTER EQPT	12 28 10	200DB	5.00	580.		580.	580.	0.
36	COMPUTERS	08 11 11	SL	5.00	2,489.		2,489.	2,489.	0.
37	COMPUTER	08 30 11	SL	5.00	588.		588.	588.	0.
38	COMPUTERS	11 10 11	SL	5.00	2,870.		2,870.	2,870.	0.
39	LASER PRINTER	12 02 11	SL	5.00	1,530.		1,530.	1,530.	0.
49	COMPUTER EQUIPMENT	10 01 12	SL	3.00	6,801.		6,801.	6,801.	0.
50	COMPUTER EQUIPMENT - MONITORS	04 16 12	SL	3.00	376.		376.	376.	0.
51	COMPUTERS	04 18 12	SL	3.00	1,290.		1,290.	1,290.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL - JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	COMPUTER EQPT - WIRELESS N ACCESS								
56	POINT	03 19 13	SL	5.00	225.		225.	169.	45.
57	COMPUTER EQPT	11 01 13	SL	5.00	4,092.		4,092.	2,590.	818.
60	DELL COMPUTERS AND MONITORS	11 14 14	SL	5.00	8,419.		8,419.	3,649.	1,684.
61	QUICKBOOKS 2015 PREMIER	11 19 14	SL	3.00	1,879.		1,879.	1,304.	575.
62	DELL DESKTOP 10 MONITOR	02 10 15	SL	5.00	1,496.		1,496.	573.	299.
63	DELL COMPUTERS AND MONITORS 2015	09 17 15	SL	5.00	8,455.		8,455.	2,114.	1,691.
	* 990 PAGE 10 TOTAL -				63,370.		63,370.	49,203.	5,112.
29	IMPROVEMENT - PLUMBING & HEATING	05 13 08	200DB	5.00	6,275.		6,275.	6,275.	0.
40	LEASEHOLD IMPROVEMENTS	07 09 12	SL	5.00	3,234.		3,234.	2,911.	323.
41	LEASEHOLD IMPROVEMENTS - CARPET	09 24 12	SL	5.00	4,129.		4,129.	3,510.	619.
42	LEASEHOLD IMPROVEMENTS	01 10 12	SL	5.00	1,490.		1,490.	1,490.	0.
43	LEASEHOLD IMPROVEMENTS	11 12 12	SL	5.00	4,018.		4,018.	3,350.	668.
44	BLINDS	11 14 12	SL	5.00	1,037.		1,037.	863.	174.
45	LEASEHOLD IMPROVEMENTS - CARPET	10 12 12	SL	5.00	813.		813.	693.	120.
52	LEASEHOLD IMPROVEMENTS - MONROE	06 04 13	SL	5.00	634.		634.	455.	127.
	* 990 PAGE 10 TOTAL -				21,630.		21,630.	19,547.	2,031.
58	MONROE MULTIMEDIA EQUIPMENT	03 19 13	SL	5.00	555.		555.	416.	111.
59	MONROE MULTIMEDIA EQUIPMENT	03 29 13	SL	5.00	4,278.		4,278.	3,210.	856.
	* 990 PAGE 10 TOTAL -				4,833.		4,833.	3,626.	967.
	* GRAND TOTAL 990 PAGE 10 DEPR				204,125.		204,125.	174,517.	11,867.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-300R

FOR THE YEAR ENDING
DECEMBER 31, 2016

PREPARED FOR:

JEWISH FAMILY & VOCATIONAL SERVICE OF
MIDDLESEX COUNTY, INC.
32 FORD AVENUE, 2ND FLOOR
MILLTOWN, NJ 08850

PREPARED BY:

BEDARD, KUROWICKI & CO., CPA'S, PC
114 BROAD STREET
FLEMINGTON, NJ 08822

AMOUNT OF TAX:

BALANCE DUE OF $250

MAKE CHECK PAYABLE TO:

NEW JERSEY DIVISION OF CONSUMER AFFAIRS

MAIL TAX RETURN TO:

NEW JERSEY DIVISION OF CONSUMER AFFAIRS
CHARITIES REGISTRATION & INVESTIGATION
P.O. BOX 45021
NEWARK, NJ 07101

RETURN MUST BE MAILED ON OR BEFORE:

JUNE 30, 2017

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER AND "2016 FORM CRI-300R" ON THE CHECK OR MONEY ORDER

CLIENT COPY

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

RETURN MUST BE FILED ONLINE.

