TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2017

Prepared for	Ms. Susan Greenbaum, CEO Jewish Family & Children's Services 1485 Teaneck Road Teaneck, NJ 07666
Prepared by	Citrin Cooperman & Company, LLP 290 W. MT. Pleasant Avenue #3310 Livingston, NJ 07039
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	May 15, 2018
Special Instructions	The return should be signed and dated.

EXTENDED TO MAY 15, 2018

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or the	2016 calendar year, or tax year beginning $$ JUL 1 , 2016 and ending	JUN 30, 2017	
В	heck if pplicable:	C Name of organization	D Employer identific	cation number
а		JEWISH FAMILY & CHILDREN'S SERVICES OF		
	_Address _change	NORTHERN NEW JERSEY, INC.		
X	Name change	Doing business as	22-2	223109
]initlal _return	Number and street (or P.O. box if mail is not delivered to street address) Room/si	uite E Telephone numbe	
	Final return/	1485 TEANECK ROAD		837-9090
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,826,293.
	Amende return	I TEAMECK, NO 0/000	H(a) Is this a group re	eturn
L	Applica- tion pending	F Name and address of principal officer:SUSAN GREENBAUM	for subordinates	?Yes X No
_		1485 TEANECK ROAD, TEANECK, NO 07000	H(b) Are all subordinates in	
				list. (see instructions)
		:▶ WWW.JFCSNNJ.ORG	H(c) Group exemptio	
			ear of formation: 19/0 N	State of legal domicile: NJ
K	intij :	Summary	DITTING CONDONIC	DAMIT.TDC
ė	1 8	riefly describe the organization's mission or most significant activities: JFCSNNJ CAPABLE CHILDREN, HEALTHY ELDERS AND VITAL C	DOTIDS SINONG	raminin,
Governance		heck this box I if the organization discontinued its operations or disposed of n		note
Veri		· · · · · · · · · · · · · · · · · · ·		30
Ĝ		lumber of voting members of the governing body (Fart VI, line 1a)		30
oo N	1	otal number of individuals employed in calendar year 2016 (Part V, line 12)		134
Activities	1	otal number of volunteers (estimate if necessary)		186
Ę		otal unrelated business revenue from Part VIII, column (C), line 12		-5,679.
¥	1	et unrelated business taxable income from Form 990-T, line 34		-5,679.
			Prior Year	Current Year
ø)	8 0	contributions and grants (Part VIII, line 1h)	850,568.	2,297,101.
Revenue		rogram service revenue (Part VIII, line 2g)	1,017,033.	2,021,278.
eve	1	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
Œ		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,151.	343,022.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,879,752.	4,661,401.
	13 0	rants and similar amounts paid (Part IX, column (A), lines 1-3)	241,585.	76,573.
	1	enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ŝ		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,078,566.	2,545,161.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Š	bΤ	otal fundraising expenses (Part IX, column (D), line 25) 283,606.	FOF OOE	2 AAF 000
ш	17 C	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	585,886. 1,906,037.	
	II.	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-26,285.	
- 0	19 F	evenue less expenses. Subtract line 18 from line 12	T	
Net Assets or Fund Balances		(2.17)	Beginning of Current Year 1,781,519.	End of Year 2,103,439.
SSE	20 T	otal assets (Part X, line 16)	662,003.	1,022,696.
let /	21 T	otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20	1,119,516.	1,080,743.
P	22 N art	Signature Block		
		ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of m	y knowledge and belief, it is
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer		
	Ī	Moan (nentaum	15	15 118
Sig	n	Signature of officer	Date	
He		SUSAN GREENBAUM, CEO		ſ
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	q E	PAULA VUKSIC, CPA, MST	5//5//8 self-employ	ed P00360739
	parer [Firm's name CITRIN COOPERMAN & COMPANY, LLP	Firm's EiN ▶	22-2428965
Use	Only	Firm's address 290 W. MT. PLEASANT AVENUE #3310		3 040 0500
		LIVINGSTON, NJ 07039	Phone no. 97	3-218-0500
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

Par	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: BASED ON JEWISH TRADITION AND VALUES, JEWISH FAMILY & CHILDREN'S
	SERVICES OF NORTHERN NEW JERSY'S MISSION IS TO STRENGTHEN AND ENHANCE
	THE WELL-BEING OF ALL WHO CALL UPON US BY PROVIDING PROFESSIONAL AND
	COMPASSIONATE HUMAN SERVICES TO EFFECTIVELY MEET LIFE'S MANY
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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 \$ 1,501,798. Including grants of \$ 55,385.) (Revenue \$ 77,081.)
	SENTOR SERVICES: JFCSNNJ HELPED 1,374 SENIORS SAFELY REMAIN IN THEIR
	HOMES WITH DIGNITY AND ENHANCE THEIR QUALITY OF LIFE BY PROVIDING:
	COMPREHENSIVE IN-HOME ASSESSMENTS; CARE MANAGEMENT; FINANCIAL
	ASSISTANCE; AT-HOME DELIVERY OF KOSHER MEALS; AND FRIENDLY VISITS AND
	CALLS BY CARING VOLUNTEERS. NINETY-NINE PERCENT OF SENIORS SERVED BY
	JFCSNNJ WERE ABLE TO REMAIN IN THEIR HOMES. A TOTAL OF 33,759 MEALS
	WERE DELIVERED TO 252 HOMEBOUND SENIORS IN 2017.
4b	(Code:) (Expenses \$ 634,295. Including grants of \$ 0.) (Revenue \$ 570,503.)
-1 11	MENTAL HEALTH COUNSELING: JFCSNNJ PROVIDED INDIVIDUAL, FAMILY, COUPLE
	AND GROUP COUNSELING TO 626 CONSUMERS. IN ADDITION TO DELIVERING
	SERVICES AT JECSNNJ' MAIN LOCATION, SERVICES WERE DELIVERED AT PUBLIC
	SCHOOLS, INCREASING ACCESS TO CARE FOR STUDENTS AND THEIR FAMILIES.
	SPECIALIZED SERVICES TO VICTIMS OF DOMESTIC VIOLENCE WERE ALSO
	PROVIDED. SERVICES WERE DELIVERED IN ENGLISH, SPANISH, HEBREW AND
	KOREAN BY QUALIFIED MENTAL HEALTH PROFESSIONALS.
	(6. t
4c	Riode, Texpenses a political incidental distriction of the control
	AFTERSCHOOL PROGRAMS: JFCSNNJ PROVIDED SCHOOL-BASED AFTERSCHOOL PROGRAMMING TO APPROXIMATELY 896 CHILDREN IN FIVE SCHOOL DISTRICTS,
	FOUR IN BERGEN COUNTY AND ONE IN NORTH HUDSON COUNTY. PROGRAMMING WAS
	OFFERED FIVE DAYS A WEEK THROUGHOUT THE ACADEMIC YEAR FOR THREE HOURS A
	DAY. PROGRAMMING INCLUDED HOMEWORK ASSISTANCE, ENRICHMENT AND
	STRUCTURED RECREATION FOR ALL SCHOOL DISTRICTS.
	SIROCIONED INDENENTION TON MADE BORROOF SESSIONS
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 228,566 • including grants of \$ 21,188 •) (Revenue \$)
4-	3 349 499 ·

Par	TIV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X		10000000000000000000000000000000000000	7-10-10-10-10-10-10-10-10-10-10-10-10-10-
	as applicable.	10000000	2.122.22	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		77	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Α,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1,7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			٠,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ _V
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		_v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا . ـ	\ v _r	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	ļ—
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_v
	complete Schedule G, Part III	19	000	(2016)

