

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , and ending

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

C Name of organization: **JEWISH FAMILY & 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

D Employer identification number: **22-2281774**

E Telephone number: **732-777-1940**

G Gross receipts \$: **4,283,239**

F Name and address of principal officer:
JEFFREY EINBOND
32 FORD AVENUE, 2ND FLOOR
MILLTOWN NJ 08850

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

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

J Website: **WWW.JFSMIDDLESEX.ORG**

K Form of organization: Corporation Trust Association Other

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

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	56
	6 Total number of volunteers (estimate if necessary)	6	222
	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 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,329,062	3,827,470
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	258,022	266,167
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	56,197	109,524
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,643,281	4,203,161
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,431,961	1,366,412
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 57,056		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,342,492	2,921,688
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,774,453	4,288,100
19 Revenue less expenses. Subtract line 18 from line 12	-131,172	-84,939	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	909,394	839,132
	22 Net assets or fund balances. Subtract line 21 from line 20	478,835	493,513
		430,559	345,619

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: *Jeffrey Einbond* Date: **7/11/19**
JEFFREY EINBOND **PRESIDENT**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **JOSEPH M. CARDUCCI, CPA** Preparer's signature: *Joe Carducci, CPA, PC* Date: **6/22/19** Check if self-employed if PTIN: **P00626953**
 Firm's name: **BKC, CPAS, PC** Firm's EIN: **22-3299874**
 Firm's address: **114 BROAD ST FLEMINGTON, NJ 08822** Phone no.: **908-782-7900**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **3,035,838** including grants of \$) (Revenue \$ **3,077,755**)

ELDERLY - JFVS PROVIDES A WIDE RANGE OF SERVICES AIMED AT MAINTAINING A PERSON'S INDEPENDENCE, WHILE OFFERING FAMILY SUPPORT AND RESPIRE. FAMILY COUNSELING, CAREGIVER SUPPORT GROUPS AND INTERGENERATIONAL COUNSELING ARE PROVIDED.

Client Copy

4b (Code:) (Expenses \$ **480,227** including grants of \$) (Revenue \$ **390,221**)

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 \$ **614,357** including grants of \$) (Revenue \$ **502,039**)

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 **4,130,422**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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		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		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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		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	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		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, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		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		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 (see instructions)		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	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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.	X	

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		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	39
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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	56
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
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: u 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? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	24		
b	Enter the number of voting members included in line 1a, above, who are independent		
	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u NJ**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 **u**

**JEWISH FAMILY & VOCATIONAL SERVICE 32 FORD AVENUE, 2ND FLOOR
MILLTOWN NJ 08850**

732-777-1940

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 dotted 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) JACK GOLDBERG	4.00									
IMMEDIATE PAST PRES	0.00	X		X			0	0	0	
(2) JEFFREY EINBOND	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(3) MICHAEL SCHNEIDERMAN	1.00									
TRUSTEE	0.00	X					0	0	0	
(4) MURRAY KATZ	1.00									
PAST PRESIDENT	0.00	X					0	0	0	
(5) NAOMI TRACHTENBERG	1.00									
RECORDING SECRETARY	0.00	X		X			0	0	0	
(6) PAUL ROVINSKY	1.00									
VP FUND DEVELOPMENT	0.00	X		X			0	0	0	
(7) RACHELLE STERN	1.00									
TRUSTEE	0.00	X					0	0	0	
(8) SOL HECKELMAN	1.00									
VICE PRESIDENT PROFE	0.00	X		X			0	0	0	
(9) SORIN WEISSMAN	1.00									
TRUSTEE	0.00	X					0	0	0	
(10) VICKIE SOLOMON	1.00									
PRESIDENT EMERITUS	0.00	X					0	0	0	
(11) CARL ARCHER ESQ,	1.00									
TRUSTEE	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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			
(12) LILIANA DOS SANTOS TRUSTEE	1.00 0.00	X						0	0	0
(13) PRAGATI PARIKH DUBAL, ESQ. TRUSTEE	1.00 0.00	X						0	0	0
(14) LISA GALLICCHIO TRUSTEE	1.00 0.00	X						0	0	0
(15) KEITH JONES II TRUSTEE	1.00 0.00	X						0	0	0
(16) JOEL LEVY TRUSTEE	1.00 0.00	X						0	0	0
(17) MICHAEL MENAKER TRUSTEE	1.00 0.00	X						0	0	0
(18) SHANTI NARRA ESQ. TRUSTEE	1.00 0.00	X						0	0	0
(19) JEREMY RENNA TRUSTEE	1.00 0.00	X						0	0	0
1b Sub-total	u									
c Total from continuation sheets to Part VII, Section A	u							140,274		
d Total (add lines 1b and 1c)	u							140,274		

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 **u 0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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

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 **u 0**

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	297,000				
	e Government grants (contributions)	1e	1,236,086				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,294,384				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u	3,827,470				
	Program Service Revenue	2a CLIENT FEES	Busn. Code	266,167	266,167		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u	266,167				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u				
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)	u					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a		180,909			
		b Less: direct expenses	b	80,078			
c Net income or (loss) from fundraising events		u	100,831				
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	u					
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	u					
Miscellaneous Revenue		Busn. Code					
11a OTHER INCOME			8,693	8,693			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u		8,693				
12 Total revenue. See instructions.	u		4,203,161	274,860	0	0	

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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

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	140,274	130,205	7,627	2,442
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	983,977	913,348	53,502	17,127
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	144,576	130,829	8,446	5,301
10 Payroll taxes	97,585	92,925	2,884	1,776
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 Schedule O.)	89,747	76,724	11,586	1,437
12 Advertising and promotion	17,801	13,271	899	3,631
13 Office expenses	86,658	77,763	2,141	6,754
14 Information technology				
15 Royalties				
16 Occupancy	165,495	152,694	9,899	2,902
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,189	2,962	171	56
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,069	14,715	95	259
23 Insurance	29,479	27,224	1,754	501
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 PROGRAM	2,489,557	2,474,737	900	13,920
b PRINTING	11,810	11,535	83	192
c MISCELLANEOUS	5,873	4,467	1,324	82
d PROFESSIONAL DEVELOPMENT	2,575	2,828	-306	53
e All other expenses	4,435	4,195	-383	623
25 Total functional expenses. Add lines 1 through 24e	4,288,100	4,130,422	100,622	57,056
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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	418,700	1	414,853
	2	Savings and temporary cash investments	155,189	2	1,016
	3	Pledges and grants receivable, net	4,600	3	2,370
	4	Accounts receivable, net	233,749	4	334,196
	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 instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	40,880	9	29,633
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 254,710		
	b	Less: accumulated depreciation	10b 201,657	10c	53,053
	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	4,011	15	4,011
16	Total assets. Add lines 1 through 15 (must equal line 34)	909,394	16	839,132	
Liabilities	17	Accounts payable and accrued expenses	328,855	17	368,225
	18	Grants payable		18	
	19	Deferred revenue	40,671	19	4,106
	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	109,309	24	121,182
	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	478,835	26	493,513
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	238,627	27	269,827
	28	Temporarily restricted net assets	173,932	28	57,792
	29	Permanently restricted net assets	18,000	29	18,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	430,559	33	345,619	
34	Total liabilities and net assets/fund balances	909,394	34	839,132	