This form cannot be paper filed - this copy is for informational purposes only.

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. 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-300-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: 12/31/2016 (month day year)

2. Federal ID Number (EIN) 22-2281774 2a. N.J. Charities Registration Number: CH- CH-0395600

3. **Full legal name of the registering organization:** JEWISH FAMILY & VOCATIONAL SERVICE OF
In care of: (if necessary, otherwise leave this line blank) _____

4. **Mailing Address:** 32 FORD AVENUE, 2ND FLOOR, MILLTOWN, NJ 08850 (Street Address / City / State / ZIP Code) ☐ **Change of Address**

NOTE: If "in care of," a postal, private or rural delivery mail box number ... et address of the charity must be given below.

5. The principal street address of the registering organization _____ (Street Address / City / State / ZIP Code)
☒ **Same as Mailing Address**

6. Does the organization have any offices in New Jersey in addition to the one listed above? ☐ Yes ☒ No
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, telephone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.
JEWISH FAMILY & VOCATIONAL SERVICE (Contact person) 32 FORD AVENUE, 2ND FLOOR, (Street address) MILLTOWN, (City) (State) (ZIP Code)

732-777-1940 (Telephone number (include area code)) _____ (Fax number (include area code))

7. Organization's contact information:
732-777-1940 (Telephone number (include area code)) 732-777-1889 (Fax number (include area code))
SARAL@JFSMIDDLESEX.ORG (E-mail address) WWW.JFSMIDDLESEX.ORG (Web site)

8. Type of organization (check one):
☒ Nonprofit corporation ☐ Foundation ☐ Individual ☐ Association ☐ Society
☐ Partnership ☐ Trust ☐ Other (Specify) _____

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9. Where and when was the organization legally established? Date: 10/18/1979 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 STATEMENT 1

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 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.

CLIENT COPY

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, ...tive 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 s... employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this ac... any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registran... ...to pe...orm activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged crim...al activi...hall be deemed a conviction. ☐ Yes ☒ No

22. Has the organization or any of its officers, directors, trustees or principal salaried exec...ve staff ...ployees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? Fo...urposes ...this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admis... ...the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of c...ritable assets. ☐ Yes ☒ No
If "Yes," identify the individual(s) below and attach to this registration a cop... any order, judgment or other documents indicating the final disposition of the matter.

23. Provide the following information for each officer, director, tr...ee and th...e most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
SEE STATEMENT 2				

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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 & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.

Fiscal year-end being reported: 12/31/2016 (month day year) Federal ID Number (EIN) 22-2281774

Mailing address:
32 FORD AVENUE, 2ND FLOOR, MILLTOWN, NJ 08850
Mailing Address | P.O. Box Number or Suite | City | State | ZIP Code

Street address of the registering organization: _____
Street Address | City | ZIP Code

New Jersey Charities Registration number: CH CH-0395600 -00 Telephone number: 732-777-1940 *(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 report must be certified by the organization's president or other authorized officer of the organization's board.

[X] 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) _____

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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.

CLIENT COPY

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

Organization's Name: JEWISH FAMILY & VOCATIONAL SERVICE OF

N.J. Charities Registration Number: CH- CH-0395600 -00 Federal ID Number (EIN) 22-2281774

Fiscal Year-End being reported: 12/31/2016 (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 5% (five 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 the 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 determine compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information 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 SARA LEVINE Title EXECUTIVE DIRECTOR Date _____

Signature _____ Name _____ Title _____ Date _____

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

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

CLIENT COPY

FORM CRI-300R DESCRIPTION OF SPECIFIC PROGRAMS AND CHARITABLE PURPOSES PAGE 2, LINE 14 STATEMENT 1

DESCRIPTION

JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY (JFVS) IS A MULTI-PURPOSE NON-PROFIT AGENCY UTILIZING STAFF AND VOLUNTEERS TO SERVE THE COMMUNITY. JFVS PROVIDES AN ARRAY OF SERVICES AND SUPPORT TO INDIVIDUALS OF ALL RELIGIOUS BACKGROUNDS. JFVS IS COMMITTED TO HELPING PEOPLE AND FAMILIES REALIZE A FULFILLING LIFE EXPERIENCE AT HOME, IN THE WORKPLACE, AND IN THEIR NEIGHBORHOODS.