Did the organization operato one or more hospital facilities? If "Yes," complete Schedule H 200 X 200 X 200 If "Yes" to line 20a, did the organization stach a copy of its auditod financial statements to this return? 200 200	Par	t IV Checklist of Required Schedules (continued)			
bill "Yes" to line 20st, old the organization speak of the organization at tools, of the organization report more than \$5,000 of grants or other assistance to any domestic operations or operation of domestic operation report more than \$5,000 of grants or other assistance to any domestic operation or domestic operation or domestic operation or the organization or domestic operation (Victoria) (A), in 1911 "Yes", organization and the Part I and II and the Organization are part I'ves", organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, otherwise (Victoria) (A), in 29 and VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustases, key employees, and highwater compensated or the organization's current and former officers, directors, trustases, key employees, and highwater compensated or the organization's current and former officers, directors, trustases, key employees, and highwater compensated or the organization's current and former officers, directors, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. If the Organization in the organization has a trust and promote and the organization and the or				Yes	
b If Yes's to line 20s, old the organization stack is copy of its audited financial statements to this neturn? 20b 21b Mit the organization report men than \$5,000 or grants or other assistance to any domestic organization or domestic powerment on Part IX, column (A), line 17 if Yes,* complete Scheduls I, Parts I and II 21 X X 22 X Part IX, column (A), line 27 if Yes,* complete Scheduls I, Parts I and II 22 X 23 X 24 X 24 X 25 X 25 X 25 X 25 X 25 X 26 X 26 X 27 X 27 X 28 X	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
domestic government on Part IX, column (A), line 17 if "iss", complete Schedule I, Parts 1 and II	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), the 2? If "Yes," complete Schedule I, Parts I and III 2 Did the organization answer "yes" to Part IXI, section A, Inis a 3, to 4 should compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Schedule I. Part IV as a section of the part IXI was sessed and the December 31, 2002? If "Yes," answer lines 24th through 24th and complete Schedule IX. If "No", go to line 25s Did the organization wreat any proceeds of tex-exempt bends beyond a temporary period exception? Did the organization matrials an escrow account other than a refunding secrow at any time during the year to defease any tex-exempt bends? Did the organization matrials an escrow account other than a refunding secrow at any time during the year to defease any tex-exempt bends? Did the organization matrials an escrow account other than a refunding secrow at any time during the year? 24d Did the organization matrials an escrow account other than a refunding secrow at any time during the year? 24d Did the organization matrials an escrow account other than a refunding secrow at any time during the year? 24d Did the organization matrials an escrow account other than a refunding secrow at any time during the year? 24d Did the organization matrials an escrow account other than a refunding secrow at any time during the year? 24d Did the organization matrials and year of 1 "Yes," complete Schedule I., Part II 25b Ix the organization matrials and year of 1 "Yes," complete Schedule I., Part II 25c Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or populates to any current or former offerer, directors, trustoes, levy employees, or desquality persons if "Yes," complete Schedule I., Part IV 26c Did the organization party to a business transaction with one of the foliowing parties	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, ookumn (A), line 27 ii "Yes," complete Schedule I, Parts I and III 20 Did the organization answer Yes* to Part IV, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV is at tay of the year, that was issued after December 31, 2002? If "Yes," arrawer lines 24th through 24th and complete Schedule I, "I'vo", at the regalization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d bit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25d bit the organization one at an "on behalf of" issuer for bonds outstanding at any time during the year of the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Saction 50f(c)(8), 50f(c)(4), and 50f(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "If "Yes," complete Schedule I, Part II II Issuer I I Issuer I I Issuer I I I I Issuer I I I I I I I I I I I I I I I I I I I			21		<u> </u>
23 Did the organization answer "Yes" to Part Wi, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 27d Did the organization on than an escore account other than a refunding escrore at any time during the year to defease any tax-exempt bonds? 28d Did the organization was as an "on behalf of" issuer for bonds outstanding at any time during the year? 28d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I are secretion has not been reported on any of the organization engage in an excess benefit transaction has not been reported on any of the organization report any amount on Part X, line 6, 6, or 22 for recolvables from or psyables to any current or former officers, directors, trustees, inchestors, trustees, or disqualidate persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions? 27 If the organization provide a grant or other assistance to an officer, director, trustee, or deep organizations and provide a grant or other assistance to an officer, director, trustee, or deep organizations and provide schedule L, Part IV in the analysis of the organization provide schedule I.	22			37	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, I"No", go to line 25s 5 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b			22	Λ	<u> </u>
Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "Yes," on to line 25e 25a Section 901(e)(3), 601(e)(4), and 501(e)(29) organizations. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25a Section 901(e)(3), 601(e)(4), and 501(e)(29) organizations. Did the organization organge in an excess benefit transaction with a disqualided person uting the year? If "Yes," complete Schedule L, Part I transaction with a disqualided person of thing the year? If "Yes," complete Schedule L, Part I as 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, nighest compensated employees, or disqualified persons if If "Yes," complete Schedule L, Part II lib 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, nighest compensated employees, or disqualified persons if If "Yes," complete Schedule L, Part II lib 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 59% controlled entity or family member of any of these porsons? If "Yes," complete Schedule L, Part IV lines trustees, or key employee? If "Yes," complete Schedule L, Part IV lines trustees, or key employee? If "Yes," complete Schedule L, Part IV lines to fromer officer, director, trustee, or key employee for a family member of a current or former officer, director, trustee, or key employee for a family member of a current or former officer, director, trustee, or key employee for a family member of a current or former	23				
24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", yo for line 25a 24b			0.2	x	
Last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a Did the organization mistrain an ascrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? did bit the organization mistrain an ascrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? did bit the organization set as an "on behalf of" issuer for bonds outstanding at any time during the year? did bit the organization set as an "on behalf of" issuer for bonds outstanding at any time during the year? did bit the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did bit the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did bit the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did bit the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part II bit 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 year for forms 990 or 9590-EZ? If "Yes," complete Schedule L, Part II Did the organization port any amount on Part X, line 6, 6, or 22 for receivables from or payables to any current or former officer, if yes, organization person and properly any amount or Part X, line 6, 6, or 22 for receivables from or payables to any current or former officer against or other assistance to an officer, director, trustee, or key employee, substantial contributions or any place against or other assistance to an officer, director, trustee, or key employee or afamily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a		Schedule J	23	-23	
Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Sa Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I established the transaction has not been reported on any of the organization on 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-E27 If "Yes," complete Schedule L, Part II established to any current or former officers, citractors, key employees, highest complexes schedule L, Part II established to any current or former officers, citractors, key employees, highest complexes schedule and presents? If "Yes," complete Schedule L, Part II established to enganization provide a grant or other assistance to an officer, director, trustee, or leav employees, or disqualified persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions? a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28h A ramity of which a current or former officer, director, trustee, or key employee for a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28h Did the organization receive more than 25c, complete Schedule I, Part IV 28h The proposition of the part I is a section 301.7701-37 If "Yes," complete Schedule I, Part IV 28h Did the organization related to any tax-exempt or taxable enti	24a	Did the organization have a tax-exempt bond issue with an outstanding principal anitotic of more than \$100,000 as of the			
b Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? b 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? 24d			24a		х
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? 246 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 247 258 Section 901(c)(3), 801(c)(4), and 501(c)(28) organizations. Did the organization any age in an excess benefit transaction with a disqualified person during the year? 259 Is the organization avere 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-E27 if "Yes," complete Schedule L, Part II 260 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, ley employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III 270 281 282 Was the organization provide a grant or other assistance to an officer, director, trustee, leve employees, substantial contributor or employee three, is grant selection committee member, or to a 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 282 283 A current or former officer, director, trustee, or key employees (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employees (or a family member thereof) was an officer, director, trustee, or key employees (or a family member thereof) was an officer, director, trustee, or key employees (or a family member thereof) was an officer, director, trustee, or key employees (or a family member thereof) was an officer, director, trustee, or key employees (or a family member of a current or former officer, director, trustee, or key employees (or a family member of a current or f	h				
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27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 5 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 5 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 5 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 5 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28c X 5 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N 290 X 5 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 5 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 X 5 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization have a controlled entity within the meaning of section 512(b)(3)? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization conduct more than 5% of i		former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27			26	 -	<u> </u>
of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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 key employee? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization iquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 34 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 35 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 in	27]	İ
or farly of these persons in ** Fash, complete Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If **Yes,** complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If **Yes,** complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If **Yes,** complete Schedule L, Part IV 28b X 28b X 28b X 28b X 28b X 28b X 28c X 28b X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If **Yes,** complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If **Yes,** complete Schedule M 29 Did the organization liquidate, terminate, or dissolve and cease operations? If **Yes,** complete Schedule N, Part I 20 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If **Yes,** complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If **Yes,** complete Schedule R, Part I 31 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 32 bif **Yes,** to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If **Yes,** complete Schedule R, Part V, line 2 33 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If **Yes,** complete Schedule R, Part V, line 2 34 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If **Yes,** complete Schedule R, Part V, line 2 35 Did the organization conduct more than 5% of its activities through an ent			97		Ιx
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Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 35b X 35b X 35ction 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	34		34	Х	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			1
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?					
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	Х
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
loo I X l	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		Note. All Form 990 filers are required to complete Schedule O	38	X	(00:15)

NORTHERN NEW JERSEY, INC. 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			···	· · · · · · · · · · · · · · · · · · ·							
		ایدا	4.4		Yes	No						
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1b	0	1000 1000 1000 1000 1000 1000 1000 100								
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		<u> </u>									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-		oro daminia	1c								
٥.	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		***************************************	100	Month at	reading.						
za	filed for the calendar year ending with or within the year covered by this return	2a	134									
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2 b	X	**************************************						
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			(507)01741 (507)01741								
20	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?											
Ja h	b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O											
49	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
ти	financial account in a foreign country (such as a bank account, securities account, or other financial account)?											
h	If "Yes," enter the name of the foreign country:		,			A						
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).			P. C. V. C.						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			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	ne orga	anization solicit									
	any contributions that were not tax deductible as charitable contributions?			6a		X						
d	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions c	r gifts									
	were not tax deductible?			6b	99504410	Service Audition						
7	Organizations that may receive deductible contributions under section 170(c).				700 700 V.C.	100 A 200 100 A						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a	X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X							
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired	l _		l v						
	to file Form 8282?		 I	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				X						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f	 	 ^						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	 	\vdash						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of the description of the descripti			7h	1000000							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	ı by tn	e	8								
_	sponsoring organization have excess business holdings at any time during the year?			0	#\$110010 30000000000000000000000000000000							
9	Sponsoring organizations maintaining donor advised funds.			9a	1200011111111							
a 	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9h	 	_						
				or is in a control	WHEN WE							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a		The second project of		1224000						
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b										
11	Section 501(c)(12) organizations. Enter:				100.0000							
''a	Gross income from members or shareholders	11a				Part of the Part o						
	Gross income from other sources (Do not net amounts due or paid to other sources against					420						
_	amounts due or received from them.)	11b		11 2 A A A A A A A A A A A A A A A A A A		77300000000000000000000000000000000000						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			2000000							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				110115	11.000						
	Is the organization licensed to issue qualified health plans in more than one state?			13a		<u> </u>						
	Note. See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the	,	1	200000 200000								
	organization is licensed to issue qualified health plans	13b			2011-1-00 2011-1-00 2011-1-00							
	Enter the amount of reserves on hand	13c		2500								
14a				14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b		/00:5:						
				Forn	1 990	(2016)						

NORTHERN NEW JERSEY, INC.