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	4,203,161
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,288,100
3	Revenue less expenses. Subtract line 2 from line 1	3	-84,939
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	430,559
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	-1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	345,619

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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 dotted 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			
(20) BALSHEVA SCHREIBER	1.00									
TRUSTEE	0.00	X					0	0	0	
(21) JAY SINCOFF, CPA	1.00									
TRUSTEE	0.00	X					0	0	0	
(22) BERNIE SOKAL	1.00									
TRUSTEE	0.00	X					0	0	0	
(23) CONNIE PIZARRO	1.00									
TRUSTEE	0.00	X					0	0	0	
(24) DAVID RABINOWITZ	1.00									
TRUSTEE	0.00	X					0	0	0	
(25) SAM NUSSBAUM	50.00									
FORMER EXECUTIVE DIR	0.00			X			82,500	0	0	
(26) RONI SALKIN	50.00									
EXECUTIVE DIRECTOR	0.00			X			57,774	0	0	
(27) JERROLD TRUB	1.00									
TREASURER	0.00			X			0	0	0	
1b Sub-total							140,274			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **u**

	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		
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		
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		

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

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 **u**

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

u Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.	Employer identification number 22-2281774
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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 conjunction 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 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 2018 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2017 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,447,955	3,035,138	3,201,193	3,329,062	3,818,777	15,832,125
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	211,293	230,343	263,586	320,279	455,769	1,481,270
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	2,659,248	3,265,481	3,464,779	3,649,341	4,274,546	17,313,395
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						17,313,395

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	2,659,248	3,265,481	3,464,779	3,649,341	4,274,546	17,313,395
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.)	9,378	13,263	7,049	7,846	8,693	46,229
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,668,626	3,278,744	3,471,828	3,657,187	4,283,239	17,359,624
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	99.73 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	99.64 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 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? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	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? <i>If "Yes," provide detail in Part VI.</i>		
9c	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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
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? <i>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.</i>		
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? <i>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.</i>		
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)? <i>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).</i>		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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.)

PART III, LINE 12 - OTHER INCOME DETAIL

\$ 46,229

SUPPLEMENTAL INFORMATION

OTHER INCOME

Client Copy

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors****u Attach to Form 990, Form 990-EZ, or Form 990-PF.**
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

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

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

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

JEWISH FAMILY & VOCATIONAL SERVICE

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	MARK HAUERSTOCK 9 FROST COURT FREEHOLD NJ 07728	\$ 13,490	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	INVESTORS BANK 2441A ROUTE 22 WEST UNION NJ 07083	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LILLIAN LORBER CHARITABLE TRUST C/O GREENBERG TRAUIG 500 CAMPUS DRIVE SUITE 400 FLORHAM PARK NJ 07932	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DEPARTMENT OF HEALTH AND HUMAN SERVICES JACOB JAVITS BLDG. 26 FEDERAL PLAZA NEW YORK NY 10278	\$ 321,251	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	NEW JERSEY DIVISION OF YOUTH AND FAMILY SERVICES 222 SOUTH WARREN STREET P.O. BOX 729 TRENTON NJ 08625	\$ 113,863	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DEPARTMENT OF HOMELAND SECURITY - CITIZENSHIP 245 MURRAY LANE, SW WASHINGTON DC 20528	\$ 125,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

JEWISH FAMILY & VOCATIONAL SERVICE

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 ON WOMEN 301 BLAIR ROAD, 2ND FLOOR AVENEL NJ 07001	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	MIDDLESEX COUNTY 75 BAYARD STREET FIFTH FLOOR NEW BRUNSWICK NJ 08901	\$ 299,311	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	JEWISH FEDERATION OF GREATER MIDDLESEX COUNTY 230 OLD BRIDGE TURNPIKE SOUTH RIVER NJ 08882	\$ 297,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	CONFERENCE ON JEWISH MATERIAL CLAIMS AGAINST GERMANY, INC. 1359 BROADWAY, ROOM 2000 NEW YORK NY 10018	\$ 1,975,594	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	JEWISH FEDERATION OF SOUTHERN NEW JERSEY D/B/A JFCS OF SOUTHERN NJ 1301 SPRINGDALE ROAD CHERRY HILL NJ 08003	\$ 98,397	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	INTERNATIONAL RESCUE COMMITTEE -NJ OFFICE FOR REFUGEES 100 JEFFERSON AVENUE, SUITE 204 ELIZABETH NJ 07201	\$ 20,680	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

JEWISH FAMILY & VOCATIONAL SERVICE

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	CORPORATION FOR NATIONAL & COMMUNITY SERVICE RSVP 250 E STREET SW WASHINGTON DC 20525	\$ 57,326	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	WOODBIDGE HOUSING AUTHORITY TOWNSHIP OF WOODBRIDGE ONE MAIN STREET WOODBIDGE NJ 07095	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	STATE OF NEW JERSEY NJ TRANSIT ONE PENN PLAZA EAST, 4TH FLOOR NEWARK NJ 07105-2299	\$ 12,710	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	FEMA C/O UNITED WAY 32 FORD AVENUE MILLTOWN NJ 08850	\$ 27,550	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	IOLTA FUND OF THE NEW JERSEY STATE BAR ASSOCIATION 1 CONSTITUTION SQUARE NEW BRUNSWICK NJ 08901	\$ 18,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	ABILENE INC. PO BOX 240607 BROOKLYN NY 11224	\$ 13,320	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

JEWISH FAMILY & VOCATIONAL SERVICE

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	AMERICAN GIFT FUND / STEVENS FAMILY CHARITABLE FUND PO BOX 15627 WILMINGTON DE 19850	\$ 6,045	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	ROGER FINE 26 BROOK DR MILLTOWN NJ 08850	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	DAVID HALPERN P.O BOX 457 WOODBRIIDGE NJ 07095	\$ 18,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	LEONARD LITTMAN 480 HARRISON AVENUE HIGHLAND PARK NJ 08904-2708	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	NICE JEWISH GIRLS HOUSEKEEPING 126-A CONCORDIA CIRCLE MONROE TOWNSHIP NJ 08831	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	PREFERRED HOME HEALTH CARE 45 MAIN STREET, HWY 35 N EATONTOWN NJ 07724	\$ 22,036	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

JEWISH FAMILY & VOCATIONAL SERVICE

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
25	THE MARION & NORMAN TANZMAN CHARITABLE FOUNDATION 10 WOODBRIDGE CENTER DR. #405 WOODBRIDGE NJ 07095	\$ 18,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	SJ HARRIS C/O MS. ANDREA DUGGINS FIDUCIARY ADMIN, ASST. VP 100 N MAIN STREET D 4001-065 WINSTON-SALEM NC 27101	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Client Copy

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports 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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
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 Yes No

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 **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- 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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		25,078	21,975	3,103
d Equipment		229,632	179,682	49,950
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	53,053

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1-9.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1-9.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes.