CLIENT COPY

FORM CRI-300R LIST OF OFFICERS, DIRECTORS, TRUSTEES AND FIVE MOST HIGHLY PAID EMPLOYEES STATEMENT 2

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
SARA LEVINE	EXECUTIVE DIRECTOR	

ADDRESS

32 FORD AVENUE, 2ND FLOOR
MILLTOWN, NJ 08850

SALARY

104,403.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
DAVID RABINOWITZ	TRUSTEE	

ADDRESS

32 FORD AVENUE, 2ND FLOOR
MILLTOWN, NJ 08850

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ERIC GOLDMAN	TRUSTEE	

ADDRESS

32 FORD AVENUE, 2ND FLOOR
MILLTOWN, NJ 08850

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
HOLLIE CERAME	TRUSTEE	

ADDRESS

32 FORD AVENUE, 2ND FLOOR
MILLTOWN, NJ 08850

SALARY

0.

CLIENT COPY

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JACK GOLDBERG	PRESIDENT	

ADDRESS

32 FORD AVENUE, 2ND FLOOR
MILLTOWN, NJ 08850

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JEFF EINBOND	TREASURER	

ADDRESS

32 FORD AVENUE, 2ND FLOOR
MILLTOWN, NJ 08850

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
MICHAEL SCHNEIDERMAN	TRUSTEE	

ADDRESS

32 FORD AVENUE, 2ND FLOOR
MILLTOWN, NJ 08850

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
MURRAY KATZ	PAST PRESIDENT	

ADDRESS

32 FORD AVENUE, 2ND FLOOR
MILLTOWN, NJ 08850

SALARY

0.

CLIENT COPY

JEWISH FAMILY & VOCATIONAL SERVICE OF MI 22-2281774

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
NAOMI TRACHTENBERG	RECORDING SECRETARY	

ADDRESS

32 FORD AVENUE, 2ND FLOOR
MILLTOWN, NJ 08850

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
PAUL ROVINSKY	IMMEDIATE PAST PRESIDENT	

ADDRESS

32 FORD AVENUE, 2ND FLOOR
MILLTOWN, NJ 08850

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
RACHELLE STERN	TRUSTEE	

ADDRESS

32 FORD AVENUE, 2ND FLOOR
MILLTOWN, NJ 08850

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
SANDRA LEVINE	MONROE ADVISORY LIAISON	

ADDRESS

32 FORD AVENUE, 2ND FLOOR
MILLTOWN, NJ 08850

SALARY

0.

CLIENT COPY

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
SOL HECKELMAN	VICE PRESIDENT PROFESSIONA	

ADDRESS

32 FORD AVENUE, 2ND FLOOR
MILLTOWN, NJ 08850

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
SORIN WEISSMAN	TRUSTEE	

ADDRESS

32 FORD AVENUE, 2ND FLOOR
MILLTOWN, NJ 08850

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
VICKIE SOLOMON	PRESIDENT EMERITUS	

ADDRESS

32 FORD AVENUE, 2ND FLOOR
MILLTOWN, NJ 08850

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ALLAN BENISH	TRUSTEE	

ADDRESS

32 FORD AVENUE, 2ND FLOOR
MILLTOWN, NJ 08850

SALARY

0.

CLIENT COPY

JEWISH FAMILY & VOCATIONAL SERVICE OF MI		22-2281774
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JOHN SKOWRONSKI	TRUSTEE	

ADDRESS

32 FORD AVENUE, 2ND FLOOR
MILLTOWN, NJ 08850

SALARY

0.

CLIENT COPY

JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.

December 31, 2016

BEDARD, KUROWICKI & CO., CPA'S, PC
CERTIFIED PUBLIC ACCOUNTANTS

JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.

For the Year Ended December 31, 2016

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BKC
Certified Public Accountants, PC

Independent Auditors' Report

Board of Directors
Jewish Family & Vocational Service
of Middlesex County, Inc.
Milltown, New Jersey

Report on the Financial Statements

We have audited the accompanying financial statements of Jewish Family & Vocational Service of Middlesex County, Inc. (a non-profit organization) which comprise the Statement of Financial Position as of December 31, 2016, and the related Statements of Activities and Changes in Net Assets, Cash Flows and Functional Expenses for the year then ended and the related Notes to the Financial Statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Governmental Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the 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 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 financial statements.