22-2223109

Page 6

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.

	The Late Boats			X							
	Check if Schedule O contains a response or note to any line in this Part VI			41							
Sec	tion A. Governing Body and Management		Yes	No							
	Enter the number of voting members of the governing body at the end of the tax year.	Name of the	165	INU							
1a	Enter the humber of voting members of the governing body at the old of the tax year.		2000	100000000000000000000000000000000000000							
	If there are material differences in voting rights among members of the governing body, or if the governing			100							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	Andrew Special Control of the Contro									
b	Effet the fluitibel of voting thethoets holded in line 14, above, who dro independent										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?										
3											
	of officers, directors, or trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X							
6	Did the organization have members or stockholders?	b		77							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	ا		Х							
	more members of the governing body?	7a									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		х							
	persons other than the governing body?	7b	nacembio	A							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	- STANISTA	v								
а	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X							
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1								
			Yes	No X							
	Did the organization have local chapters, branches, or affiliates?	10a									
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X								
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Δ.								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		7								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	^-	├──							
C			x								
	in Schedule O how this was done	12c	X	<u> </u>							
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>							
14	Did the organization have a written document retention and destruction policy?	14									
15	Did the process for determining compensation of the following persons include a review and approval by independent		100000000000000000000000000000000000000								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	Burge:	1								
а	The organization's CEO, Executive Director, or top management official	15a	Х	 							
þ	Other officers or key employees of the organization	15 b	-Ammur	X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			100 100 100 100 100 100 100 100 100 100							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			William V							
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	And the second	10,250,173								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	9120000	120000000000000000000000000000000000000	100000000000000000000000000000000000000							
	exempt status with respect to such arrangements?	16b		Ь							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►NJ										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availa	ole								
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X 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, ar	ıd finaı	ncial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records:										
	SUSAN GREENBAUM - 201-837-9090										
	1485 TEANECK ROAD, TEANECK, NJ 07666										

Page 7

NORTHERN NEW JERSEY, INC.

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

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.

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

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

(A)	(B)			(()			(D)	(E)	(F)		
Name and Title	Average	Position (do not check more than one						Reportable	Estimated			
	hours per	box,	, unle	ss pe	rson i	is boti or/trus	h an	compensation	compensation	amount of		
	week	\vdash	en an	uau	e e c to	ii/uus	160)	from	from related	other		
	(list any	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the		
	hours for related	e or d	tee			sated	1	(W-2/1099-MISC)	(٧٧-2/ ١٥૭٥-١٧١١٥٥)	organization		
	organizations	ruste	T L		ag	mpen		(***27 (030-141100)		and related		
	below	dual	nstitutional trustee	 -	Key employee	sst co				organizations		
	line)	Indivi	nstit	Officer	Key B	Highest compensated employee	E E					
(1) GEOFFREY LEWIS	5.00											
TREASURER		X		Х				0.	0.	0.		
(2) SHIRA FEUERSTEIN	5.00											
PRESIDENT		Х		X				0.	0.	0.		
(3) BETH NADEL	5.00								_	_		
VICE PRESIDENT		X	<u> </u>	X				0.	0.	0.		
(4) SHERYL SARNAK	5.00								_			
TRUSTEE		Х		X				0.	0.	0.		
(5) STEVEN L. DAVIS	5.00											
TRUSTEE		X			Ļ	ļ		0.	0.	0.		
(6) BRUCE EGERT	5.00	<u> </u>						_	_	^		
SECRETARY		Х	L	<u> </u>	L.	_	<u> </u>	0.	0.	0.		
(7) ILENE GELMAN	5.00								٥.	0.		
TRUSTEE		Х	<u> </u>		_	<u> </u>	<u> </u>	0.	0.	0.		
(8) HELEN GRAF	5.00	۱.,					ĺ	0.	0.	0.		
TRUSTEE	5.00	X	-	<u> </u>	ļ	<u> </u>		0.	V •	· ·		
(9) BARBARA BENDER	3.00	X						0.	0.	0.		
TRUSTEE	5.00	₽	├	<u> </u>		 	┝		0.	0.		
(10) DEBRA HARRIS	3.00	X						0.	0.	0.		
VICE PRESIDENT	5.00	_	┝	-	⊢	┝	├	0.	0.			
(11) SUZETTE DIAMOND	3.00	x						0.	0.	0.		
TRUSTEE	5.00	₽	├	┢	⊢	-	├	0.	0.			
(12) LISA MARCUS ABRAMOWITZ	3.00	x				1		0.	l o.	0.		
TRUSTEE (13) DIANE SEIDEN	5.00		\vdash	ļ	\vdash		⊢	0.				
TRUSTEE	3.00	X						0.	ο.	0.		
(14) SUSAN M. GREENBAUM	35.00	122		-	╁─	1	╁	, , , , , , , , , , , , , , , , , , ,	<u> </u>			
CEO	1.00	x		Х				163,333.	0.	21,816.		
(15) BARRY FEIGENBAUM	5.00	127		1	\vdash	1	一	200,000				
TRUSTEE		\mathbf{x}				l		0.	0.	0.		
(16) MARILYN PEREZ	35.00	 	H		\vdash		H					
CFO		\mathbf{x}				1		90,000.	0.	3,600.		
(17) GALE S. BINDELGLASS	5.00	 			T	1	T	,				
TRUSTEE		x						0.	0.	0.		
	· · · · · · · · · · · · · · · · · · ·	•	•	-	*					Form 990 (2016)		

632007 11-11-16

Form **990** (2016)

632008 11-11-16

Total number of independent contractors (including but not limited to those listed above) who received more than

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2016)

\$100,000 of compensation from the organization

22-2223109

Form 990 NORTHERN NEW JERSEY, INC.								22-2223109						
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Emp									ees (continued)					
(A) (B) (C)								(D)	(E)	(F)				
Name and title	Average		Position					Reportable	Reportable	Estimated				
	hours	(cl	(check all that ap			арр	ly)	compensation	compensation	amount of				
	per					,		from	from related	other				
	week	<u> </u>				Highest compensated employee		the	organizations (W-2/1099-MISC)	compensation from the				
	(list any hours for	lirect				d emp		organization (W-2/1099-MISC)	(44-27 (099-141130)	organization				
	related	98 07.0	age			ısateı		(***271000 (**1000)		and related				
	organizations	Individual trustee or director	al tru		yee	шре				organizations				
	below	idual	tution	₩	emplc	estoc	널							
	line)	별	ınsti	Officer	Key	듈	Former							
(27) GAIL LOEWENSTEIN	5.00													
TRUSTEE		х						0.	0.	0.				
(28) SUSAN NAGLER	5.00													
TRUSTEE		х						0.	0.	0.				
(29) RON ROSENSWEIG	5.00			┢	<u> </u>									
SECRETARY		х						0.	0.	0.				
(30) RACHEL SCHEFF	5.00						 							
TRUSTEE		х						0.	0.	0.				
(31) PAULA SHAIMAN	5.00		Н											
TRUSTEE		x	İ					0.	0.	0.				
(32) ILENE WOLFF	5.00		┢											
TRUSTEE		x		İ				0.	0.	0.				
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Total to Part VII, Section A, line 1c			• • • • • • •						1	1				

NORTHERN NEW JERSEY, INC.