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 [X]

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	4,283,238
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	80,077	
e	Add lines 2a through 2d	2e		80,077
3	Subtract line 2e from line 1	3		4,203,161
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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		4,203,161

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	4,368,178
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	80,078	
e	Add lines 2a through 2d	2e		80,078
3	Subtract line 2e from line 1	3		4,288,100
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		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		4,288,100

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION HAS BEEN NOTIFIED BY THE INTERNAL REVENUE SERVICE THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION IS FURTHER CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE ORGANIZATION UNDER SECTION 509(A)(3) OF THE CODE. THE MOST SIGNIFICANT TAX POSITIONS OF THE ORGANIZATION ARE ITS ASSERTIONS THAT IT IS EXEMPT FROM INCOME TAXES AND ITS DETERMINATION THAT NO AMOUNTS ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX (UBIT). INCOME GENERATED BY ACTIVITIES THAT WOULD BE CONSIDERED UNRELATED TO THE ORGANIZATION MISSION WOULD BE SUBJECT TO INCOME TAX. THE ORGANIZATION FOLLOWS THE GUIDANCE OF ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, ACCOUNTING FOR INCOME TAXES, RELATED TO UNCERTAIN INCOME TAX PROVISIONS,

Part XIII Supplemental Information (continued)

WHICH PRESCRIBES A THRESHOLD OF MORE LIKELY THAN NOT, FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT HAS DETERMINED THAT IT IS MORE LIKELY THAN NOT, THAT ALL TAX POSITIONS WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED. THE ORGANIZATION FILES A FORM 990 RETURN OF ORGANIZATION EXEMPT FROM TAX, ANNUALLY WITH THE INTERNAL REVENUE SERVICE, AS WELL AS A STATE EQUIVALENT FILING. BOTH FILINGS ARE SUBJECT TO AUDIT BY THE APPROPRIATE AUTHORITY. THE ORGANIZATION RETURNS BEFORE THE YEAR ENDED DECEMBER 31, 2015 ARE NO LONGER SUBJECT TO EXAMINATION BY FEDERAL OR STATE AUTHORITIES DUE TO THE STATUTE OF LIMITATIONS.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING EXPENSES NET	\$	80,078
ROUNDING	\$	-1

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING EXPENSES	\$	80,078
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**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2018

Department of the Treasury
Internal Revenue Service

⚡ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

⚡ Go to www.irs.gov/Form990 for instructions and the latest information.

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

2a 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?		(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
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		EVENT (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	180,909			180,909
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	180,909			180,909
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	80,078			80,078
	10 Direct expense summary. Add lines 4 through 9 in column (d)				80,078
11 Net income summary. Subtract line 10 from line 3, column (d)				100,831	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u**

Address **u**

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 **u** \$ and the amount of gaming revenue retained by the third party **u** \$

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

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

- 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 **u** \$

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

SCHEDULE 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.

u Attach to Form 990 or 990-EZ.

u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization	JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.	Employer identification number	22-2281774
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FORM 990 - ORGANIZATION'S 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 VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
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, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
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, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION UPON
REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

ROUNDING \$ -1

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2018

Attachment Sequence No. **179**

Name(s) shown on return **JEWISH FAMILY & VOCATIONAL SERVICE
OF MIDDLESEX COUNTY, INC.**

Identifying number
22-2281774

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	14,731

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	338
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	15,069
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