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Jewish Family & Vocational Service of Middlesex County, Inc. as of December 31, 2016 and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Other Information

Our audit was performed for the purpose of forming an opinion on the financial statements as a whole. The accompanying Schedule of Expenditures of Federal Awards, as required by Title 2 U.S. Code of Federal Regulation (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for the purpose of additional analysis, and is not a required part of the basic financial statements. Such information is the responsibility of management and derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information, except for the portion marked "unaudited" on which we express no opinion has been subjected to the auditing procedures applied in the audit of the financial statements, and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the Supplemental Information is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated May 24, 2017 on our consideration of Jewish Family & Vocational Service of Middlesex County, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance, and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering Jewish Family & Vocational Service of Middlesex County, Inc.'s internal control over financial reporting and compliance.

Bedard, Kurowicki & Co.

BEDARD, KUROWICKI & CO., CPA'S, PC

May 24, 2017
Flemington, New Jersey

JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.
Statement of Financial Position
December 31, 2016

ASSETS

Current assets	
Cash and cash equivalents	$ 843,408
Client fees receivable	14,180
Grants receivable, net of allowance for doubtful accounts of $13,211	175,382
Prepaid expenses	26,914
Total current assets	1,059,884
Property and equipment, net of accumulated depreciation of $174,516	29,608
Other assets	
Security deposits	4,011
Cash - restricted	18,000
Total other assets	22,011
Total assets	$ 1,111,503

LIABILITIES AND NET ASSETS

Current liabilities	
Current maturities of Jewish Federation loan payable	$ 7,127
Current maturities of deferred interest	4,873
Accounts payable	178,065
Accrued expenses	79,066
Payroll and related taxes payable	51,258
Deferred revenue	82,295
Total current liabilities	402,684
Long-term liabilities	
Jewish Federation loan payable, net of current maturities	104,762
Deferred interest, net of current maturities	28,420
Total liabilities	535,866
Net assets	
Unrestricted	295,658
Temporarily restricted	261,979
Permanently restricted	18,000
Total net assets	575,637
Total liabilities and net assets	$ 1,111,503

See accompanying notes to the financial statements.

JEWISH FAMILY & VOCATIONAL
SERVICE OF MIDDLESEX COUNTY, INC.
Statement of Activities and Changes in Net Assets
For the Year Ended December 31, 2016

	Unrestricted	Temporarily Restricted	Permanently Restricted	Totals
Support and revenue				
Support				
Contribution and fundraising revenue	$ 439,410	$ -	$ -	$ 439,410
United Way	30,757	-	-	30,757
Jewish Federation	388,995	-	-	388,995
Foundation grants	1,323,199	-	-	1,323,199
Government grants	1,044,267	-	-	1,044,267
Net assets released from restriction	101,108	(101,108)	-	-
Total support	3,327,736	(101,108)	-	3,226,628
Revenue				
Client fees	263,586	-	-	263,586
Other income	7,049	-	-	7,049
Total revenue	270,635	-	-	270,635
Total support and revenue	3,598,371	(101,108)	-	3,497,263
Expenses				
Program services				
Counseling	434,638	-	-	434,638
Elderly	2,304,990	-	-	2,304,990
Vocational services	408,086	-	-	408,086
Community outreach	117,556	-	-	117,556
Total program services	3,265,270	-	-	3,265,270
Management and general	102,602	-	-	102,602
Fundraising	124,010	-	-	124,010
Total expenses	3,491,882	-	-	3,491,882
Increase (decrease) in net assets	106,489	(101,108)	-	5,381
Net assets - beginning of the year	189,169	363,087	18,000	570,256
Net assets - end of the year	$ 295,658	$ 261,979	$ 18,000	$ 575,637

See accompanying notes to the financial statements.