b c d e	Federated campaigns Membership dues	1a	# # # # # # # # # # # # # # # # # # #		exempt function		SECTIONS
b c d e		4_			revenue	revenue	from tax under sections 512 - 514
b c d e		1 1811	893,530.	The state of the s			And of the second secon
c d e	MCMBOIDINP dage	1b		The state of the s			And the same of th
d e	Fundraising events	1c	68,203.	The state of the s	Property of the property of the control of the cont	Visit of the second of the sec	A control of the second of the
e	Related organizations	1d	, , , , , , , , , , , , , , , , , , , ,	The state of the s	The state of the s	Average of the second s	
	Government grants (contributions)	1e		A CONTRACTOR OF THE PROPERTY O	A CONTROL OF THE PROPERTY OF T	The state of the s	The state of the s
'	All other contributions, gifts, grants, and	-			The state of the s		And the control of th
	similar amounts not included above	4. 1 .	335,368.	A STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	1 Sabra man, wal-based with heart to straight a second of the second of	STORY WAS A CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF T	And the state of t
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	Noncash contributions included in lines 1a-1f; \$			2,297,101.	The first of the f		
n	Total. Add lines 1a-11		Business Code	***************************************	The state of the s		
_	PROGRAM FEES-SBS		624100	1,373,694.	1 373 694	A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	The state of the s
	COUNSELING FEES		624100		570,503.		
-			900099	77,081.			
С	OTHER PROGRAM FEES		300033	77,001.	77,001.		
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4	Income from investment of tax-exemp	t bond p	oroceeds >				
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6 a	Gross rents 25,	200.		The state of the s	2007 100 cm 100 c	The state of the s	The second secon
b	Less: rental expenses 40,	0.00	L	the control of the co	The state of the s	Section 1	Party of the state
С	Rental income or (loss) -15,	416.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The second secon	The first term of the control of the
d	Net rental income or (loss))	-15,416.	-9,737.	-5,679.	
7 a	Gross amount from sales of (i) Sec	curities	(ii) Other	- NAME OF THE PARTY OF THE PART		A CONTROL OF THE PROPERTY OF T	The second of th
				The second of th	The state of the s	The second secon	
b	-		"	Fig. 1 and 1	A CONTROL OF THE PROPERTY OF T	And the state of t	And the state of t
	and sales expenses			A CONTROL OF THE PROPERTY OF T	The state of the s	The state of the s	The state only as a series of the state of t
c				American services of the servi	Special Control of the Control of th	The state of the s	
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U u	including \$ 68,203.	nf		A STATE OF THE STA	Final on any or was a subject of the	The state of the s	And the second s
				And the second s	The second secon	A common of the	A TOTAL OF THE STATE OF THE STA
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			<u> </u>				
С		entory					
	Miscellaneous Revenue	TTTT		11 000	11 060		
i1 a	MISCELLANEOUS REVER	10E	900099	14,000.	14,000.		
b							
C							
						sumozeneje - (2000-00),	
е	Total. Add lines 11a-11d		>	14,060.			
	g 3 4 5 6 6 6 7 6 7 6 7 7 8 8 9 9 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0	g Total. Add lines 2a-2f Investment income (including dividence other similar amounts) Income from investment of tax-exempts Royalties (i) 1 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events including \$ 68,203. contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising 9 a Gross income from gaming activities. Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. Part IV, line 19 b Less: cost of goods sold c Net income or (loss) from sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 1 a MISCELLANEOUS REVEN b All other revenue e Total. Add lines 11a-11d	Investment income (including dividends, intercother similar amounts) Income from investment of tax-exempt bond income from investment of tax-exempt bond income from investment of tax-exempt bond income from investment of tax-exempt bond income from investment of tax-exempt bond income from investment of tax-exempt bond income from investment of tax-exempt bond income from investment of tax-exempt bond income from functions income from functions from fu	Investment income (including dividends, interest, and other similar amounts)	g Total. Add lines 2a·2f	g Total. Add lines 2a-2f Income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties Income from investment of tax-exempt bond proceeds Royalties Income from investment of tax-exempt bond proceeds Royalties Income from investment of tax-exempt bond proceeds Royalties Income from investment of tax-exempt bond proceeds Royalties Income from investment of tax-exempt bond proceeds Royalties Income from investment of tax-exempt bond proceeds Royalties Income from investment of tax-exempt bond proceeds Royalties Income from investment of tax-exempt bond proceeds Income from investment of tax-exempt bond proceeds Income from investment of tax-exempt bond proceeds Income from investment of tax-exempt bond proceeds Income from from sales of inventory Income from from from from from from from from	g Total. Add lines 2a-2f Income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal Income or (loss) Income from investment of tax-exempt bond proceeds Royalties (ii) Real (iii) Personal Income or (loss) Income or (los

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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			1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	dentring any tentra Pagantago Josephania, in 1960 Josephania London Control of State of State of State Josephania London Control of State of State of State
_	individuals. See Part IV, line 22	76,573.	76,573.	The state of the s	
3	Grants and other assistance to foreign			VARIATION OF THE STATE OF THE S	The street of th
	organizations, foreign governments, and foreign		:	AND AND AND AND AND AND AND AND AND AND	A Control of the Cont
	individuals. See Part IV, lines 15 and 16			And the state of t	and 1.7 minutes are the control of t
ļ	Benefits paid to or for members			745 A A 1 1 1 7 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
5	Compensation of current officers, directors,				
	trustees, and key employees	175,000.	122,500.	35,000.	17,500
ì	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
•	Other salaries and wages	2,001,210.	1,393,138.	396,585.	211,48
,	Pension plan accruals and contributions (include			08.44	- 05
	section 401(k) and 403(b) employer contributions)	84,419.	42,210.	37,144.	5,06
ı	Other employee benefits	118,612.	60,427.	50,107.	8,07
	Payroll taxes	165,920.	82,960.	73,005.	9,95
	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting	52,142.		52,142.	
đ	Lobbying				
е	Professional fundraising services. See Part IV, line 17		1011 - 1714 AND AND AND AND AND AND AND AND AND AND	The state of the s	
f	Investment management fees			7 m.	
g	Other. (If line 11g amount exceeds 10% of line 25,		4 4 5 6 5 6 5	100 604	0.01
	column (A) amount, list line 11g expenses on Sch 0.)	1,267,422.	1,156,785.	108,624.	2,01 5,85
!	Advertising and promotion	37,768.	594.	31,324.	5,85
}	Office expenses	135,288.	20,757.	97,150.	17,38
	Information technology				
,	Royalties		40 445	20 266	
,	Occupancy	49,781.	19,415.	30,366.	84
,	Travel	14,420.	12,923.	654.	64
;	Payments of travel or entertainment expenses	4 010	1 750	2 045	11
	for any federal, state, or local public officials	4,818.	1,759.	2,945.	<u> </u>
•	Conferences, conventions, and meetings	10 011		10 0/1	
•	Interest	18,941.		18,941.	
	Payments to affiliates	E7 200	42 072	12,611.	1,72
2	Depreciation, depletion, and amortization	57,308.	42,972. 24,992.	14,311.	2,49
i	Insurance	41,799.	44,334.	T4, 2TT •	4,47
•	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	The second secon			
	amount, list line 24e expenses on Schedule 0.)	208,630.	208,630.		
	FOOD - KMOW	81,716.	73,244.	7,873.	59
b	FOOD AND VENUE REPAIRS AND MAINTENANCE	64,215.	13,444.	64,215.	
C	CAMP BEEC	9,500	9,500.	04/413*	
d		2,140.	120.	1,520.	50
	All other expenses	4,667,622.	3,349,499.	1,034,517.	283,60
<u> </u>	Total functional expenses. Add lines 1 through 24e		J,J=J,=JJ•	# 100 = 10 # 1 •	200,00
)	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 153,416. 258,172. Cash - non-interest-bearing 133,282. 133,363. 2 2 Savings and temporary cash investments 10,625. 9,408. 3 Pledges and grants receivable, net 249,799. 567,865. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 73,028. 32,930. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a 1,760,609. 1,091,124. 1,052,139. 669,485. b Less: accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 114,197. 5,610. 15 Other assets. See Part IV, line 11 15 2,103,439. 1,781,519. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 211,091. 389,731. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 27,721. 19,571. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 392,177. 429,147. 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 213,067. 2,194. 25 662,003. 1,022,696. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 581,289. 661,985. 27 27 Unrestricted net assets 153,952. 112,029. 28 28 Temporarily restricted net assets 345,502. 345,502. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Pajd-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,119,516. 1,080,743. 33 33 Total net assets or fund balances 1,781,519. 2,103,439. Total liabilities and net assets/fund balances Form 990 (2016)

Form	990 (2016) NORTHERN NEW CERSEI, INC.		DDDJEVS	1 6	<u>ye . </u>
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
					0.4
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,66		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,66		
3	Revenue less expenses. Subtract line 2 from line 1	3			21.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,11	9,5	16.
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	<u> </u>	12,5	52.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,08	30,7	43.
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			1200000	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1 3 4 4 7 4 7 4 7 4 7 4 7 4 7 4 7 4 7 4 7		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	A Section of the sect		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	The state of the s		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	separate basis, consolidated basis, or both:		100 A 100 A		A Company of the Comp
	Separate basis Consolidated basis Both consolidated and separate basis		marking of Marce (ed.) 100 March Mark March (ed.) 1 Mark March (ed.) 1 March (ed.) 1 March (ed.)		THE PARTY OF THE P
b	Were the organization's financial statements audited by an independent accountant?			X	m 12304,0000
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	3,	Dillo:	
	consolidated basis, or both:		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	Separate basis X Consolidated basis Both consolidated and separate basis		All the second of the second o		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			77	
	review, or compilation of its financial statements and selection of an independent accountant?			X	V
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (O,		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle At			X
	Act and OMB Circular A-133?		3a	+-	+^-
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired at	ıdıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		(2016)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

Open to Public

Inspection

Employer identification number

OMB No. 1545-0047

JEWISH FAMILY & CHILDREN'S SERVICES OF Name of the organization NORTHERN NEW JERSEY, INC. 22-2223109 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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: 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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. 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. 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. 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. 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). (iv) is the organization listed (vi) Amount of other (ii) EIN (iii) Type of organization (v) Amount of monetary (i) Name of supported (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 NORTHERN NEW JERSEY, INC.