5214 Jewish Family & Vocational Service

22-2281774

Federal Asset Report

FYE: 12/31/2018

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
1	PHONE SYSTEM - MONROE	11/01/06	4,240			4,240	7 HY 200DB	4,240	0
3	OFFICE FURNITURE & FIXTURES	3/15/07	3,593			3,593	7 HY 200DB	3,593	0
4	OFFICE FURNITURE & FIXTURES	3/21/07	23,530			23,530	7 HY 200DB	23,530	0
5	OFFICE FURNITURE & FIXTURES	4/12/07	8,873			8,873	7 HY 200DB	8,873	0
6	OFFICE FURNITURE & FIXTURES	5/10/07	1,861			1,861	7 HY 200DB	1,861	0
7	OFFICE FURNITURE & FIXTURES	5/18/07	1,000			1,000	7 HY 200DB	1,000	0
8	OFFICE FURNITURE & FIXTURES	6/18/07	2,424			2,424	7 HY 200DB	2,424	0
9	OFFICE FURNITURE & FIXTURES	10/09/07	9,700			9,700	7 HY 200DB	9,700	0
10	COMPUTER SOFTWARE	1/03/08	2,285		X	1,142	3 HY 200DB	2,285	0
11	COMPUTER EQPT	4/09/08	1,106		X	553	3 HY 200DB	1,106	0
12	IMPROVEMENT - PLUMBING & HEATI	5/13/08	6,275		X	3,137	5 HY 200DB	6,275	0
13	COMPUTER EQPT	2/15/10	1,070		X	535	5 HY 200DB	1,070	0
14	COMPUTER EQPT	4/13/10	943		X	471	5 HY 200DB	943	0
15	COMPUTER EQPT	4/22/10	9,846		X	4,923	5 HY 200DB	9,846	0
16	COMPUTER EQPT	7/22/10	7,030		X	3,515	5 HY 200DB	7,030	0
17	COMPUTER EQPT	12/28/10	580		X	0	5 HY 200DB	580	0
18	PHONE SYSTEM	9/09/11	12,852		X	2,361	7 HY S/L	10,491	338
19	COMPUTERS	8/11/11	2,489		X	0	5 HY S/L	2,489	0
20	COMPUTER	8/30/11	588		X	0	5 HY S/L	588	0
21	COMPUTERS	11/10/11	2,870		X	0	5 HY S/L	2,870	0
22	LASER PRINTER	12/02/11	1,530		X	0	5 HY S/L	1,530	0
			<u>104,685</u>			<u>71,858</u>		<u>102,324</u>	<u>338</u>
Other Depreciation:									
2	1999 FORD VAN	7/01/99	21,665			21,665	10 MO S/L	21,665	0
23	LEASEHOLD IMPROVEMENTS	7/09/12	3,234			3,234	5 MO S/L	3,234	0
24	LEASEHOLD IMPROVEMENTS - CARPI	9/24/12	4,129			4,129	5 MO S/L	4,129	0
25	LEASEHOLD IMPROVEMENTS	1/10/12	1,490			1,490	5 MO S/L	1,490	0
26	LEASEHOLD IMPROVEMENTS	11/12/12	4,018			4,018	5 MO S/L	4,018	0
27	BLINDS	11/14/12	1,037			1,037	5 MO S/L	1,037	0
28	LEASEHOLD IMPROVEMENTS - CARPI	10/12/12	813			813	5 MO S/L	813	0
29	OFFICE FURNITURE & FIXTURES	11/01/12	1,597			1,597	7 MO S/L	1,178	228
30	2001 BUICK	3/01/12	7,607			7,607	3 MO S/L	7,607	0
31	TELEPHONE SYSTEM	7/01/12	3,689			3,689	7 MO S/L	2,899	527
32	COMPUTER EQUIPMENT	10/01/12	6,801			6,801	3 MO S/L	6,801	0
33	COMPUTER EQUIPMENT - MONITORS	4/16/12	376			376	3 MO S/L	376	0
34	COMPUTERS	4/18/12	1,290			1,290	3 MO S/L	1,290	0
35	LEASEHOLD IMPROVEMENTS - MONR	6/04/13	634			634	5 MO S/L	582	52
36	OFFICE FURNITURE & FIXTURES	4/30/13	6,556			6,556	7 MO S/L	4,372	936
37	OFFICE FURNITURE & FIXTURES	5/20/13	1,137			1,137	7 MO S/L	743	163
38	OFFICE FURNITURE & FIXTURES	11/13/13	467			467	7 MO S/L	279	66
39	COMPUTER EQPT - WIRELESS N ACCE	3/19/13	225			225	5 MO S/L	214	11
40	COMPUTER EQPT	11/01/13	4,092			4,092	5 MO S/L	3,408	684
41	monroe multimedia equipment	3/19/13	555			555	5 MO S/L	527	28
42	monroe multimedia equipment	3/29/13	4,278			4,278	5 MO S/L	4,066	212
43	DELL COMPUTERS AND MONITORS	11/14/14	8,419			8,419	5 MO S/L	5,333	1,684
44	QUICKBOOKS 2015 PREMIER	11/19/14	1,879			1,879	3 MO S/L	1,879	0
45	Dell Desktop 10 Monitor	2/10/15	1,496			1,496	5 MO S/L	872	299
46	Dell COMPUTERS AND MONITORS 201	9/17/15	8,455			8,455	5 MO S/L	3,805	1,691
47	2017 leasehold improvements	6/30/17	3,448			3,448	15 MO S/L	115	230
48	Computer equipment June 2017	6/30/17	5,600			5,600	5 MO S/L	560	1,120
49	Computer Equipment November 2017	11/01/17	29,182			29,182	5 MO S/L	973	5,836
50	computer equipment 2018	3/29/18	669			669	5 MO S/L	0	100
51	computer equipment	5/29/18	750			750	5 MO S/L	0	88
52	Computer Equipment	5/29/18	1,000			1,000	5 MO S/L	0	117
53	cOMPUTER EUIPMENT 18	8/17/18	2,805			2,805	5 MO S/L	0	187
54	COMPUTER EQUIPMENT 18	8/17/18	1,063			1,063	5 MO S/L	0	71
55	COMPUTER EQUIPMENT 18	8/17/18	3,528			3,528	5 MO S/L	0	235
56	COMPUTER EQUIPMENT 2018	10/18/18	852			852	5 MO S/L	0	28
57	Computer Equipment 18	11/12/18	4,134			4,134	5 MO S/L	0	138
58	Computer equipment 18	12/19/18	1,056			1,056	5 MO S/L	0	0
	Total Other Depreciation		<u>150,026</u>			<u>150,026</u>		<u>84,265</u>	<u>14,731</u>
	Total ACRS and Other Depreciation		<u>150,026</u>			<u>150,026</u>		<u>84,265</u>	<u>14,731</u>

5214 Jewish Family & Vocational Service

22-2281774

FYE: 12/31/2018

Federal Asset Report

<u>Asset</u>	<u>Description</u>	<u>Date</u> <u>In Service</u>	<u>Cost</u>	<u>Bus</u> <u>%</u>	<u>Sec</u> <u>179</u>	<u>Bonus</u>	<u>Basis</u> <u>for Depr</u>	<u>Per Conv Meth</u>	<u>Prior</u>	<u>Current</u>
	Grand Totals		254,711				221,884		186,589	15,069
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>254,711</u>				<u>221,884</u>		<u>186,589</u>	<u>15,069</u>