JEWISH FAMILY & VOCATIONAL
SERVICE OF MIDDLESEX COUNTY, INC.
Statement of Cash Flows
For the Year Ended December 31, 2016

Cash flows from operating activities	
Increase in net assets	$ 5,381
Adjustments to reconcile increase in net assets to net cash provided by operating activities	
Depreciation	13,704
(Increase) decrease in assets	
Client fees receivable	(6,029)
Grants receivable	291,906
Prepaid expenses	(1,407)
Security deposits	(225)
Decrease (increase) in liabilities	
Accounts payable	(56,521)
Accrued expenses	(1,293)
Payroll and related taxes payable	(308)
Deferred revenue	58,416
Net cash provided by operating activities	303,624
Cash flows from investing activities	
Purchase of property and equipment	(3,500)
Net cash used in investing activities	(3,500)
Cash flows from financing activities	
Principal payments on Jewish Federation loan payable	(6,815)
Payments on deferred interest	(5,185)
Net cash used in financing activities	(12,000)
Net increase in cash	288,124
Cash at beginning of year	555,284
Cash at end of year	$ 843,408
Supplemental disclosure of cash flow information	
Cash paid during the year for	
Interest	$ 3,861

See accompanying notes to the financial statements.

JEWISH FAMILY & VOCATIONAL
SERVICE OF MIDDLESEX COUNTY, INC.
Statement of Functional Expenses
For the Year Ended December 31, 2016

	Counseling	Elderly	Vocational Citizenship and Immigration	Community Outreach	Management and General	Fundraising	Totals
Salaries	$ 275,590	$ 424,890	$ 241,794	$ 53,834	$ 75,584	$ 61,093	$ 1,132,785
Payroll taxes	25,773	39,535	22,598	5,048	4,596	5,649	103,199
Employee benefits	25,417	34,682	39,849	13,777	7,936	12,222	133,883
Insurance	5,942	9,177	5,224	1,162	1,589	1,309	24,403
Professional fees	26,568	39,369	21,925	5,003	-	578	93,443
Office expenses	9,637	12,670	8,185	1,851	-	3,060	35,403
Program expenses	14,015	1,667,849	28,625	27,474	548	3,821	1,742,332
Printing	373	659	392	74	91	97	1,686
Occupancy cost	35,696	55,788	30,523	6,899	9,353	7,774	146,033
Repairs and maintenance	326	520	301	60	103	80	1,390
Advertising	378	574	273	55	(111)	70	1,239
Dues and subscriptions	1,199	1,853	1,058	236	317	264	4,927
Professional development	812	1,258	695	166	977	330	4,238
Transportation	123	704	110	24	(113)	34	882
Interest	946	1,309	657	161	605	185	3,863
Miscellaneous	8,719	9,115	1,477	1,027	1,335	1,364	23,037
Event expenses	-	-	-	-	-	25,435	25,435
Depreciation	3,124	5,038	4,400	705	(208)	645	13,704
Total expenses	$ 434,638	$ 2,304,990	$ 408,086	$ 117,556	$ 102,602	$ 124,010	$ 3,491,882

See accompanying notes to the financial statements.

JEWISH FAMILY & VOCATIONAL
SERVICE OF MIDDLESEX COUNTY, INC.
Notes to the Financial Statements

Note 1 - Summary of significant accounting policies

Nature of activities

Jewish Family & Vocational Service of Middlesex County, Inc. D/B/A Jewish Family Services of Middlesex County, (the Organization) was formed on May 2, 1980 as a non-profit organization to provide youth and family services, comprehensive services to the elderly, vocational services, and immigrant resettlement program services to the community. Primary sources of revenue are derived from Governmental and Foundation grants and other charitable contributions.

Basis of presentation

The financial statements of the Organization have been prepared on the accrual basis of accounting.

Organization status

The Organization is a non-profit organization exempt from income taxes under the Internal Revenue Code Section 501(c)(3) and similar provisions for New Jersey. Therefore, no provision for income taxes has been made. The Organization's information returns before 2013 are no longer subject to examination by either Federal or New Jersey authorities.

Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Clients and client fees receivable

In evaluating the collectability of client fees receivable, the Organization analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provisions for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Organization analyzes contractually due amounts and provides an allowance for doubtful accounts and provision for bad debts, if necessary.

Cash and cash equivalents

For purposes of the Statement of Cash Flows, the Organization considers all investment instruments with a maturity date of three months or less to be cash equivalents.

Note 1 - Summary of significant accounting policies (continued)

Contributions and grants receivable

Receivables are stated at the amount management expects to collect from balances outstanding. Management closely monitors outstanding balances throughout the year, and writes off to expense all balances that are considered uncollectible.

