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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
JEWISH VOCATIONAL SERVICE AND COMMUNITY WORKSHOP

Doing Business As
JVS JEWISH VOCATIONAL SERVICE

Number and street (or P O box if mail is not delivered to street address) | Room/suite
29699 SOUTHFIELD ROAD

City or town, state or province, country, and ZIP or foreign postal code
SOUTHFIELD, MI 48076

D Employer identification number
38-1358013

E Telephone number
(248) 559-5000

G Gross receipts $ 20,048,870

F Name and address of principal officer
LEAH ROSENBAUM
29699 SOUTHFIELD ROAD
SOUTHFIELD,MI 48076

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW JVSDET ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1941

M State of legal domicile MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
JVS HELPS PEOPLE MEET LIFE CHALLENGES AFFECTING THEIR SELF-SUFFICIENCY THROUGH COUNSELING, TRAINING AND SUPPORT SERVICES IN ACCORDANCE WITH JEWISH VALUES OF EQUAL OPPORTUNITY, COMPASSION, RESPONSIBILITY AND THE STEADFAST BELIEF THAT THE BEST WAY TO HELP PEOPLE IS TO MAKE IT POSSIBLE FOR THEM TO HELP THEMSELVES JVS SERVES INDIVIDUALS WITH DISABILITIES, THE FRAIL AND AT-RISK ELDERLY, YOUTH, UNEMPLOYED AND UNDEREMPLOYED WORKERS, PEOPLE WHO ARE HOMELESS AND/OR SEEKING AFFORDABLE HOUSING THROUGH A VARIETY OF HUMAN SERVICES AND EDUCATIONAL AND TRAINING OPPORTUNITIES THAT MAXIMIZE THEIR ABILITIES AND SUPPORT THEIR INDEPENDENCE TO MAXIMIZE OPPORTUNITIES FOR OUR CLIENTS AND BUILD RELATIONSHIPS WITH POTENTIAL EMPLOYERS, SERVICES ARE PROVIDED TO NON-PROFIT ORGANIZATIONS, FOR PROFIT BUSINESSES AND UNIONS AND MAY INCLUDE, BUT ARE NOT LIMITED TO, INDUSTRIAL SUB-CONTRACTS, JOB PLACEMENT, VOCATIONAL ASSESSMENT, TRAINING AND REHABILITATION PROGRAMS AND HUMAN RESOURCE SERVICES RELATING TO VOCATIONAL A

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	43
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	42
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	901
6	Total number of volunteers (estimate if necessary)	**6**	378
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,340,941	4,193,648
9	Program service revenue (Part VIII, line 2g)	14,467,327	15,326,323
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-10,471	3,210
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	139,593	95,714
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,937,390	19,618,895
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,111,523	1,175,391
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15,338,037	15,473,566
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶166,973		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,047,966	3,137,696
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	19,497,526	19,786,653
19	Revenue less expenses Subtract line 18 from line 12	-560,136	-167,758

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	15,578,315	16,691,253
21	Total liabilities (Part X, line 26)	2,839,396	3,118,766
22	Net assets or fund balances Subtract line 21 from line 20	12,738,919	13,572,487

Part II Signature Block

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

Sign Here

****** | 2014-12-12
Signature of officer | Date

LEAH ROSENBAUM PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MICHAEL F FENBERG		2014-12-12		P01284396

Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE LLP | Firm's EIN ▶ 39-0859910

Firm's address ▶ ONE TOWNE SQUARE SUITE 600
SOUTHFIELD, MI 48076 | Phone no (248) 372-7300

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

JVS IS A COMPREHENSIVE HUMAN SERVICES ORGANIZATION SERVING METROPOLITAN DETROIT ON A NON-SECTARIAN BASIS ITS ARRAY OF PROGRAMS, WHICH INCLUDES SERVICES FOR INDIVIDUALS WITH DISABILITIES, SERVICES FOR SENIOR ADULTS, AND CAREER, BUSINESS AND WORKFORCE DEVELOPMENT SERVICES, FORMS A SAFETY NET FOR THE COMMUNITY THROUGHOUT ITS 73-YEAR HISTORY, JVS HAS FOCUSED ON ITS MISSION TO HELP PEOPLE MEET LIFE CHALLENGES AFFECTING THEIR SELF-SUFFICIENCY THROUGH COUNSELING, TRAINING AND SUPPORT SERVICES IN ACCORDANCE WITH JEWISH VALUES OF EQUAL OPPORTUNITY, COMPASSION, RESPONSIBILITY AND THE STEADFAST BELIEF THAT THE BEST WAY TO HELP PEOPLE IS TO MAKE IS POSSIBLE FOR THEM TO HELP THEMSELVES JVS FULFILLS THIS MISSION BY RESPONDING TO THE PRESSING NEEDS OF THE COMMUNITY, BY OFFERING DIVERSE AND RELEVANT PROGRAMS IN A HOLISTIC MANNER, AND BY COLLABORATING WITH OTHER NON-PROFITS, SCHOOL DISTRICTS, GOVERNMENT AGENCIES AND THE PRIVATE SECTOR