Client Copy

5214 Jewish Family & Vocational Service

22-2281774

AMT Asset Report

FYE: 12/31/2018

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:								
1	PHONE SYSTEM - MONROE	11/01/06	4,240		4,240	7 HY 200DB	4,240	0
3	OFFICE FURNITURE & FIXTURES	3/15/07	3,593		3,593	7 HY 200DB	3,593	0
4	OFFICE FURNITURE & FIXTURES	3/21/07	23,530		23,530	7 HY 200DB	23,530	0
5	OFFICE FURNITURE & FIXTURES	4/12/07	8,873		8,873	7 HY 200DB	8,873	0
6	OFFICE FURNITURE & FIXTURES	5/10/07	1,861		1,861	7 HY 200DB	1,861	0
7	OFFICE FURNITURE & FIXTURES	5/18/07	1,000		1,000	7 HY 200DB	1,000	0
8	OFFICE FURNITURE & FIXTURES	6/18/07	2,424		2,424	7 HY 200DB	2,424	0
9	OFFICE FURNITURE & FIXTURES	10/09/07	9,700		9,700	7 HY 200DB	9,700	0
10	COMPUTER SOFTWARE	1/03/08	2,285	X	1,142	3 HY 200DB	2,285	0
11	COMPUTER EQPT	4/09/08	1,106	X	553	3 HY 200DB	1,106	0
12	IMPROVEMENT - PLUMBING & HEATI	5/13/08	6,275	X	3,137	5 HY 200DB	6,275	0
13	COMPUTER EQPT	2/15/10	1,070	X	535	5 HY 200DB	1,070	0
14	COMPUTER EQPT	4/13/10	943	X	471	5 HY 200DB	943	0
15	COMPUTER EQPT	4/22/10	9,846	X	4,923	5 HY 200DB	9,846	0
16	COMPUTER EQPT	7/22/10	7,030	X	3,515	5 HY 200DB	7,030	0
17	COMPUTER EQPT	12/28/10	580	X	0	5 HY 200DB	580	0
18	PHONE SYSTEM	9/09/11	12,852	X	2,361	7 HY S/L	10,491	338
19	COMPUTERS	8/11/11	2,489	X	0	5 HY S/L	2,489	0
20	COMPUTER	8/30/11	588	X	0	5 HY S/L	588	0
21	COMPUTERS	11/10/11	2,870	X	0	5 HY S/L	2,870	0
22	LASER PRINTER	12/02/11	1,530	X	0	5 HY S/L	1,530	0
			<u>104,685</u>		<u>71,858</u>		<u>102,324</u>	<u>338</u>
Other Depreciation:								
2	1999 FORD VAN	7/01/99	21,665		21,665	10 MO S/L	21,665	0
23	LEASEHOLD IMPROVEMENTS	7/09/12	3,234		3,234	5 MO S/L	3,234	0
24	LEASEHOLD IMPROVEMENTS - CARPI	9/24/12	4,129		4,129	5 MO S/L	4,129	0
25	LEASEHOLD IMPROVEMENTS	1/10/12	1,490		1,490	5 MO S/L	1,490	0
26	LEASEHOLD IMPROVEMENTS	11/12/12	4,018		4,018	5 MO S/L	4,018	0
27	BLINDS	11/14/12	1,037		1,037	5 MO S/L	1,037	0
28	LEASEHOLD IMPROVEMENTS - CARPI	10/12/12	813		813	5 MO S/L	813	0
29	OFFICE FURNITURE & FIXTURES	11/01/12	1,597		1,597	7 MO S/L	1,178	228
30	2001 BUICK	3/01/12	7,607		7,607	3 MO S/L	7,607	0
31	TELEPHONE SYSTEM	7/01/12	3,689		3,689	7 MO S/L	2,899	527
32	COMPUTER EQUIPMENT	10/01/12	6,801		6,801	3 MO S/L	6,801	0
33	COMPUTER EQUIPMENT - MONITORS	4/16/12	376		376	3 MO S/L	376	0
34	COMPUTERS	4/18/12	1,290		1,290	3 MO S/L	1,290	0
35	LEASEHOLD IMPROVEMENTS - MONR	6/04/13	634		634	5 MO S/L	582	52
36	OFFICE FURNITURE & FIXTURES	4/30/13	6,556		6,556	7 MO S/L	4,372	936
37	OFFICE FURNITURE & FIXTURES	5/20/13	1,137		1,137	7 MO S/L	743	163
38	OFFICE FURNITURE & FIXTURES	11/13/13	467		467	7 MO S/L	279	66
39	COMPUTER EQPT - WIRELESS N ACCE	3/19/13	225		225	5 MO S/L	214	11
40	COMPUTER EQPT	11/01/13	4,092		4,092	5 MO S/L	3,408	684
41	monroe multimedia equipment	3/19/13	555		555	5 MO S/L	527	28
42	monroe multimedia equipment	3/29/13	4,278		4,278	5 MO S/L	4,066	212
43	DELL COMPUTERS AND MONITORS	11/14/14	8,419		8,419	5 MO S/L	5,333	1,684
44	QUICKBOOKS 2015 PREMIER	11/19/14	1,879		1,879	3 MO S/L	1,879	0
45	Dell Desktop 10 Monitor	2/10/15	1,496		1,496	5 MO S/L	872	299
46	Dell COMPUTERS AND MONITORS 201	9/17/15	8,455		8,455	5 MO S/L	3,805	1,691
47	2017 leasehold improvements	6/30/17	3,448		3,448	15 MO S/L	115	230
48	Computer equipment June 2017	6/30/17	0		0	5 MO S/L	0	0
49	Computer Equipment November 2017	11/01/17	0		0	0 HY	0	0
50	computer equipment 2018	3/29/18	669		669	5 MO S/L	0	100
51	computer equipment	5/29/18	750		750	5 MO S/L	0	88
52	Computer Equipment	5/29/18	1,000		1,000	5 MO S/L	0	117
53	cOMPUTER EUIPMENT 18	8/17/18	2,805		2,805	5 MO S/L	0	187
54	COMPUTER EQUIPMENT 18	8/17/18	1,063		1,063	5 MO S/L	0	71
55	COMPUTER EQUIPMENT 18	8/17/18	3,528		3,528	5 MO S/L	0	235
56	COMPUTER EQUIPMENT 2018	10/18/18	852		852	5 MO S/L	0	28
57	Computer Equipment 18	11/12/18	4,134		4,134	5 MO S/L	0	138
58	Computer equipment 18	12/19/18	0		0	5 MO S/L	0	0
	Total Other Depreciation		<u>114,188</u>		<u>114,188</u>		<u>82,732</u>	<u>7,775</u>
	Total ACRS and Other Depreciation		<u>114,188</u>		<u>114,188</u>		<u>82,732</u>	<u>7,775</u>

5214 Jewish Family & Vocational Service

22-2281774

FYE: 12/31/2018

AMT Asset Report

<u>Asset</u>	<u>Description</u>	<u>Date</u> <u>In Service</u>	<u>Cost</u>	<u>Bus</u> <u>%</u>	<u>Sec</u> <u>179</u>	<u>Bonus</u>	<u>Basis</u> <u>for Depr</u>	<u>Per Conv Meth</u>	<u>Prior</u>	<u>Current</u>
	Grand Totals		218,873				186,046		185,056	8,113
	Less: Dispositions and Transfers		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>218,873</u>				<u>186,046</u>		<u>185,056</u>	<u>8,113</u>

Client Copy

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
10	COMPUTER SOFTWARE	1/03/08	2,285		0	0	1,143	1,142
11	COMPUTER EQPT	4/09/08	1,106		0	0	553	553
12	IMPROVEMENT - PLUMBING & HEATIN	5/13/08	6,275		0	0	3,138	3,137
13	COMPUTER EQPT	2/15/10	1,070		0	0	535	535
14	COMPUTER EQPT	4/13/10	943		0	0	472	471
15	COMPUTER EQPT	4/22/10	9,846		0	0	4,923	4,923
16	COMPUTER EQPT	7/22/10	7,030		0	0	3,515	3,515
17	COMPUTER EQPT	12/28/10	580		0	0	580	0
18	PHONE SYSTEM	9/09/11	12,852		0	0	10,491	2,361
19	COMPUTERS	8/11/11	2,489		0	0	2,489	0
20	COMPUTER	8/30/11	588		0	0	588	0
21	COMPUTERS	11/10/11	2,870		0	0	2,870	0
22	LASER PRINTER	12/02/11	1,530		0	0	1,530	0
47	2017 leasehold improvements	6/30/17	3,448		0	0	0	3,448
Grand Total			<u>52,912</u>		<u>0</u>	<u>0</u>	<u>32,827</u>	<u>20,085</u>