Property and equipment

Property and equipment are stated at cost and depreciated over the estimated useful life of each asset. Depreciation is provided by use of the straight-line method over the following estimated useful lives:

	Estimated Useful Life
Buildings	39 years
Leasehold improvements	39 years
Furniture and fixtures	5 years
Transportation equipment	7 years
Office equipment	5 years

Additions and improvements, which extend the useful lives of the respective assets, are charged to asset accounts and are depreciated accordingly, while general repairs and maintenance are expensed as incurred. There is no formal capitalization policy. The cost and related accumulated depreciation of assets sold or retired are eliminated from the accounts and any gains or losses are included in the changes in net assets.

Net asset classifications

Net assets are classified based on the existence or absence of donor imposed restrictions. Net assets are defined as follows:

Unrestricted net assets are not subject to donor-imposed stipulations or the donor-imposed restrictions have expired.

Temporarily restricted net assets include assets for which donor-imposed restrictions have not been met.

Permanently restricted net assets are subject to donor-imposed stipulations that they be maintained permanently by the Organization.

Note 1 - Summary of significant accounting policies (continued)

Revenue recognition

Revenues are reported as increases in unrestricted net assets unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in unrestricted net assets. Gains and losses on investments and other assets or liabilities are reported as increases or decreases in unrestricted net assets unless their use is restricted by explicit donor stipulation or by law.

Contributions

Contributions of cash and other assets, including unconditional promises to give, are considered to be available for unrestricted use unless specifically restricted by the donor and are recognized as support in the period the unconditional promise is given. Conditional promises to give are not recognized until they become unconditional, that is, when the conditions on which they depend are substantially met. Contributions to be received in future periods are discounted at an appropriate discount rate. Amortization of discounts is recorded as additional contribution revenue in accordance with donor-imposed restrictions, if any, on the contributions.

Gifts of cash and other non-capital assets are reported as temporarily restricted support if the gifts are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Statements of Activities as net assets released from restrictions. If a restriction is fulfilled in the same period in which the contribution is received, the support is reported as unrestricted.

Functional allocation of expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the Schedule of Functional Expenses. Accordingly, certain costs have been allocated among the programs and services benefited. Management and general expenses include those expenses that are not directly identifiable with any specific function but provide for the overall support and direction of the Organization. Indirect expenses have been allocated based on salary expenditures.

Advertising expenses

All advertising costs are expensed as incurred. Advertising expense for the year ended December 31, 2016 was $1,239.

Note 2 - Concentrations

Cash

The Organization maintains its cash in bank deposit accounts, which may at times, exceed federally insured limits. At December 31, 2016, the Organization had $0 of uninsured cash in its accounts.

Significant donor

A significant donor is defined as one generating 10% or greater of the Organization's total support and revenue. Two donors generated approximately 36% and 11% of the net total support and revenue for the year ended December 31, 2016.

Note 3 - Client fees receivable

Client fees receivable consists of amounts owed to the Organization for services provided. Management monitors outstanding client balances and reserves those balances that are deemed uncollectible.

There was no bad debt expense for the year ended December 31, 2016.

Note 4 - Grants receivable

Included in grants receivable are amounts owed to the Organization from various state and local governmental entities.

Note 5 - Property and equipment

Property and equipment at December 31, 2016 consists of the following:

Building	$	3,500
Leasehold improvement		21,630
Furniture and fixtures		60,738
Transportation equipment		29,272
Monroe multimedia equipment		4,833
Office equipment		84,151
Total		204,124
Less: accumulated depreciation		174,516
Property, and equipment, net	$	29,608

Depreciation expense for the year ended December 31, 2016 was $13,704.

Note 6 - Jewish Federation loan payable

The Organization entered into an agreement with Jewish Federation of Greater Middlesex County (Jewish Federation) (*Note 12*) in August 2008. The agreement allows the Organization to draw funds up to a sum not to exceed $400,000. The Organization shall repay the loan by making monthly payments of $1,000 beginning August 2010. Interest is imputed at 4.485%. The balance of the debt as of December 31, 2016 was $111,889.

The loan contains covenants related to Jewish Federation having access to the Organization's records for monitoring, holding multiple seats on both the Executive Board and the Board of Directors, as well as the preparation of vision statements to be achieved to serve the needs of the Organization's constituents. The loan is secured by assets of the Organization.