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 14,587,332 including grants of $ 1,064,250) (Revenue $ 14,383,832)

JVS' PROGRAMS PROVIDE MEANINGFUL AND PRODUCTIVE WAYS FOR INDIVIDUALS WITH DISABILITIES OF ALL AGES TO PARTICIPATE IN THEIR COMMUNITY THROUGH WORK, VOLUNTEER OPPORTUNITIES AND RECREATIONAL ACTIVITIES SUPPORT IS TAILORED TO THE INTERESTS AND NEEDS OF EACH INDIVIDUAL SERVED I TO MAXIMIZE THE POTENTIAL AND SELF-SUFFICIENCY OF ADULTS WHO SEEK COMMUNITY EMPLOYMENT, JVS OFFERS JOB SEARCH SUPPORT THAT INCLUDES SKILLS ASSESSMENT, JOB SEARCH ASSISTANCE, PLACEMENT AND TRAINING, AND ONGOING POST-EMPLOYMENT SUPPORT AND ADVOCACY OTHERS BENEFIT FROM VOLUNTEER OPPORTUNITIES THAT PROMOTE PERSONAL GROWTH, SKILL RETENTION AND COMMUNITY INCLUSION STIMULATING ACTIVITIES AND TRIPS TO LOCAL ATTRACTIONS KEEP INDIVIDUALS WITH SIGNIFICANT DISABILITIES ACTIVE AND ENGAGED II THE VETERANS EMPOWERMENT TOOLS (VETS) PROGRAM OF JVS RE-INTEGRATES VETERANS WITH SERVICE-RELATED DISABILITIES BACK INTO THEIR COMMUNITY III CARING COMPANIONS IS AN ADULT DAY CARE PROGRAM FOR OLDER ADULTS WITH DEVELOPMENTAL DISABILITIES WHO HAVE ALZHEIMER'S DISEASE OR RELATED MEMORY DISORDERS IT OFFERS SOCIALIZATION, EXERCISE, HEALTH MAINTENANCE AND MONITORING, STIMULATION AND SKILL ENHANCEMENT IN A SECURE AND CARING ENVIRONMENT IV BRIDGES AND LEARNING INNOVATIONS FOR ENRICHMENT (LIFE) PROGRAMS PROVIDE SUPPORTS COORDINATION AND PERSONALIZED PLANNING TO HELP INDIVIDUALS WITH DISABILITIES LIVE THE LIFE OF THEIR CHOOSING V IN PARTNERSHIP WITH UNITED WAY OF SOUTHEAST MICHIGAN, JVS' BRIDGING THE GAP PROGRAM HELPS PEOPLE WHO ARE HOMELESS, WHETHER WITH OR WITHOUT DISABILITIES JVS PROVIDES VOCATIONAL COUNSELING, JOB READINESS TRAINING, INTERNSHIPS, AND REFERRALS TO APPROPRIATE RESOURCES SUCH AS SUBSTANCE ABUSE COUNSELING TO HELP THESE INDIVIDUALS ACHIEVE SELF-SUFFICIENCY VI JVS WORKS CLOSELY WITH MICHIGAN REHABILITATION SERVICES AND OTHER AGENCIES ON A FULL SPECTRUM OF PROGRAMS TO HELP INDIVIDUALS WITH PHYSICAL AND/OR MENTAL DISABILITIES MAXIMIZE THEIR PERSONAL INDEPENDENCE AND INTEGRATION INTO THE COMMUNITY JVS' SUITE OF REHABILITATION SERVICES HELPS INDIVIDUALS WITH DISABILITIES TO IDENTIFY AND OVERCOME BARRIERS TO EMPLOYMENT, DEVELOP THEIR VOCATIONAL STRENGTHS AND SET REALISTIC GOALS PARTICIPANTS IN THESE PROGRAMS BENEFIT FROM JOB COACHING, TRAINING AND JOB RETENTION SERVICES THROUGH ITS ENVIRONMENTAL SERVICES PROGRAM (ESP), WHICH OFFERS JANITORIAL SKILLS TRAINING, CLASSROOM AND HANDS-ON WORK EXPERIENCES, JOB SEEKING SKILLS TRAINING AND JOB PLACEMENT, INDIVIDUALS INCREASE OPPORTUNITIES TO OBTAIN AND RETAIN COMPETITIVE EMPLOYMENT INDIVIDUALS WITH DEVELOPMENTAL AND/OR MENTAL ILLNESS AND POSSIBLY SECONDARY DISABILITIES ARE SERVED BY JVS' SUPPORTED EMPLOYMENT PROGRAM JVS STAFF PROVIDES ON-THE-JOB TRAINING AND SUPERVISION VII TRI-COUNTY DENTAL HEALTH PROVIDES REFERRALS TO VOLUNTEER DENTISTS WHO WILL TREAT AREA RESIDENTS (WHETHER DISABLED OR NOT) WHO DO NOT HAVE INSURANCE, LACK ACCESS TO DENTAL CARE, OR CANNOT AFFORD EMERGENCY CARE VIII TEENS WITH DISABILITIES RECEIVE TRAINING, SUPPORT AND COUNSELING THROUGH VARIOUS JVS PROGRAMS SUMMER CLUB SCENE PROVIDES RECREATIONAL AND EMPLOYMENT OPPORTUNITIES AND TEACHES DAILY LIVING SKILLS SCHOOL-TO-WORK TRANSITION PROGRAMS HELP STUDENTS MAKE A SUCCESSFUL TRANSITION TO WORK, TECHNICAL TRAINING PROGRAMS OR COLLEGE JVS GUIDES YOUNG PEOPLE WITH DISABILITIES THROUGH INTERNSHIPS AND JOB SHADOWING EXPERIENCES WHERE THEY CAN EXPLORE A VARIETY OF CAREERS TO HELP DETERMINE THEIR LIFE PATHS