Client Copy

Depreciation Adjustment Report**All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
MACRS Adjustments:						
Page 1	1	1	PHONE SYSTEM - MONROE	0	0	0
Page 1	1	3	OFFICE FURNITURE & FIXTURES	0	0	0
Page 1	1	4	OFFICE FURNITURE & FIXTURES	0	0	0
Page 1	1	5	OFFICE FURNITURE & FIXTURES	0	0	0
Page 1	1	6	OFFICE FURNITURE & FIXTURES	0	0	0
Page 1	1	7	OFFICE FURNITURE & FIXTURES	0	0	0
Page 1	1	8	OFFICE FURNITURE & FIXTURES	0	0	0
Page 1	1	9	OFFICE FURNITURE & FIXTURES	0	0	0
Page 1	1	10	COMPUTER SOFTWARE	0	0	0
Page 1	1	11	COMPUTER EQPT	0	0	0
Page 1	1	12	IMPROVEMENT - PLUMBING & HEATING	0	0	0
Page 1	1	13	COMPUTER EQPT	0	0	0
Page 1	1	14	COMPUTER EQPT	0	0	0
Page 1	1	15	COMPUTER EQPT	0	0	0
Page 1	1	16	COMPUTER EQPT	0	0	0
Page 1	1	17	COMPUTER EQPT	0	0	0
Page 1	1	18	PHONE SYSTEM	338	338	0
Page 1	1	19	COMPUTERS	0	0	0
Page 1	1	20	COMPUTER	0	0	0
Page 1	1	21	COMPUTERS	0	0	0
Page 1	1	22	LASER PRINTER	0	0	0
				<u>338</u>	<u>338</u>	<u>0</u>

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Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	PHONE SYSTEM - MONROE	11/01/06	4,240	0	0
3	OFFICE FURNITURE & FIXTURES	3/15/07	3,593	0	0
4	OFFICE FURNITURE & FIXTURES	3/21/07	23,530	0	0
5	OFFICE FURNITURE & FIXTURES	4/12/07	8,873	0	0
6	OFFICE FURNITURE & FIXTURES	5/10/07	1,861	0	0
7	OFFICE FURNITURE & FIXTURES	5/18/07	1,000	0	0
8	OFFICE FURNITURE & FIXTURES	6/18/07	2,424	0	0
9	OFFICE FURNITURE & FIXTURES	10/09/07	9,700	0	0
10	COMPUTER SOFTWARE	1/03/08	2,285	0	0
11	COMPUTER EQPT	4/09/08	1,106	0	0
12	IMPROVEMENT - PLUMBING & HEATING	5/13/08	6,275	0	0
13	COMPUTER EQPT	2/15/10	1,070	0	0
14	COMPUTER EQPT	4/13/10	943	0	0
15	COMPUTER EQPT	4/22/10	9,846	0	0
16	COMPUTER EQPT	7/22/10	7,030	0	0
17	COMPUTER EQPT	12/28/10	580	0	0
18	PHONE SYSTEM	9/09/11	12,852	0	0
19	COMPUTERS	8/11/11	2,489	0	0
20	COMPUTER	8/30/11	588	0	0
21	COMPUTERS	11/10/11	2,870	0	0
22	LASER PRINTER	12/02/11	1,530	0	0
			<u>104,685</u>	<u>0</u>	<u>0</u>

Other Depreciation:

2	1999 FORD VAN	7/01/99	21,665	0	0
23	LEASEHOLD IMPROVEMENTS	7/09/12	3,234	0	0
24	LEASEHOLD IMPROVEMENTS - CARPET	9/24/12	4,129	0	0
25	LEASEHOLD IMPROVEMENTS	1/10/12	1,490	0	0
26	LEASEHOLD IMPROVEMENTS	11/12/12	4,018	0	0
27	BLINDS	11/14/12	1,037	0	0
28	LEASEHOLD IMPROVEMENTS - CARPET	10/12/12	813	0	0
29	OFFICE FURNITURE & FIXTURES	11/01/12	1,597	191	191
30	2001 BUICK	3/01/12	7,607	0	0
31	TELEPHONE SYSTEM	7/01/12	3,689	263	263
32	COMPUTER EQUIPMENT	10/01/12	6,801	0	0
33	COMPUTER EQUIPMENT - MONITORS	4/16/12	376	0	0
34	COMPUTERS	4/18/12	1,290	0	0
35	LEASEHOLD IMPROVEMENTS - MONROE	6/04/13	634	0	0
36	OFFICE FURNITURE & FIXTURES	4/30/13	6,556	937	937
37	OFFICE FURNITURE & FIXTURES	5/20/13	1,137	162	162
38	OFFICE FURNITURE & FIXTURES	11/13/13	467	67	67
39	COMPUTER EQPT - WIRELESS N ACCESS F	3/19/13	225	0	0
40	COMPUTER EQPT	11/01/13	4,092	0	0
41	monroe multimedia equipment	3/19/13	555	0	0
42	monroe multimedia equipment	3/29/13	4,278	0	0
43	DELL COMPUTERS AND MONITORS	11/14/14	8,419	1,402	1,402
44	QUICKBOOKS 2015 PREMIER	11/19/14	1,879	0	0
45	Dell Desktop 10 Monitor	2/10/15	1,496	300	300
46	Dell COMPUTERS AND MONITORS 2015	9/17/15	8,455	1,691	1,691
47	2017 leasehold improvements	6/30/17	3,448	230	230
48	Computer equipment June 2017	6/30/17	5,600	1,120	0
49	Computer Equipment November 2017	11/01/17	29,182	5,837	0
50	computer equipment 2018	3/29/18	669	134	134
51	computer equipment	5/29/18	750	150	150
52	Computer Equipment	5/29/18	1,000	200	200
53	cOMPUTER EQUIPMENT 18	8/17/18	2,805	561	561
54	COMPUTER EQUIPMENT 18	8/17/18	1,063	212	212
55	COMPUTER EQUIPMENT 18	8/17/18	3,528	706	706
56	COMPUTER EQUIPMENT 2018	10/18/18	852	171	171
57	Computer Equipment 18	11/12/18	4,134	827	827
58	Computer equipment 18	12/19/18	1,056	211	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Total Other Depreciation		<u>150,026</u>	<u>15,372</u>	<u>8,204</u>
	Total ACRS and Other Depreciation		<u>150,026</u>	<u>15,372</u>	<u>8,204</u>
	Grand Totals		<u>254,711</u>	<u>15,372</u>	<u>8,204</u>