22-2223109 Page 2

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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not	_					00000	
	include any "unusual grants.")	1583284.	1336983.	1078443.	2485492.	2297101.	8781303.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge					0007404	000000	
4	Total. Add lines 1 through 3	1583284.	1336983.	1078443.	2485492.	2297101.	8781303.	
5	The portion of total contributions	The state of the s	The second secon	A Company of the Comp	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T			
	by each person (other than a	Santa da la companya	A STATE OF THE STA	A TOTAL CONTROL OF THE PROPERTY OF THE PROPERT	A CONTROL OF THE PROPERTY OF T	The state of the s		
	governmental unit or publicly	A STATE OF THE STA	200	The second secon		The state of the s		
	supported organization) included	The state of the s	The second secon	TATABA COMMITTAL CONTROL OF THE CONT	The state of the s	Committee of the commit		
	on line 1 that exceeds 2% of the	Section 2. Comment of the Administration of	La William Control of the Control of	The state of the s	2	A STATE OF THE STA		
	amount shown on line 11,	The state of the s	The state of the s	A CONTROL OF THE PROPERTY OF T	A Committee of the Comm	A STATE OF THE STA		
	column (f)	Service Commence of the company of the commence of the commenc	Charles of Course States of Name of Course of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Angels of a vision of the second test and a vision of the vision of the vision of the vision of the vision of the vision of th	Comment of the commen	0704202	
	Public support. Subtract line 5 from line 4.	The same of the sa		1 1 1 1 1 1 1 1 1 1	A thought of a beautiful to a control of the contro	and the control of th	8781303.	
	ction B. Total Support				T			
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016 2297101.	(f) Total	
7	Amounts from line 4	1583284.	1336983.	1078443.	2485492.	229/101.	8781303.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties	40 550	FO 005	C4 720	00 315	25 200	207 022	
	and income from similar sources	49,573.	58,005.	64,739.	90,315.	25,200.	287,832.	
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	04 607	0 405		0 007	14 060	47 110	
	assets (Explain in Part VI.)	21,637.	2,495.		8,927.	14,060.	47,119. 9116254.	
	Total support. Add lines 7 through 10	The same of the sa	The second secon	A STATE OF THE STA	A STATE OF THE STA	THE TAX AND THE TA	3110234.	
	Gross receipts from related activities,					12		
13	First five years. If the Form 990 is for						▶ []	
200	organization, check this box and stop ction C. Computation of Publ	ic Support Pe						
	Public support percentage for 2016 (column (fl)		14	96.33 %	
	• • • •						96.14 %	
15	Public support percentage from 2015 33 1/3% support test - 2016. If the	organization did no	n, illio 14	n line 13 and line	14 is 33 1/3% or r			
102	stop here. The organization qualifies							
ı	33 1/3% support test - 2015. If the	as a publicly supp organization did no	of check a hox on	ine 13 or 16a. and	d line 15 is 33 1/3%	6 or more. check th		
ı.	and stop here. The organization qual							
17:	10% -facts-and-circumstances tes							
116	and if the organization meets the "fac	cts-and-circumstan	ces" test. check t	his box and stop h	nere, Explain in Pa	rt VI how the organ	nization	
	meets the "facts-and-circumstances"							
ŀ	10% -facts-and-circumstances tes							
•	more, and if the organization meets ti							
	organization meets the "facts-and-cire							
18	Private foundation. If the organization							
	Schedule A (Form 990 or 990-EZ) 2016							

Schedule A (Form 990 or 990-EZ) 2016 NORTHERN NEW JERSEY, INC. 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513			<u> </u>	<u> </u>		
4 Tax revenues levied for the organ-						
ization's benefit and either paid to	İ					
or expended on its behalf				<u> </u>		
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and				1		
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.)	1904 1904 1904 1904 1904 1904 1904 1904	A Comment of the Comm	17 (3.57) (\$ 1.00)		(1)	
Section B. Total Support		····				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organi:	zation,
check this box and stop here						
Section C. Computation of Pub	lic Support Pe	ercentage				
15 Public support percentage for 2016						9/
16 Public support percentage from 201	5 Schedule A, Par	t III, line 15			16	9
Section D. Computation of Inve						
17 Investment income percentage for 2	2 016 (line 10c, colu	ımn (f) divided by	line 13, column (f))		17	9,
18 Investment income percentage from	2015 Schedule A	, Part III, line 17			18	9,
19a 33 1/3% support tests - 2016. If th	e organization did	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box	and stop here. Th	e organization qu	alifies as a publicly	supported organi	zation	▶└□
b 33 1/3% support tests - 2015. If th	e organization did	not check a box o	on line 14 or line 19	a, and line 16 is n	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, ch	neck this hox and	stop here. The or	ganization qualifies	s as a publicly sup	ported organization	· ▶□
20 Private foundation. If the organizat	ion did not check	a box on line 14.1	9a, or 19b. check	this box and see i	nstructions	>
632023 09-21-16			,	Sc	hedule A (Form 99	0 or 990-EZ) 201

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

LES SECTIONS	Yes	No
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trustees of each of the supported organizations? Provide details in Part VI.

activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. Schedule A (Form 990 or 990-EZ) 2016

2b

За

reasons for the organization's position that its supported organization(s) would have engaged in these

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

632025 09-21-16

Schedule A (Form 990 or 990-FZ) 2016 NORTHERN NEW JERSEY, INC.

22-2223109 Page 6

	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.	
Sect	on 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	74.77		
	instructions for short tax year or assets held for part of year):	11/1/11/11/11/11	1	1
а	Average monthly value of securities	1 a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	100 100 100 100 100 100 100 100 100 100		The state of the s
	factors (explain in detail in Part VI):	21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	And the state of t	The state of the s
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	19 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	TANK DE LE CONTROL DE LA CONTR	
4	Enter greater of line 2 or line 3	4	TARK A CAPT A CA	
5	Income tax imposed in prior year	5	The second of th	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	The second secon	
7	Check here if the current year is the organization's first as a non-functional	ly integr	ated Type III supporting orga	nization (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2016

JEWISH FAMILY & CHILDREN'S SERVICES OF 22-223109 Page 7 Schedule A (Form 990 or 990-EZ) 2016 NORTHERN NEW JERSEY, INC. Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 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 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount (iii) Distributable Underdistributions **Excess Distributions** Pre-2016 Amount for 2016 Section E - Distribution Allocations (see instructions) Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions Excess distributions carryover, if any, to 2016: c From 2013 d From 2014 e From 2015 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D, a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2017. Add lines 3j Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

JEWISH FAMILY & CHILDREN'S SERVICES OF

Schedule A	(Form 990 or 990-E	Z) 2016 NORTH	ERN NEW	JERSEY,	INC.	22-	2223109 Page 8
Part VI	Supplementa	I Information. P	rovide the exn	lanations requir	ed by Part II. line 10:	Part II. line 17a or 17b: Pa	
	Part IV Section A	lines 1, 2, 3b, 3c, 4	b. 4c. 5a. 6. 9	a. 9b. 9c. 11a. 1	1b. and 11c: Part IV	Part II, line 17a or 17b; Part II, line 17a or 17b; Pa Section B, lines 1 and 2;	Part IV, Section C,
	line 1: Part IV Sec	rtion D. lines 2 and 3	t: Part IV. Sect	tion E. lines 1c. :	2a. 2b. 3a. and 3b: P	art V. line 1: Part V. Sectio	n B, line Te; Part V,
	Section D. lines 5.	. 6. and 8; and Part \	, Section E, li	nes 2, 5, and 6.	Also complete this p	art for any additional infor	mation.
	(See instructions.))					
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

JEWISH FAMILY & CHILDREN'S SERVICES OF NORTHERN NEW JERSEY, INC.

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		s covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} 1						
but it m	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990-PF, Part I, line 2, to he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					
LHA F	or Paperwork Redu	ction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)					

Name of organization
JEWISH FAMILY & CHILDREN'S SERVICES OF
NORTHERN NEW JERSEY, INC.

Employer identification number

Part I	Contributors (See instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JEWISH FEDERATION NORTHERN NJ 50 EISENHOWER DR PARAMUS, NJ 07652	\$893,530.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MYRON AND ELAINE ADLER 910 FRANKLIN LAKES ROAD FRANKLIN LAKES, NJ 07417	\$19,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ESTATE OF LILLIAN LEWIS 21 MAIN STREET HACKENSACK, NJ 07601	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FEUERSTEIN MAIER FOUNDATION 140 SYLVAN AVENUE ENGLEWOOD, NJ 07632	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	LLOYD SOKOLOFF 32 LINCOLN STREET DEMAREST, NJ 07627		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	THE YACHAD FOUNDATION 8 MARCOTTE LANE TENAFLY, NJ 07670	\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

JEWISH FAMILY & CHILDREN'S SERVICES OF
NORTHERN NEW JERSEY, INC.