4b (Code) (Expenses $ 935,354 including grants of $ 49,191) (Revenue $ 348,375)

JVS' SPECTRUM OF SENIOR ADULT SERVICES HELPS OLDER ADULTS THROUGH DIFFERENT STAGES OF THEIR LIVES I SENIOR SERVICE CORPS (SSC) PROVIDES STRUCTURED VOLUNTEER ACTIVITIES AND CAMARADERIE FOR OLDER ADULTS WHO WOULD OTHERWISE FACE ISOLATION THE PARTICIPANTS, MANY OF WHOM REMAIN IN THE PROGRAM WELL INTO THEIR '90S, WORK ON MAILINGS AND OTHER PROJECTS FOR LOCAL NON-PROFITS THE NON-PROFIT AGENCIES BENEFIT FROM UP TO 15,000 VOLUNTEER HOURS ANNUALLY, WHILE THE SENIOR VOLUNTEERS ENJOY BEING ACTIVE AND ENGAGED IN ADDITION TO THE SOCIALIZATION, THE SSC VOLUNTEERS BENEFIT FROM VITAL SOCIAL WORK SUPPORTS DIRECTED BY A GERIATRIC SOCIAL WORKER, SSC STAFF CAN IDENTIFY PARTICIPANTS' POTENTIAL HEALTH AND SAFETY ISSUES AND MAKE APPROPRIATE REFERRALS SSC VOLUNTEERS EXPERIENCE IMPROVED HEALTH, SELF-IMAGE, QUALITY OF LIFE AND FRIENDSHIPS, ALL OF WHICH HELP THEIR FAMILY CAREGIVERS AS WELL II JVS' MEMORY CLUB IS FOR SENIORS WITH VARIOUS STAGES OF MEMORY LOSS, INCLUDING MILD COGNITIVE IMPAIRMENT, EARLY ALZHEIMER'S DISEASE AND RELATED DISORDERS MEMORY CLUB MEMBERS ENJOY SOCIALIZATION IN ADDITION TO MEMORY-BOOSTING TIPS AND TECHNIQUES PHYSICAL EXERCISE, FIELD TRIPS AND SUPPORT GROUPS FURTHER ENHANCE THE PROGRAM III THE DOROTHY AND PETER BROWN JEWISH COMMUNITY ADULT DAY CARE PROGRAM IS A NON-SECTARIAN PROGRAM RUN JOINTLY BY JVS AND JEWISH SENIOR LIFE, WITH A CENTER AT EACH AGENCY'S CAMPUS THE BROWN PROGRAM SERVES ADULTS WITH ALZHEIMER'S DISEASE AND RELATED DEMENTIA DISORDERS AND SUPPORTS THEIR FAMILY CAREGIVERS WITH RESPITE AND COUNSELING THE PROGRAM IS CONSIDERED TO BE STATE-OF-THE-ART BY VIRTUE OF ITS OFFERINGS OF INDIVIDUALIZED CARE AND ATTENTION, THERAPEUTIC ACTIVITIES, SOCIALIZATION AND RECREATION, CREATIVE MUSIC AND ART EXPRESSION, AND SPIRITUAL AND CULTURAL SUPPORT TRANSPORTATION SERVICES AND FLEXIBLE SCHEDULING MAKE THE BROWN PROGRAM ACCESSIBLE TO ALL IN THE COMMUNITY