Client Copy

Form 990	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

**JEWISH FAMILY & VOCATIONAL SERVICE
OF MIDDLESEX COUNTY, INC.**
22-2281774

		2017	2018	Differences
Revenue	1. Contributions, gifts, grants	1. 2,248,553	2,591,384	342,831
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 1,080,509	1,236,086	155,577
	4. Program service revenue	4. 258,022	266,167	8,145
	5. Investment income	5.		
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. 48,351	100,831	52,480
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 7,846	8,693	847
	12. Total revenue. Add lines 1 through 11	12. 3,643,281	4,203,161	559,880
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 115,021	140,274	25,253
	16. Salaries, other compensation, and employee benefits	16. 1,316,940	1,226,138	-90,802
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 114,581	89,747	-24,834
	19. Occupancy, rent, utilities, and maintenance	19. 167,584	165,495	-2,089
	20. Depreciation and Depletion	20. 12,072	15,069	2,997
	21. Other expenses	21. 2,048,255	2,651,377	603,122
	22. Total expenses. Add lines 13 through 21	22. 3,774,453	4,288,100	513,647
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -131,172	-84,939	46,233
Other Information	24. Total exempt revenue	24. 3,643,281	4,203,161	559,880
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 265,868	274,860	8,992
	27. Total assets	27. 909,394	839,132	-70,262
	28. Total liabilities	28. 478,835	493,513	14,678
	29. Retained earnings	29. 430,559	345,619	-84,940
	30. Number of voting members of governing body	30. 14	24	
	31. Number of independent voting members of governing body	31. 14	24	
	32. Number of employees	32. 54	56	
33. Number of volunteers	33. 339	222		

Form 990	Tax Return History	2018
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Name JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX COUNTY, INC.	Employer Identification Number 22-2281774
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	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants				3,329,062	3,827,470	3,827,470
Membership dues						
Program service revenue				258,022	266,167	266,167
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)				48,351	100,831	100,831
Gaming revenue (income/loss)						
Other revenue				7,846	8,693	8,693
Total revenue				3,643,281	4,203,161	4,203,161
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.				115,021	140,274	140,274
Other compensation				1,316,940	1,226,138	1,226,138
Professional fees				114,581	89,747	89,747
Occupancy costs				167,584	165,495	165,495
Depreciation and depletion				12,072	15,069	15,069
Other expenses				2,048,255	2,651,377	2,651,377
Total expenses				3,774,453	4,288,100	4,288,100
Excess or (Deficit)				-131,172	-84,939	-84,939
Total exempt revenue				3,643,281	4,203,161	4,203,161
Total unrelated revenue						
Total excludable revenue				265,868	274,860	274,860
Total Assets				909,394	839,132	839,132
Total Liabilities				478,835	493,513	493,513
Net Fund Balances				430,559	345,619	345,619



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section

124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101 (973) 504-6215

Form CRI-300R

Long-Form Renewal Registration/Verification Statement

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

1. This statement is an Initial or Renewal Registration: **Renewal**
- 1b. This statement contains the facts and financial information for the fiscal year ending: **12/31/2018**
2. Federal ID Number: **222281774** 2a. N.J. Charities Registration Number: **CH0395600**
3. Full legal name of the registering organization: **JEWISH FAMILY & VOCATIONAL SERVICE OF MIDDLESEX CTY**
In care of:
4. Mailing Address: **32 FORD AVENUE, MILLTOWN, NJ 08850**
5. Physical Address: **Mark Hauerstock 32 FORD AVE 2ND FLOOR**

MILLTOWN, NJ 08850

Same as Mailing Address: Yes

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

Address: **32 FORD AVE 2ND FLOOR, MILLTOWN NJ 08850**

7. Organization’s contact information:

Telephone: **732-777-1940**

Fax: **732-777-1889**

Email: **markh@jfsmiddlesex.org**

Website: **http://www.jfsmiddlesex.org**

IRS501C: **501 (c) (3)**

Tax Status: **Non Exempt**

IRS Ruling Year: **10/18/1979**

Date of Entity Formation: **8/20/1979**

NTEE Code: **A70 - Humanities Organizations**

Charity type: **Human/Social Services**

State Entity: **NJ**

Type of Entity: **Nonprofit corporation**

D.B.A.:

Jewish Family Services of Middlesex County

OLD D.B.A.:

Charity Formerly Known As:

Old Corporate Name:

8. a) Were all of the organization's functions, including fund-raising, conducted by volunteers, members, officers or persons who are not compensated for soliciting contributions? **No**
- b) Is the organization a fraternal, patriotic, social or alumni organization, historical society or similar organization organized under the provisions of Title 15 of the New Jersey Revised Statutes or Title 15A of the New Jersey Statutes, and solicitation of contributions is confined to the organization's membership and performed by members of the organization? **No**
- c) Does the organization solicit on behalf of a specified individual, and are all contributions, without any deductions whatsoever, turned over to this beneficiary? **No**
- d) Is the organization a local post, camp, chapter or similarly designated element or county unit, of a bona fide veterans' organization which issues charters to the local elements throughout New Jersey or to any veterans' organization chartered under federal law or a service foundation of such an organization recognized in the organization's by-laws? **No**
- e) Is the organization a private foundation that raised less than \$25,000 in public contributions?
No
9. Is the organization a chapter or local unit of a parent organization? **No**
- Parent Charity Name
NJ Charity # of the Parent Organization
10. If not tax exempt, has the organization made application to the IRS? **No**
11. Has the organization's IRS tax-exempt status been revoked, changed or refused by the IRS during the fiscal year end being reported? **No**

12. Was the organization's legal name changed, or were any alternate names added or deleted during the fiscal year end being reported? **No**

13. Have there been changes in the organization's name, address, Internal Revenue Service (I.R.S.) status, etc. since the date of your last reporting? **No**

14. What is the charitable purpose or purposes for which the organization was formed: **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.**

14a. Does the organization solicit or intend to solicit contributions from the general public in the State of New Jersey (including through the sale of merchandise)? **No**

If "Yes," explain the purpose for which solicited funds are being raised:

14b. Does the organization solicit funds under any other name(s)? **No**

If "Yes," please attach to this registration a list of all other names used.

15. Does the organization have any offices in New Jersey in addition to the ones listed above?
No

16. Has the organization used a commercial co-venture? **No**

16a. Please describe the purpose for which the funds are being raised.

16b. Please enter the names of all PFR's and Commercial co-ventures.

PFR OR Conventure	Business Name

17. Does the organization register or solicit in other states? **No**
States:

State

18. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey?
No

Charity Affiliates

19. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds?
No

19a. Please Describe the Situation

20. 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?
No

21. 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? **No**

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

23. 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? **No**

24. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets. **No**

Enter the name, title, street address, telephone number and salary of each officer, director and trustee.