Employer identification number

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ILENE WOLFF 32 LORD STIRLING DR MORRISTOWN, NJ 07960-2506	\$63,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	JAY FIALKOFF 405 LEXINGTON AVE NEW YORK, NY 10174	\$ 26,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MS ELLEN KRATZER 280 PARK AVE NEW YORK, NY 10017	\$15,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	RICHARD AND ALLYN MICHAELSON 4408 PROMENADE BLVD FAIR LAWN, NJ 07410-2781	\$ 20,179.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	PHILIP AND BARBARA MOSS 38 EDGEWOOD ROAD ALLENDALE, NJ 07401	\$13,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
JEWISH FAMILY & CHILDREN'S SERVICES OF
NORTHERN NEW JERSEY, INC.

Employer identification number

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
Part I		\$	
		3	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$,

Employer identification number Name of organization JEWISH FAMILY & CHILDREN'S SERVICES OF 22-2223109 INC. NORTHERN NEW JERSEY, Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held (c) Use of gift from (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held from (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

16 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

JEWISH FAMILY & CHILDREN'S SERVICES OF NORTHERN NEW JERSEY, INC.

Employer identification number 22-2223109

Pai	TI Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose c	onferring
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the or		art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		ically important land area
	Protection of natural habitat	Preservation of a certifi	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
a			
b			
C	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		Yes No
	violations, and enforcement of the conservation easements	handling of violations, and enforcing const	**************************
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and emorcing conse	avadon easements curing the year
_	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservati	on easements during the year
7	•	diling of violations, and emotoring conservation	on easements daring the year
_	> \$	wa eatisfy the requirements of section 170/h	ω(Δ)(Β)(i)
8	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense s	statement, and balance sheet, and
9	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the	ne organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or Ot	her Similar Assets.
- V	Complete if the organization answered "Yes" on Forr		
	If the organization elected, as permitted under SFAS 116 (A		ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc		
b			and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tr	easures, or other similar assets for financial	gain, provide
_	the following amounts required to be reported under SFAS		
a			> \$
	Assets included in Form 990, Part X		
	For Panerwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2016

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Sched		N NEW JERS				0			72102		ge Z
	t III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	t are a sig	gnificant ı	use of its	collection	items	S
	(check all that apply):										
а	Public exhibition d Loan or exchange programs										
b	Scholarly research	e		Other							
C	Preservation for future generations										
	Provide a description of the organization's co							ose in Par	t XIII.		
	During the year, did the organization solicit of								٦		1
	to be sold to raise funds rather than to be m								_ Yes	<u> </u>	No
Par	t IV Escrow and Custodial Arran		te if the	organizatio	n answered "	'Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								٦,,		1
	on Form 990, Part X?								Yes	L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing to	able:							
									Amount		
C	Beginning balance										
	Additions during the year							-			
е	Distributions during the year										
f	Ending balance						. <u> 1f </u>		T _V		1
	Did the organization include an amount on F								_ Yes		No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	<u> (planatio</u>	n has been	provided on	Part XIII				L	<u> </u>
Par	t V Endowment Funds. Complete	1						ranga hagir	(e) Four	Vooro	hook
		(a) Current year	(b) Pr	rior year	(c) Two year	IS DAUK (a) Three y	rears Dack	(e) roui	years	naun
	Beginning of year balance								<u> </u>		
	Contributions										
	Net investment earnings, gains, and losses			A 10					1		
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs					<u>_</u>			-	<u>-</u>	
f	Administrative expenses										
g	End of year balance		6 1		W. I.I			-	1		
2	Provide the estimated percentage of the cur			g, column (a)) neid as:						
а	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
C	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.		s 11-1 -		الغييم المسيد		atlan			
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are neid a	and administe	erea for ti	ie organi.	zauon	Г	Yes	No
	by:								0.0	162	NU
	(i) unrelated organizations								In 1993		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organization				,				. 30		
4	Describe in Part XIII the intended uses of the		owment t	runds.							
rai	t VI Land, Buildings, and Equipm		O Double	/ lina 11 = 4	200 Earm 004	n Dod V	line 10				
	Complete if the organization answere							- d	(d) Poo	k valu	^
	Description of property	(a) Cost or o			t or other (other)		ccumulate preciation		(d) Boo	n valu	C
		basis (investi	nen)		6,700.	uel	леский		52	6,7	ΩD
	Land	1 1 1 1	121		5,290.	. Comment	65,0	32		9,6	
	Buildings		444.	0.3	, J , <u>G</u> 7 U •	-	0,00	J4 •	7 /	, 0	<u>БД •</u>
	Leasehold improvements			1.5	1,995.	1	104,4	53	6	7,5	42
	Equipment	7	200	<u> </u>	1,330.		4	22.		, , 3 7 , 2	
	Other		200.	on /D\ f=:	100 l			 +	1,09		
Tota	I. Add lines 1a through 1e. (Column (d) must o	equal Form 990, Part	x, colun	nn (B), line	10c.)				1,09	<u> </u>	41

Schedule D (Form 990) 2016 NORTHERN NET		NC.	22-2223109 Page 3
Part VII Investments - Other Securities.	·		
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11b. See Form 990, Part X, line 12	•
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11c. See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
"			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		line 11d. See Form 990, Part X, line 15	(h) Deels value
	Description		(b) Book value
(1) CHARITABLE REMAINDER ANNU	ITY TRUST		108,587.
(2) SECURITY DEPOSITS			5,610.
(3)			
(4)			
(5)	3		
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)		▶ 114,197.
Part X Other Liabilities.	0 103/		
Complete if the organization answered "Yes"	on Form 000 Part IV	line 11e or 11f See Form 990 Part X	line 25.
(-) Description of liability	on rolling 30, raicty,	(b) Book value	
(1) Federal income taxes		2,194.	
(2) SECURITY DEPOSIT PAYABLE		110,027.	
(3) BANK OVERDRAFT	m	<u> </u>	
(4) ANNUITY AND SPLIT INTERES	Т.		

213,067. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2016

(5) (6) (7) (8)

100,846.