4c (Code) (Expenses $ 2,559,045 including grants of $ 61,950) (Revenue $ 577,617)

JVS' DIVERSE CAREER AND BUSINESS SERVICES AND WORKFORCE DEVELOPMENT PROGRAMS SUPPORT JOB SEEKERS AND EMPLOYERS, MEN AND WOMEN, YOUNG AND OLD THE OFFERINGS RANGE FROM A JOB SEARCH WEBSITE, ACTNOW JOBS, THAT CONNECTS JOB SEEKERS AND EMPLOYERS, TO WORKFORCE DEVELOPMENT PROGRAMS THAT SUPPORT THOSE WHO ARE NEWLY UNEMPLOYED, TO THOSE WHO ARE STRUCTURALLY UNEMPLOYED, TO FINANCIAL EDUCATION FOR THOSE WHO MAY HAVE LOST THEIR JOBS OR HOMES, TO STATE-OF-THE-ART COMPUTER LABS, TO CAREER DEVELOPMENT PROGRAMS JVS HELPS INDIVIDUALS NAVIGATE THE JOB MARKET BY TEACHING THE LATEST JOB SEEKING TECHNIQUES, RESUME WRITING, AND TECHNICAL AND SOFT SKILLS VARIOUS INTERACTIVE EVENTS OFFER OPPORTUNITIES TO HEAR GUEST SPEAKERS, PRACTICE INTERVIEWING AND FORM NETWORKS AND SUCCESS TEAMS I JVS' CAREER DEVELOPMENT PROGRAMS ARE TAILORED MEET THE NEEDS OF VARIOUS GROUPS IN THE COMMUNITY IT OFFERS A GROUP COUNSELING PROGRAM FOR INDIVIDUALS AGED 50+ WHO NEED TO REDEFINE A CAREER PLAN FOR THE NEXT STAGE OF THEIR LIVES IT ADDRESSES THE VERY SPECIFIC CONCERNS OF THIS COHORT OF JOB SEEKERS THROUGH INDIVIDUALIZED ASSESSMENTS, EXPLORATION OF THE WORLD OF WORK, SETTING REALISTIC GOALS AND PROGRAMMING THAT IS DESIGNED TO OVERCOME AGE-RELATED BARRIERS JVS SERVES WOMEN WHO ARE IN NEED OF A SUPPORT SYSTEM AND SKILL DEVELOPMENT TO HELP THEM ENTER OR RE-ENTER THE WORKFORCE THE JVS PROGRAM GIVES THEM A FRESH START, GUIDING THEM IN JOB SEARCH STRATEGIES WHILE PROVIDING EMOTIONAL SUPPORT THROUGH GROUP AND INDIVIDUAL COUNSELING THEY LEARN HOW THE SKILLS THEY HAD DEVELOPED OUTSIDE THE WORKFORCE ARE VALUABLE TO EMPLOYERS AND HOW TO MARKET THESE SKILLS WHILE RE-BUILDING THEIR SELF-ESTEEM JVS HELPS COLLEGE STUDENTS GAIN VALUABLE CAREER AND NETWORKING EXPERIENCE THROUGH PAID SUMMER INTERNSHIPS PARTICIPANTS ATTEND EDUCATIONAL SEMINARS AND WORK CLOSELY WITH PROFESSIONALS IN BUSINESS ADMINISTRATION, MARKETING AND COMMUNICATIONS, RESEARCH AND PROGRAM PLANNING, HUMAN SERVICES AND COMMUNITY RELATIONS II JVS SUPPORTS RECENT COLLEGE GRADUATES AND YOUNG ADULTS THROUGH SPECIALIZED EMPLOYMENT SERVICES AND JOB SEARCH COACHING TO HELP THEM CONNECT PROFESSIONALLY IN METRO DETROIT, AND TO RETAIN THEM IN THE COMMUNITY THEY LEARN ABOUT EFFECTIVE, TARGETED RESUMES AND NETWORKING SUCCESS TEAMS OFFER ACCOUNTABILITY, PEER SUPPORT AND STRATEGIC JOB SEARCH GUIDANCE III JVS SUPPORTS BUSINESSES THROUGH A VARIETY OF PROGRAMS ITS ACTNOW JOBS WEBSITE LINKS JOB POSTINGS TO CANDIDATES WHOSE RESUMES HAVE BEEN SCREENED BY JVS EMPLOYMENT SPECIALISTS JVS' HR SOLUTIONS GROUP ADVISES COMPANIES ON HUMAN RESOURCES BEST PRACTICES AND SERVES AS AN HR OUTSOURCING AGENCY FOR NON-PROFITS AND SMALL TO MID-SIZE COMPANIES AT JVS' BUSINESS CONNECTIONS, A QUARTERLY NETWORKING MEETING OPEN TO BUSINESS PEOPLE IN THE COMMUNITY, SPEAKERS PRESENT ON RELEVANT MARKETING, SALES AND HUMAN RESOURCE ISSUES IV THROUGH COMMUNITY VENTURES, A PROGRAM OF THE MICHIGAN ECONOMIC DEVELOPMENT CORPORATION, JVS SUPPORTS THE NEWLY EMPLOYED AND STRUCTURALLY UNEMPLOYED RESIDENTS OF PONTIAC, MICHIGAN WITH JOB RETENTION AND WRAPAROUND SERVICES PARTICIPANTS ARE TEAMED WITH A LIFE/JOB COACH TO FORMULATE A PERSONALIZED PLAN TO ADDRESS BARRIERS TO EMPLOYMENT, JOB RETENTION, SUCCESS BENCHMARKS, AND ULTIMATELY TO OBTAIN AND RETAIN EMPLOYMENT V JVS' COMPUTER SKILLS TRAINING PROGRAM, WHICH OPERATES LABS AT TWO SITES IN OAKLAND COUNTY, PROVIDES AN EXTENSIVE SUITE OF CLASSES TO HELP INDIVIDUALS UPGRADE THEIR SKILLS AND KEEP UP WITH THE JOB MARKET THE TRAINING PROVIDED AT THESE DAVID B HERMELIN ORT RESOURCE CENTERS COMPLEMENTS JVS' OVERALL CAREER DEVELOPMENT PROGRAMS AND SUPPORTS THE AGENCY'S GOAL OF HELPING PEOPLE REALIZE THEIR POTENTIAL