Name	Business Address	Telephone Number	Title	Salary
David Rabinowitz	32 Ford Avenue, 2nd Floor	(732) 777-1940	Trustee	\$0.00
Jack Goldberg	32 Ford Avenue, 2nd Floor	(732) 777-1940	Immediate Past President	\$0.00
Jeffery Einbond	32 Ford Avenue, 2nd Floor	(732) 777-1940	President	\$0.00
Michael Schneiderman	32 Ford Avenue, 2nd Floor	(732) 777-1940	Trustee	\$0.00
Murray Katz	32 Ford Avenue, 2nd Floor	(732) 777-1940	Past President	\$0.00
Naomi Trachtenberg	32 Ford Avenue, 2nd Floor	(732) 777-1940	Recording Secretary	\$0.00

Paul Rovinski	32 Ford Avenue, 2nd Floor	(732) 777-1940	Vp Fund Development	\$0.00
Rachelle Stern	32 Ford Avenue, 2nd Floor	(732) 777-1940	Trustee	\$0.00
Sol Heckelman	32 Ford Avenue, 2nd Floor	(732) 777-1940	VP Professional Services	\$0.00
Sorin Weissman	32 Ford Avenue, 2nd Floor	(732) 777-1940	Trustee	\$0.00
Vickie Solomon	32 Ford Avenue, 2nd Floor	(732) 777-1940	President Emeritus	\$0.00
Carl Archer Esq.	32 Ford Avenue, 2nd Floor	(732) 777-1940	Trustee	\$0.00
Liliana Dos Santos	32 Ford Avenue, 2nd Floor	(732) 777-1940	Trustee	\$0.00
Pragati Parikh Dubal Esq.	32 Ford Avenue, 2nd Floor	(732) 777-1940	Officer	\$0.00
Lisa Gallicchio	32 Ford Avenue, 2nd Floor	(732) 777-1940	Trustee	\$0.00
Keith Jones II	32 Ford Avenue, 2nd Floor	(732) 777-1940	Trustee	\$0.00
Joel Levy	32 Ford Avenue, 2nd Floor	(732) 777-1940	Trustee	\$0.00
Michael Menaker	32 Ford Avenue, 2nd Floor	(732) 777-1940	Trustee	\$0.00
Shanti Narra Esq.	32 Ford Avenue, 2nd Floor	(732) 777-1940	Trustee	\$0.00
Jeremy Renna	32 Ford Avenue, 2nd Floor	(732) 777-1940	Trustee	\$0.00
Balsheva Schreiber	32 Ford Avenue, 2nd Floor	(732) 777-1940	Trustee	\$0.00
Jay Sincoff, CPA	32 Ford Avenue, 2nd Floor	(732) 777-1940	Trustee	\$0.00
Bernie Sokal	32 Ford Avenue, 2nd Floor	(732) 777-1940	Trustee	\$0.00
Jerrold Trub	32 Ford Avenue, 2nd Floor	(732) 777-1940	Treasurer	\$0.00
Roni Salkin	32 Ford Avenue, 2nd Floor	(732) 777-1940	Executive Director	\$57,774.00
Sam Nussbaum	32 Ford Avenue, 2nd Floor	(732) 777-1940	Former Executiver Director	\$82,500.00

25. Do you have any compensated employees? **Yes**

Five most-highly compensated employees in the organization

Name	Title	Street Address	Telephone	Salary
June Stern	Employee			\$51,779.00
Fay Ross	Employee			\$49,217.00
Lisa Mason	Employee			\$49,931.00

Charles Clarkson	Employee			\$57,131.00
Janet Bergen	Employee			\$52,301.00

26. 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? **No**
 - b) Any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? **No**
 - c) Any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? **No**
27. 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? **No**

CRI-300R Long-Form Registration Renewal Financial Statement

A. Revenue

Line A1. Contributions & Donations: Includes but is not limited to individual and corporate contributions, donations, legacies, bequests and gross receipts from fundraising:

A1a. Gross Direct Public Support **\$2,294,384.00**

A1b. Gross Indirect Public Support (including donations from other charities).....**\$297,000.00**

A1c. Gross Fund Raising and Gaming Income **\$180,909.00**

A1d. Gross Contributions (add lines 1a, 1b and 1c) **\$2,772,293.00**

Line A2 Government Grants**\$1,236,086.00**

A3a. Program service revenue **\$266,167.00**

A3b. Other Support**\$8,693.00**

Line A4. Total Gross Revenue (add lines A1c, A2 and A3) **\$4,283,239.00**

B. Expenses

Line B1. Program Expenses.....	\$4,130,422.00
Line B2. Management Expenses	\$100,622.00
Line B3. Fund-raising Expenses	\$137,134.00
Line B4. Affiliate Expenses	\$0.00
Line B5. Total Expenses (add lines B1, B2, B3 and B4)	\$4,368,178.00

C. Net Assets

Line C1. Net Assets	\$345,619.00
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Did you use a Professional Fund Raiser? **No**

Have Bylaws changed since last registration? **No**

Has IRS filing status changed since last reg? **No**

Has Charity Have Articles of inc. changed since last reg? **No**

Has Charity changed their name since last reg? **No**

Certification

Form CRI-150I, CRI-300R, CRI-200

This Registration Form **must** be authorized by two (2) officers of the organization, one being the Chief Financial Officer or Treasurer.

First Authorization:

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

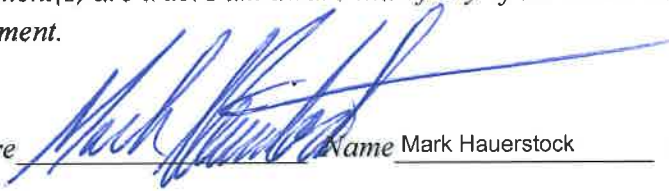
I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature  Name Roni Salkin Title Executive Director Date May 30, 2019

Second Authorization:

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

I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature  Name Mark Hauerstock Title CFO Date May 30, 2019


Certification

Form CRI-1501, CRI-300R, CRI-200

I, as principal officer of the applicant organization, understand that this registration will be accepted only if the requirements of the CRI Act are met. I agree to cooperate fully with any request by the Attorney General of the Division of Consumer Affairs to inspect the records of this organization in order to ascertain compliance with the statute and all pertinent regulations. I certify that the above statements made by me are true. I am aware that if any of the above statements made by me are willfully false, I am subject to punishment.

Roni Salkin

Name (Type or Print)



Signature

Executive Director

Title

May 30, 2019

Date

NOTE:
The above certification is to be signed by the chief executive officer, president or authorized representative officer of the organization.