AGREEMENT PAYABLE

Schedule Difform 3899; 2016 NORTHERN NEW JERSEY, INC. 22-223109 Page 4 Part XI. Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Compited the organization answered "rea" on Form 890, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12a. 1 Not unrealized gains (lesses) on investments 2 Investment of prior year gaints 3 Subtract line 26 from the 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 8 Investment expenses not included on Form 990, Part VIII, line 7b 9 Ordine (Describe in Part XIII) 4 Quality of the part XIII	GWIY DD HYLD	GEDIATO:	EC OF		
Saladius 1 promissory 1 promiss	TIPE TO CELL TWO	SERVIC	ES OF	22-2	223109 Page 4
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total roverus, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IVII, line 12: 3 Not unreadized gains (posses) on investments 4 Donated services and use or if scilibles C Recoveries of prior year grants C dither (Describe in Part XIII) 0 Add lines 2a through 28 29 3 Subtract line 2a from 1990, Part IVII, line 12, but not on line 1: 4 Amounts included on Form 990, Part IVII, line 12, but not on line 1: 5 Investment expenses not included on Form 990, Part IVII, line 7b 10 Other (Describe in Part XIII) 10 C Add lines 4a and 4b 11 Total expenses and lack (This must equal Form 990, Part I, line 12) 12 Total expenses and bases per audited financial Statements With Expenses per Return. 11 Total expenses and bases per audited financial Statements With Expenses per Return. 12 Amounts included on line 1 but not on Form 990, Part I, line 25. 13 Donated services and use of facilities 14 Amounts included on line 1 but not on Form 990, Part IX, line 25. 14 Amounts included on line 1 but not on Form 990, Part IX, line 25. 15 Donated services and use of facilities 16 Part XIII Statements 17 Amounts included on Form 990, Part IX, line 25. 16 Other (Describe in Part XIII) 17 Amounts included on Form 990, Part IX, line 25. 18 Amounts included on Form 990, Part IX, line 25. 19 Donated services and use of facilities 19 Part XIII Statements 20 Amounts included on Form 990, Part IX, line 25. 21 Amounts included on Form 990, Part IX, line 25. 22 Amounts included on Form 990, Part IX, line 25. 23 Amounts included on Form 990, Part IX, line 25. 24 Amounts included on Form 990, Part IX, line 25. 25 Total expenses and lines 25 and 4b. Amounts included on Form 990, Part IX, line 25. 26 Add lines 4a and 4b 27 Amounts included on Form 990, Part IX, line 25. 28 April 10 Amounts included on Form 990, Part IX, line 31 Amounts included on Form 990, Part IX, line 32 Amounts IX, lines 32 Amounts IX, lines 3	Schedule D (Form 990) 2016 NORTHERN NEW JERSEY, INC.	onte With B			
1 Total roversus, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 3 Not unrealized gains (losses) on investments b Donated services and use of facilities c Recovering grants d Other (Describe in Part XIII) 2 Add lines 2 and on Form 990, Part VIII, line 12, but not on line 1: 3 Investment exponses not included on Form 990, Part VIII, line 70 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3 Investment exponses not included on Form 990, Part VIII, line 70 4 Amounts included on Form 990, Part VIII, line 70 5 Total rovenus. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) 5 Total rovenus. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) 1 Total exponses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part I, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on In Dut not on Form 990, Part I, line 12b. 2 Amounts included on In Dut not on Form 990, Part I, line 25. 2 Donated services and use of facilities 2 De Prior year adjustments 0 Other (Describe in Part XIII) 2 Add lines 2 attrough 2d 3 Subtract line 2e form line 1 4 Amounts included on Form 990, Part IX, line 25. 2 De Other (Describe in Part XIII) 2 Add lines 2 attrough 2d 3 Subtract line 2e form line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b 4 Debt Personal part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b 4 Debt Personal part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 8b 5 Total expenses Add lines 2 and 4e. (This must equal Form 990, Part II, lines 15 and 4; Part IX, line 4; Part IX, line 2; Part IX, lines 2d and 4b, Also complete this part to provide any additional information. PART X, LINE 2: JFCSNNJ AND JFSF QUAL	Part XI Reconciliation of Revenue per Audited Financial Statement	CITTO AAITH LI	eversue per in	Çtai ii.	
2 Amounts included on line 1 but not on From 990, Part VIII, line 12: 2 Note three labels of pink year grants 2 Donated services and use of facilities 2 B S, 500. 2 B S, 500. 3 Subtract line 2e from line 1 4 Amounts included on From 990, Part VIII, line 12, but not on line 1: 3 Investment expenses not included on From 990, Part VIII, line 12, but not on line 1: 4 Investment expenses not included on From 990, Part VIII, line 12, but not on line 1: 5 Total revenue, Add lines 3 and 4e, (This must equal From 990, Part I, line 12) 5 Total revenue, Add lines 3 and 4e, (This must equal From 990, Part I, line 12) 2 Amounts included on From 990, Part VIII, line 12. 4 Amounts included on From 990, Part VIII, line 12. 5 Total revenue, Add lines 3 and 4e, (This must equal From 990, Part I, line 12) 5 Total revenue, Add lines 3 and 4e, (This must equal From 990, Part I, line 12) 5 Total revenue, Add lines 3 and 4e, (This must equal From 990, Part I, line 12) 6 Total revenue, Add lines 3 and 4e, (This must equal From 990, Part I, line 12) 7 Total revenue, Add lines 3 and 4e, (This must equal From 990, Part II, line 12) 8 Amounts included on From 990, Part IV, line 12. 1 Total revenue and use of facilities 2 Amounts included on From 990, Part IV, line 25: 2 Denated services and use of facilities 2 Amounts included on From 990, Part IV, line 25: 2 Denated services and use of facilities 2 Amounts included on From 990, Part IV, line 25: 2 Denated services and use of facilities 2 Amounts included on From 990, Part IV, line 25: 2 Denated services and use of facilities 2 Denated services and use of facilities 2 Denated services and use of facilities 2 Denated services and use of facilities 2 Denated services and use of facilities 2 Denated services and use of facilities 2 Denated services and use of facilities 2 Denated services and use of facilities 2 Denated services and use of facilities 2 Denated services and use of facilities 2 Denated services and use of facilities 2 Denated services and use of facilities 2 Denated services a					4.669.901.
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b Donated services and use of facilities c Recoveries of pitor year grants d Chter (Describe in Part XIII) e Add lines 2 at through 2d 3 Subtract line 2a from line 1 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 b Other (Doscribe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part II, line 12a. 1 Total expenses and lesses per audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part II, line 12a. 1 Total expenses and lesses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c) Other losses of Other losses of Other losses of Other losses and Internation of Expenses per Audited Financial Statements a investment expenses and included on Form 990, Part IX, line 25: a International included on Form 990, Part IX, line 25: a Investment expenses and included on Form 990, Part IX, line 25: a investment expenses and included on Form 990, Part IX, line 25: a investment expenses and included on Form 990, Part IX, line 25: a investment expenses and included on Form 990, Part IX, line 25: a investment expenses and included on Form 990, Part III, line 1b of Other losser of Other lossers of Other losse		1 - 1		The state of the s	
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	CIRCUMSTANCES AND INFORMATION AVAILABLE AT	THE END	OF EACH I	PERI	OD. THE

MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND HAS

IS AVAILABLE OR WHEN AN EVENT OCCURS THAT REQUIRES A CHANGE.

CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT

MEASUREMENT OF UNRECOGNIZED TAX BENEFITS IS ADJUSTED WHEN NEW INFORMATION

632054 08-29-16

Schedule D (Form 990) 2016

AH3000_2

Schedule D (Form 990) 2016

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public Inspection

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. JEWISH FAMILY & CHILDREN'S SERVICES OF MORTHERN NEW JERSEY

Employer identification number 22-2223109

	W MEN OFFICE						
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 rais	ed funds through any of the followir	ig acti	vities.	Check all that apply	,		
a Mail solicitations	1			overnment grants			
			_	nment grants			
7			_				
c Phone solicitations	g L Special	tunara	ising (events			
d In-person solicitations							
2 a Did the organization have a written o							
key employees listed in Form 990, Pa							
b If "Yes," list the 10 highest paid indiv	iduals or entities (fundraisers) pursu	ıant to	agree	ments under which	the fundraiser is to b	e	
compensated at least \$5,000 by the	organization.						
		· · · · · ·					
fix bi and address of individual		(iii)	Did	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundralser have custody or control of		from activity	fundraiser	to (or retained by)	
or entity (undraiser)		contrib	tions?	Wolli douve,	listed in col. (i)	organization	
		Yes	No				
		163	NO				
		-					
		-					
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					"		
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			· · · · · · · · · · · · · · · · · · ·				
Fotal			-				
Total 3 List all states in which the organization	n is registered or licensed to solicit	contrib	ution	s or has been notifie	d it is exempt from r	egistration	
or licensing.	HI IS TEGISTED OF RESTRECT TO SOROIL	OO! IG IT	, actor h	S. Has posit ficility	2 .: lo ottorripe irom i	-9.24.4	
C. HOOMSHING							

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

Schedule G (Form 990 or 990-EZ) 2016

JEWISH FAMILY & CHILDREN'S SERVICES OF Schedule G (Form 990 or 990-EZ) 2016 NORTHERN NEW JERSEY, INC. 22-2223109 Page 2 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. (c) Other events (a) Event #1 (b) Event #2 (d) Total events NONE (add col. (a) through BIKE EVENT GALA EVENT col. (c)) (total number) (event type) (event type) 536,857. 406,639. 130,218. Gross receipts 68,203. 5,942. 62,261 2 Less: Contributions 468,654. 124,276. 344,378. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment 51,085 73,191. 124,276. 9 Other direct expenses 124,276 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor 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? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2016

632082 09-12-16

JEWISH FAMILY & CHILDREN'S SERVICES OF 22-2223109 Schedule G (Form 990 or 990 EZ) 2016 NORTHERN NEW JERSEY, INC. 11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed __ Yes L to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: 13a a The organization's facility 13b b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name > Address > b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ _____ and the amount of gaming revenue retained by the third party > \$ c if "Yes," enter name and address of the third party: Name > 16 Gaming manager information: Name > Gaming manager compensation > \$ Description of services provided Independent contractor ☐ Director/officer __ Employee 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? 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 > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, |Part IV| 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

Sabadula G (Form 990 or 990 F7)	JEWISH FAMILY & CHILDREN'S SERVICES OF NORTHERN NEW JERSEY, INC.	22-2223109 Page 4
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Info	rmation (continued)	
ANALYSIS BUT ATTOMO		
·		
		Schedule G (Form 990 or 990-EZ

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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OMB No. 1545-0047	2016	Open to Public Inspection

▶ Attach to Form 990.

nternal Revenue Service	▶ Informati	on about Schedule I	(Form 990) and its	instructions is a	t www.irs.gov/form99	0,	Inspection
Name of the organization JEWISH FAMILY & NORTHERN NEW JEF	IILY & CHI IEW JERSEY	JY & CHILDREN'S SERVICES OF JERSEY, INC.	RVICES OF				Employer identification number $22-223109$
Part I General Information on Grants and Assistance	d Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	substantiate the	amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	istance, and the selec	tion X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	sedures for moni	oring the use of grant	funds in the United	d States.			
듄	omestic Organi	zations and Domesti	c Governments. C	omplete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	5,000. Part II can	be duplicated if addit	ional space is need	jeď.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government o	ganizations listed in the	he line 1 table				A
3 Enter total number of other organizations listed in the line 1 table	listed in the line	1 table		***************************************			A
۔ ا	see the Instruc	ions for Form 990.					Schedule I (Form 990) (2016

Schedule I (Form 990) (2016)

NORTHERN NEW JERSEY, INC.

Part III. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III. can be duplicated if additional space is needed.