(Code) (Expenses $ 13,520 including grants of $) (Revenue $ 16,499)

JVS PARTNERS WITH THE MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY TO HELP THOSE EXPERIENCING FINANCIAL CHALLENGES SUCH AS LOSS OF EMPLOYMENT, HOME FORECLOSURE AND CREDIT ISSUES HOMEBUYER AND FINANCIAL PROGRAMS COVER TOPICS SUCH AS FINANCIAL CAPABILITY, HOMEBUYER EDUCATION, FORECLOSURE PREVENTION ASSISTANCE, AND BUDGETING AND CREDIT REPAIR ASSISTANCE

4d Other program services (Describe in Schedule O)

(Expenses $ 13,520 including grants of $) (Revenue $ 16,499)

4e **Total program service expenses** ▶ 18,095,251

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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	Yes	
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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		No
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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
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**		No
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**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	127		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	901		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	43		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	42		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ LEAH ROSENBAUM 29699 SOUTHFIELD ROAD
SOUTHFIELD, MI 48076 (248) 559-5000

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								921,463	0	121,197

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 6

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DORIE SHWEDEL & ASSOCIATES INC 32712 FRANKLIN ROAD FRANKLIN MI 48025	PUBLIC RELATIONS SERVICES	118,016
FIRST CHOICE TRANSPORTATION 19111 WEST TEN MILE ROAD SUITE 219 SOUTHFIELD MI 48075	TRANSPORTATION	100,460

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	402,257			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	1,097,618			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,693,773			
	g	Noncash contributions included in lines 1a-1f $		5,736			
	h	**Total.** Add lines 1a-1f . . . . . ▶		4,193,648			
Program Service Revenue			Business Code				
	2a	PROGRAM SERVICE REVENUE	624310	8,124,080	8,124,080		
	b	CONTRACT SERVICE FEES	624310	7,185,294	7,185,294		
	c	HOUSING AND FINANCIAL LITERACY	522299	16,949	16,949		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		15,326,323			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,741			1,741
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	306,232				
	b	Less rental expenses	0				
	c	Rental income or (loss)	306,232				
	d	Net rental income or (loss) . . . . . ▶		306,232			306,232
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	5,705 / 51,142				
	b	Less cost or other basis and sales expenses	5,736 / 49,642				
	c	Gain or (loss)	-31 / 1,500				
	d	Net gain or (loss) . . . . . ▶		1,469			1,469
	8a	Gross income from fundraising events (not including $ 402,257 of contributions reported on line 1c) See Part IV, line 18 . .	a 90,915				
	b	Less direct expenses . . .	b 344,739				
	c	Net income or (loss) from fundraising events . . ▶		-253,824			-253,824
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a 41,745				
	b	Less direct expenses . . .	b 29,858				
	c	Net income or (loss) from gaming activities . . ▶		11,887			11,887
	10a	Gross sales of inventory, less returns and allowances .	a				
	b	Less cost of goods sold . .	b				
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS REVENUE	900099	31,419			31,419
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		31,419			
	12	**Total revenue.** See Instructions . . . . . ▶		19,618,895	15,326,323	0	98,924