The long-term debt maturing over the next five years ending December 31, thereafter is as follows:

2017	$ 7,127
2018	7,453
2019	7,795
2020	8,151
2021	8,525
Thereafter	72,838

Note 7 - Temporarily restricted net assets

Temporarily restricted net assets at December 31, 2016 consist of the following:

Charlotte Eder Bequest	$ 261,979

Funds totaling $581,116 were donated during the year ended December 31, 2014 to be used for the Senior Community of Monroe Township program. The portion remaining is what has yet to be expended towards this purpose.

Note 8 - Permanently restricted net assets

Permanently restricted net assets at December 31, 2016 consist of the following:

Rose Wachtel Memorial Fund	$ 18,000

This fund was established to support and honor exceptional volunteers through an annual Rose Wachtel Memorial Award. The principal assets of this restricted fund shall be invested and preserved in perpetuity. The income generated from this fund shall be temporarily restricted to the fund's stated purpose.

Note 9 - In-kind donations

The Organization receives various in-kind donations throughout the year. The values of these donations are immaterial and are not reflected in the financial statements.

Note 10 - Operating leases

The Organization rents office space and equipment under operating leases. The Organization rents office space under three leases with aggregate monthly payments of $13,298 expiring June 2017, September 2017 and December 2018. In addition, one of the office space agreements provides for the allocation of monthly common area maintenance charges (CAM), which are included in monthly rent expense. The Organization rents other space on a month to month basis as needed. The equipment lease has an expiration date of March 2019, with aggregate monthly payments of $761.

Rent expense for the year ended December 31, 2016 was $144,610.

The following is a schedule by years of the remaining future minimum lease payments required under the operating leases that have initial or remaining non-cancellable lease terms in excess of one year at December 31:

2017	$ 124,237
2018	88,461
2019	2,283

Note 11 - Employee savings plan

The Organization offers employees a 403(b) Thrift Plan in which substantially all eligible employees participate. The employees can invest a portion of their earnings to maximum allowable levels in the plan. There is an employer match of up to 3% of compensation. Employees become vested in the plan after completing three years of service. During the year ended December 31, 2016, the Organization contributed $17,747 to the 403(b) Plan in the form of matching contributions.

Note 12 - Related party transactions

Jewish Federation is the umbrella organization of the area's Jewish Community. Jewish Federation brings together agencies, organizations and communities to support the Jewish people and fulfill their needs. Jewish Federation raises funds through its annual campaign to coordinate services and help support agencies that touch the lives and improve the quality of life of Jewish people in its county.

Note 12 - Related party transactions (continued)

Jewish Federation contributed a total of $388,995 to the Organization during the year ended December 31, 2016.

As discussed in *Note 6*, Jewish Federation has advanced funds in the form of direct, non-interest-bearing loans to the Organization. Interest on the loan has been imputed and treated as deferred interest.

Deferred interest	$	33,293
Loan payable (*Note 6*)		111,889
Total proceeds received	$	145,182

Note 13 - Subsequent events

The Organization is currently in a due diligence period, expected to expire on June 21, 2017 on the purchase of an office building in Edison, New Jersey for $1,000,000. A deposit of $100,000 is currently being held in escrow. Until June 21, 2017, the deposit is refundable if the Board does not approve the transaction. After that date, the deposit is non-refundable if the purchase is not consummated.

Besides the above transaction, the Organization's management has determined that no material events or transactions occurred subsequent to January 1, 2017 and through May 24, 2017, the date of the Organization's financial statement issuance, which require additional disclosure in the Organization's financial statements.

JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.
Schedule of Expenditures of Federal Awards
For the Year Ended December 31, 2016

Grantor	Program Name	Grant/Project Number	CFDA	Grant Expenditures
U.S. Department of Health & Human Services				
Direct programs				
Administration on Aging	Senior Medicare Patrol	90 MP0105-04-00	93.048	$ 259,392
Administration on Aging	Senior Medicare Patrol	90 SP0068-02	93.048	49,583
Subtotal Department of Health and Humans Services direct programs and total Senior Medicare Patrol cluster				308,975
Pass-through programs from				
New Jersey Department of Human Services				
Division of Family Development	Vocational Refugee	RF16009	93.566	28,750
	Vocational Refugee	NJOR RSS	93.566	7,188
Division of Child Protection & Permanency	Division of Youth and Family	16FNMM	93.667	113,863
Subtotal Department of Health and Human Services pass-through programs				149,801
Total U.S. Department of Health and Human Services				458,776
U.S. Department of Homeland Security direct programs	Citizenship and Integration	DHS-15-CIS-010-000010	97.01	125,000
U.S. Department of Housing and Urban Development				
Pass-through programs from				
Township of Woodbridge	Community Development Block Grant		14.218	10,000
Corporation for National and Community Service	Retired and Senior Volunteer	15SRANJ009	94.002	65,328
Total Expenditures of Federal Awards				$ 659,104

See independent auditors' report.