Page 2

22-223109

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of noncash assistance
HOME HEALTH CARE FOR HOLOCAUST SURVIVORS	46	328,118.	.0		**************************************
HOLOCAUST SURVIVORS - HOME CLEANING SERVICES	37	. 869, 88	.0		
Supplemental Information. Provide the information required in	ired in Part I, lin	e 2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information.	dditional information.	
RELATED ASSISTANCE	ANCE THE	SENIOR SE	SERVICES DIV	DIVISION IS	- The state of the
THE POTENTIAL RECIPIENT FO	FOR ASSIS	SSISTANCE AND	AND THEN WE RE	REVIEW HIS/HER	- Control of the Cont
FINANCIAL INFORMATION FOR ELIGIBILITY	TY BASED	ON THE	HOLOCAUST C	CLAIMS	
IF IT MEETS T	THAT TEST,	THEN A	REQUEST IS	IS MADE TO THE	
ASSISTANCE COMMITTEE WH	WHICH MEETS	S TO REVIEW	W THE REQUEST	EST FOR	
OF INFORMATION AND RE	REASONABLENESS	Q.F.	REQUEST PLUS	e entricke de de le constant de le c	i i i i i i i i i i i i i i i i i i i
SUSTAINABILITY ISSUES AND REQUEST	IS APPRO	PPROVED OR DEN	DENIED. IF THE	E REQUEST IS	
GREATER THAN \$350	THE HOLO	HOLOCAUST CLAIMS	MS COMMISSION	ION REQUIRES	
		39			Schedule I (Form 990) (2016)

Part IV Supplemental Information
A SIGN-OFF BY THE HOLOCAUST SURVIVORS ASSISTANCE COMMITTEE OF THE BOARD OF
TRUSTEES AND COPIES OF THOSE MINUTES MUST ACCOMPANY THE REIMBURSEMENT
REQUEST. FOR EMERGENCY FINANCIAL ASSISTANCE (ECONOMIC CRISIS RELATED
ASSISTANCE) PROGRAM STAFF REVIEW EACH REQUEST TO DETERMINE ELIGIBILITY
(BASED ON CRITERIA SET FORTH BY THE GRANTOR OF THE SEVERAL ECONOMIC
ASSISTANCE GRANTS). IT IS THE PRESENTED TO THE FINANCIAL ASSISTANCE
COMMITTEE, AS ABOVE, AND REVIEWED FOR REASONABLENESS AND CLIENTS
SUSTAINABILITY AND ACCEPTED OR REJECTED BY THE COMMITTEE.

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2016

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

JEWISH FAMILY & CHILDREN'S SERVICES OF NORTHERN NEW JERSEY, INC.

Employer identification number 22-223109

Pa	TIL Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			1. (1. (1. (1. (1. (1. (1. (1. (1. (1. (
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			127711111111111111111111111111111111111
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	Continue of the Continue of th	2000	
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
-	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	-11(,000)11.2	
	tusiess, and officers, morading the obesited birector, regularing the name of		300000000	Transport
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			227, 1721,
3	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	establish compensation of the CEO/Executive Director, but explain in Part III.		- Statemen	10000000000000000000000000000000000000
		100000000000000000000000000000000000000		500000
			2000000	The state of the s
	Form 990 of other organizations Approval by the board or compensation committee			7 Thinks
	The state of the s			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	TENOGO.		
	organization or a related organization:	4a		X
а	Receive a severance payment or change-of-control payment?	4b		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4c	 	X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	- Realing	7012711	**************************************
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		2///	**************************************
				1000000
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	7,547,547,547	191000000000000000000000000000000000000	- Francisco
	contingent on the revenues of:	20025	200000000000000000000000000000000000000	X
а	The organization?	5a	-	X
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.	100000000000000000000000000000000000000		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	***************************************		7
a	The organization?	6a	├	X
b	Any related organization?	6b		A
	If "Yes" on line 6a or 6b, describe in Part III.	(11000000		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7,533		
	not described on lines 5 and 6? If "Yes," describe in Part III	7	1 0100 1000	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1000 1000 1000 1000 1000 1000 1000 100		1 12 11 11 11 11 11 11 11 11 11 11 11 11
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	2000 000 000 000 000 000 000 000 000 00	1002704	
	Regulations section 53.4958-6(c)?	9	<u> </u>	

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

Schedule J (Form 990) 2016

JEWISH FAMILY & CHILDREN'S SERVICES OF

NORTHERN NEW JERSEY, INC.

Schedule J (Form 990) 2016

22-223109

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(4)	Г	(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Sileiled	(a)-(i)(a)	reported as deferred on prior Form 990
(1) SUSAN M. GREENBAUM CEO	€ €	163,333.	00	0.	6,533.	15,283.	185,149. 0.	0 0
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	(ii)							1
				(Sched	Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 Page 3 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. 22-223109 JEWISH FAMILY & CHILDREN'S SERVICES OF NORTHERN NEW JERSEY, INC. | Part III | Supplemental Information Schedule J (Form 990) 2016

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

Open to Public Inspection

6

OMB No. 1545-0047

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. JEWISH FAMILY & CHILDREN'S SERVICES OF NORTHERN NEW JERSEY, INC.

Employer identification number 22-2223109

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

FORM 990, PART VI, SECTION B, LINE 11B: TREASURER AND THE CEO PRIOR TO BEING THE FORM 990 IS REVIEWED BY THE CFO, TO THE BOARD. AFTER REVIEW OF THE FORM 990 INFORMATION, EMAILED TO THE REMAINING BOARD OF TRUSTEES FOR REVIEW AND APPROVAL.

FORM 990 IS THEN FILED WITH THE IRS.

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

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

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

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

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

ALL INFORMATION IS AVAILABLE UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2016)

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

2016

OMB No. 1545-0047

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. JEWISH FAMILY & CHILDREN S SERVICES OF ■ Attach to Form 990.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

INC

NORTHERN NEW JERSEY,

Name of the organization

Part

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Employer identification number 22-223109

(g) Section 512(b)(13) controlled Š entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling JEWISH FAMILY entity Ξ End-of-year assets **e** status (if section Public charity 501(c)(3)) <u>@</u> Total income Exempt Code ত্তি section ত্ত Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u>ပ</u> Primary activity Primary activity 9 ø JEWISH FAMILY SERVICE FOUNDATION, INC. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Part II

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2016

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SERVICES OF CHILDREN'S

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NEW JERSEY

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27-2981616, 1485 TEANECK ROAD, TEANECK, NJ

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Q JEWISH FAMILY & CHILDREN'S SERVICES

INC NORTHERN NEW JERSEY,

Page 2

22-223109

Schedule R (Form 990) 2016

General or Percentage managing ownership partner? Yes No (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 妥 Percentage ownership Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Yes 9 Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets Ξ Ō Disproportionate Yes No allocations? ϵ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) ø Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) Direct controlling entity ত্ত Primary activity <u>@</u> (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization ā a Part IV PartIII

632162 09-06-16

Schedule R (Form 990) 2016

47

JEWISH FAMILY & CHILDREN'S SERVICES OF

NORTHERN NEW JERSEY, INC. Schedule R (Form 990) 2016

Page 3

22-223109

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

Note: Complete line 1 if any entity is listed in Parts II. III, or IV of this schedule.				¥	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed i	n Parts II-1V?	1000 1000 1000 1000 1000 1000 1000 100	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			13	×
b Gift, grant, or capital contribution to related organization(s)				P	×
ŝ				ပ္	×
Loans or loan guarantees to or for related organization(s)				19	×
Loans or loan guarantees by related organization(s)		. , , , , , , , , , , , , , , , , , , ,		e e	×
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
f Dividends from related organization(s)		* * * * * * * * * * * * * * * * * * *		=	×
-				1g	×
Purchase of assets from related organization(s)	· · · · · · · · · · · · · · · · · · ·			=	×
i Exchange of assets with related organization(s)		: : : : : : : : : : : : : : : : : : :		;=	×
i Lease of facilities, equipment, or other assets to related organization(s)				F	×
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
k Lease of facilities, equipment, or other assets from related organization(s)				녹	×
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę.	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			<u>ئ</u>	×
o Sharing of paid employees with related organization(s)				9	×
				٤	×
Definition sentent paid to related organization(s) for expenses Reimbursement baid by related organization(s) for expenses				19	×
				To the second se	100000
r Other transfer of cash or property to related organization(s)				÷	×
s Other transfer of cash or property from related organization(s)				15	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	is line, including covered i	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved	
(1) JEWISH FAMILY SERVICE FOUNDATION, INC.	Z	• 0			
(2)					
(3)			- CAMPAGNITA		
(4)			a beginning to the state of the		
(5)					
(9)					
632163 09-06-16	48		Schedule	Schedule R (Form 990) 2016	990) 2016

JEWISH FAMILY & CHILDREN'S SERVICES OF

22-223109

INC. NORTHERN NEW JERSEY,

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Schedule R (Form 990) 2016

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) centade	mership					on 2016
o. Per	<u>ଅ</u> ଜା ଦ		<u> </u>			Ě
(j) Seneral	managing partner? Yes No			,		<u> </u>
(i) Code V-UBi	figure amount in box 20 managing ownership yes No (Form 1065) yes No					Schedule 8 (Form 990) 2016
(i)	allocations?					
	<u>#</u>	 				
(g) Share of	end-of-year assets					
(f) Share of					ories	
(e) Areall	501(c)(3) FOT 075.2 Fes No					
(d)	related, unrelated, 5 excluded from tax under sections 512-514)					
(c)	(state or foreign country)					
(b) Drimany activity	तातावापु बटारगापु		And the second s			
(a) (b) (c) (d) (d) Name addrags and EIN Drimany activity I are I domicile. Predominant income	name, address, and Ein of entity					