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22	1,175,391	1,175,391		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	577,948	264,263	276,973	36,712
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	11,206,267	10,341,116	787,296	77,855
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	512,574	470,289	38,804	3,481
9 Other employee benefits	2,132,682	1,974,767	143,295	14,620
10 Payroll taxes	1,044,095	916,309	120,267	7,519
11 Fees for services (non-employees)				
a Management				
b Legal	71,017	70,147	203	667
c Accounting	27,500	27,170		330
d Lobbying	6,600	6,600		
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	349,367	345,026	1,069	3,272
12 Advertising and promotion				
13 Office expenses	913,896	866,373	45,805	1,718
14 Information technology				
15 Royalties . .				
16 Occupancy	460,092	437,326	22,190	576
17 Travel	364,018	359,201	4,486	331
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	78,037	47,546	28,767	1,724
20 Interest	16,683	10,862	12	5,809
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	447,303	433,422	12,963	918
23 Insurance	115,760	109,151	5,809	800
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PRINTING	138,528	128,664	139	9,725
b BAD DEBT	38,609	38,609		
c MEMBERSHIP DUES	29,602	7,235	21,935	432
d EQUIPMENT	26,650	21,348	5,170	132
e All other expenses	54,034	44,436	9,246	352
25 **Total functional expenses.** Add lines 1 through 24e	19,786,653	18,095,251	1,524,429	166,973
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		970,038	1	1,097,856
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3,859,449	3	3,649,052
	4	Accounts receivable, net		705,075	4	1,102,338
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		304,586	9	346,350
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 9,032,934			
	b	Less accumulated depreciation	10b 6,038,260	3,116,364	10c	2,994,674
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		6,622,803	15	7,500,983
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		15,578,315	16	16,691,253
Liabilities	17	Accounts payable and accrued expenses		2,839,396	17	3,118,766
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		2,839,396	26	3,118,766
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		6,132,092	27	6,398,945
	28	Temporarily restricted net assets		2,956,850	28	3,416,206
	29	Permanently restricted net assets		3,649,977	29	3,757,336
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		12,738,919	33	13,572,487
	34	Total liabilities and net assets/fund balances		15,578,315	34	16,691,253

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,618,895
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,786,653
3	Revenue less expenses Subtract line 2 from line 1	3	-167,758
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,738,919
5	Net unrealized gains (losses) on investments	5	1,001,326
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,572,487

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 38-1358013

Name: JEWISH VOCATIONAL SERVICE AND COMMUNITY WORKSHOP

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEOR BARAK TRUSTEE	1 00	X						0	0	0
MARC BARRON TRUSTEE	1 00	X						0	0	0
NORA BARRON TRUSTEE	1 00	X						0	0	0
HADAS BERNARD CHAIR	2 00	X		X				0	0	0
DENNIS BERNARD TRUSTEE	1 00	X						0	0	0
JEFFREY BUDAJ TRUSTEE	1 00	X						0	0	0
AARON CHERNOW CHAIR ELECT	2 00	X		X				0	0	0
RAYMOND CLEARY TRUSTEE	1 00	X						0	0	0
SUZI DAITCH DELL TRUSTEE	1 00	X						0	0	0
EUGENE DRIKER TRUSTEE	1 00	X						0	0	0
ROBERT EPSTEIN TRUSTEE	1 00	X						0	0	0
GLEN FISHER TRUSTEE	1 00	X						0	0	0
DAVID FOLTYN TRUSTEE	1 00	X						0	0	0
IVAN FRANK TRUSTEE	1 00	X						0	0	0
STEVEN FRANK TRUSTEE	1 00	X						0	0	0
MINDI FYNKE TRUSTEE	1 00	X						0	0	0
STUART GOLDSTEIN TRUSTEE	1 00	X						0	0	0
BETH GOTTHELF SECRETARY	2 00	X		X				0	0	0
ROBERTA GRANADIER TRUSTEE	1 00	X						0	0	0
ELIZABETH KANTER GROSKIND TRUSTEE	1 00	X						0	0	0
KRISTEN GROSS TRUSTEE	1 00	X						0	0	0
JEFFREY GUNSBERG TRUSTEE	1 00	X						0	0	0
ROBERT HERTZBERG TRUSTEE	1 00	X						0	0	0
FRANK HOFFMAN VICE CHAIR	2 00	X		X				0	0	0
LEE HURWITZ TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARTHUR INDIANER TRUSTEE	1 00	X						0	0	0
JOHN JACOBS VICE CHAIR	2 00	X		X				0	0	0
DAVID JAFFE TRUSTEE	1 00	X						0	0	0
DENNIS KAYES TRUSTEE	1 00	X						0	0	0
LINDA KLEIN TRUSTEE	1 00	X						0	0	0
BERNARD KOLE TRUSTEE	1 00	X						0	0	0
DONALD LANSKY TRUSTEE	1 00	X						0	0	0
CHERYL MARGOLIS TRUSTEE	1 00	X						0	0	0
BRIAN MEER TRUSTEE	1 00	X						0	0	0
JODI NEFF TRUSTEE	1 00	X						0	0	0
JARED ROSENBAUM TRUSTEE	1 00	X						0	0	0
LINDA SAHN TRUSTEE	1 00	X						0	0	0
EVA SHAPIRO TRUSTEE	1 00	X						0	0	0
MICHAEL SIMMONS TRUSTEE	1 00	X						0	0	0
GEORGE STERN TREASURER	2 00	X		X				0	0	0
MICHAEL TOBIN TRUSTEE	1 00	X						0	0	0
ADELE WEISLER TRUSTEE	1 00	X						0	0	0
LEAH ROSENBAUM PRESIDENT & CEO	55 00			X				155,713	0	46,194
SUSAN EARP VICE PRESIDENT, FINANCE	55 00			X				145,725	0	14,417
TERESA SCHWARTZ VICE PRESIDENT, HUMAN RESOURCES	55 00					X		121,983	0	24,451
ADRIAN MARSDEN INFORMATION SYSTEMS MANAGER	55 00					X		111,464	0	17,933
KIRK GODDARD VICE PRESIDENT, HABILITATION SERVICES	55 00					X		103,589	0	3,685
BARBARA NURENBERG FORMER PRESIDENT & CEO	55 00						X	282,989	0	14,517