JEWISH FAMILY & VOCATIONAL
SERVICE OF MIDDLESEX COUNTY, INC.
Schedule of Expenditures of State Financial Assistance
For the Year Ended December 31, 2016

Grantor	Program Title	State Account Number	Grant Award Amount	Program Grant Period	Fiscal Year Disbursements	Total Disbursements
State of New Jersey Division of Child Protection & Permanency	Women's Center	16 ASMW	$ 106,180	1/1/16 - 12/31/16	$ 106,180	$ 106,180
Total Expenditures of New Jersey Awards						$ 106,180

See independent auditors' report.

JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.

Schedule of Expenditures of County Financial Assistance

For the Year Ended December 31, 2016

Grantor	Program Title	County Account Number	Grant Award Amount	Program Grant Period	Fiscal Year Disbursements
County of Middlesex					
Human Services Advisory Council	Elder Day Care, Clinical/Spot, Essential Needs Food Pantry, Vocational Support	12-0736	$ 38,250	1/1/16 - 12/31/16	$ 38,250
State Health Insurance Assistance Program	SHIP	16-1597-R	7,250	10/7/16 - 3/31/17	7,250
Total Expenditures of County Awards					$ 45,500

See independent auditors' report.

JEWISH FAMILY & VOCATIONAL
SERVICE OF MIDDLESEX COUNTY, INC.
Notes to Schedules of Expenditures of Federal Awards,
State Financial Assistance and County Financial Assistance
December 31, 2016

Note A - Basis of accounting

The accompanying Schedules of Expenditures of Federal Awards, state financial assistance and county financial assistance include the federal, state and county grant activity of Jewish Family & Vocational Service of Middlesex County, Inc. under programs of the federal, state and county governments for the year ended December 31, 2016. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Jewish Family & Vocational Service of Middlesex County, it is not intended to and does not present the financial position, changes in net assets, or cash flows of Jewish Family & Vocational Service of Middlesex County.

Note B - Summary of significant accounting policies

(1) Expenditures reported on the Schedules are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in OMB Circular A-122, Cost Principles for Non-profit Organizations, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

(2) Pass-through entity identifying numbers are presented where available.

JEWISH FAMILY & VOCATIONAL
SERVICE OF MIDDLESEX COUNTY, INC.
Schedule of IOLTA Discretionary Grant Requirements
For the Year Ended December 31, 2016

Expenditure	Expended Amount	Budget (Unaudited)	Variance
Personnel: salaries and fringe benefits	$ 20,200	$ 20,200	$ -
Total personnel	20,200	20,200	-
Totals	$ 20,200	$ 20,200	$ -

Questioned costs:

None

Equipment purchased with IOLTA funds:

None

Adjustments to IOLTA expenditure reports:

None

BKC
Certified Public Accountants, PC

Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards

Board of Directors
Jewish Family & Vocational Service
of Middlesex County, Inc.
Milltown, New Jersey

We have audited, in accordance with auditing standards generally accepted in the United States of America, and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the Financial Statements of Jewish Family & Vocational Service of Middlesex County, Inc. (the Organization) as of and for the year ended December 31, 2016 and the related Notes to the Financial Statements, which collectively comprise the Jewish Family & Vocational Service of Middlesex County, Inc. and have issued our report thereon dated May 24, 2017.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Jewish Family & Vocational Service of Middlesex County, Inc.'s internal control over financial reporting (internal control) to determine our auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of Jewish Family & Vocational Service of Middlesex County, Inc.'s internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or combination of deficiencies, in internal control less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that are required to be reported under Government Auditing Standards.

Purpose of the Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of the audit performed in accordance with *Government Accounting Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Bedard, Kurowicki & Co.
BEDARD, KUROWICKI & CO., CPA'S, PC

May 24, 2017
Flemington, New Jersey