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SCHEDULE A (Form 990 or 990EZ)

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JEWISH VOCATIONAL SERVICE AND COMMUNITY WORKSHOP

Employer identification number
38-1358013

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,914,280	6,780,521	5,065,891	4,340,941	4,193,648	26,295,281
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	5,914,280	6,780,521	5,065,891	4,340,941	4,193,648	26,295,281
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						26,295,281

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	5,914,280	6,780,521	5,065,891	4,340,941	4,193,648	26,295,281
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	419,959	427,357	438,853	279,679	306,232	1,872,080
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	60,930	21,399	48,789	69,226	31,419	231,763
11 **Total support** (Add lines 7 through 10)						28,399,124

12 Gross receipts from related activities, etc (see instructions)	12	74,325,235

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	92 590 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	91 510 %

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
JEWISH VOCATIONAL SERVICE AND COMMUNITY WORKSHOP	38-1358013

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	6,600	
c Total lobbying expenditures (add lines 1a and 1b)	6,600	
d Other exempt purpose expenditures	19,780,053	
e Total exempt purpose expenditures (add lines 1c and 1d)	19,786,653	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	6,600	6,600	6,600	6,600	26,400
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART I-A, LINE 1	JVS CONTRIBUTES TO THE JEWISH FEDERATION OF METROPOLITAN DETROIT FOR A MULTI-AGENCY LOBBYIST TO ADVOCATE FOR SOCIAL SERVICES TO VULNERABLE AND SPECIAL POPULATIONS

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JEWISH VOCATIONAL SERVICE AND COMMUNITY WORKSHOP

Employer identification number
38-1358013

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	4,741,318	4,450,359	4,648,790	4,119,807	3,761,152
b	Contributions	17,079	34,346	60,523	83,095	52,686
c	Net investment earnings, gains, and losses	640,691	498,138	-58,946	635,860	447,333
d	Grants or scholarships					
e	Other expenditures for facilities and programs	245,920	241,525	200,008	189,972	141,364
f	Administrative expenses					
g	End of year balance	5,153,168	4,741,318	4,450,359	4,648,790	4,119,807

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 43 490 %
- b Permanent endowment ▶ 45 670 %
- c Temporarily restricted endowment ▶ 10 840 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		469,500		469,500
b Buildings		4,327,803	2,998,583	1,329,220
c Leasehold improvements		1,877,598	1,056,484	821,114
d Equipment		637,965	521,044	116,921
e Other		1,720,068	1,462,149	257,919
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,994,674

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to 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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST-COMMUNITY FOUNDATION OF SOUTHEAST MICHIGAN	1,215,430
(2) ENDOWMENT FUNDS HELD AT UNITED JEWISH FOUNDATION	2,417,747
(3) CAPITAL PROJECT FUNDS HELD AT UNITED JEWISH FOUNDATION	2,225,519
(4) OTHER INVESTMENTS	1,504,287
(5) BENEFICIAL INTEREST IN TRUSTS	138,000
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	7,500,983

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
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 ☑

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII **Supplemental Information**

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

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT MUST BE HELD IN PERPETUITY TO SUPPORT PROGRAM ACTIVITIES AND CAPITAL IMPROVEMENTS OR ACQUISITIONS INVESTMENT AND SPENDING POLICIES LIMIT THE ANNUAL USE OF REVENUE IN AN ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY THE ENDOWMENT
PART X, LINE 2	THE ORGANIZATION IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN ORGANIZATION DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX POSTIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF JUNE 30, 2014 AND 2013, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS THE ORGANIZATION'S FEDERAL AND STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO JUNE 30, 2011

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JEWISH VOCATIONAL SERVICE AND COMMUNITY WORKSHOP

Employer identification number
38-1358013

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

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

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

		(a) Event #1 STRICTLY BUSINESS (event type)	(b) Event #2 TRADE SECRETS/OTHER (event type)	(c) Other events _____ (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	328,417	164,755		493,172
	2 Less Contributions	277,855	124,402		402,257
	3 Gross income (line 1 minus line 2)	50,562	40,353		90,915
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	36,403	42,054		78,457
	8 Entertainment				
	9 Other direct expenses	169,122	97,160		266,282
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(344,739)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-253,824

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			41,745	41,745
Direct Expenses	2 Cash prizes			29,808	29,808
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			50	50
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				29,858
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				11,887

9 Enter the state(s) in which the organization operates gaming activities MI

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization operate gaming activities with nonmembers? . . . . . ☑ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☑ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	100 000 %

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

Name ▶ LEAH ROSENBAUM

Address ▶ 29699 SOUTHFIELD ROAD
SOUTHFIELD,MI 48076

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶ LEAH ROSENBAUM

Gaming manager compensation ▶ $

Description of services provided ▶ OVERALL SUPERVISION AND MANAGEMENT OF JVS OPERATIONS

☑ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

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Schedule I (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," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JEWISH VOCATIONAL SERVICE AND COMMUNITY WORKSHOP

Employer identification number
38-1358013

Part I General Information on Grants and 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? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash 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 . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) WAGES TO CLIENT WORKERS	883	829,168		PAYROLL RECORDS	
(2) PAYROLL TAXES FOR CLIENT WORKERS	883	44,534		PAYROLL RECORDS	
(3) WORKERS COMP INSURANCE EXPENSE FOR CLIENT WORKERS	883	13,477		BENEFIT EXPENSE	
(4) CLIENT TRANSPORTATION	403	242,057		INVOICES	
(5) CLIENT SUPPORT SERVICES	164	46,155		CHECK REGISTER	

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE MANAGEMENT OF JVS IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING EFFECTIVE INTERNAL CONTROL OVER COMPLIANCE WITH THE REQUIREMENTS OF LAWS, REGULATIONS, CONTRACTS, AND GRANTS GENERAL LEDGER SOFTWARE ACCOMMODATES THE TRACKING AND ALLOCATION METHODOLOGIES REQUIRED TO SUPPORT EXPENDITURES MANAGEMENT REVIEWS AND APPROVES EXPENDITURES PRIOR TO PAYMENT TO ASSURE CORRECT ASSIGNMENT TO THE LEDGER AUDITS BY THE FUNDING SOURCES AND INDEPENDENT CPA FIRM TEST EXPENDITURES

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JEWISH VOCATIONAL SERVICE AND COMMUNITY WORKSHOP

Employer identification number
38-1358013

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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 in 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 are not 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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)LEAH ROSENBAUM PRESIDENT & CEO	(i)	155,713	0	0	17,500	28,694	201,907	0
	(ii)	0	0	0	0	0	0	0
(2)SUSAN EARP VICE PRESIDENT, FINANCE	(i)	145,725	0	0	0	14,417	160,142	0
	(ii)	0	0	0	0	0	0	0
(3)BARBARA NURENBERG FORMER PRESIDENT & CEO	(i)	282,989	0	0	7,292	7,225	297,506	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JEWISH VOCATIONAL SERVICE AND COMMUNITY WORKSHOP

Employer identification number
38-1358013

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	PERIODICALLY, THE EXECUTIVE COMMITTEE WILL MEET IN LIEU OF A FULL BOARD MEETING THE EXECUTIVE COMMITTEE SHALL BE COMPRISED OF THE CHAIRPERSON AND VICE CHAIRPERSONS OF THE CORPORATION, THE CHAIRPERSONS OF THE STANDING COMMITTEES, AND SUCH OTHER TRUSTEES AS SHALL BE CHOSEN BY THE CHAIRPERSON THE CHAIRPERSON SHALL ACT AS CHAIRPERSON OF THE EXECUTIVE COMMITTEE UNLESS OTHERWISE PROVIDED BY ACTION OF THE BOARD, THE EXECUTIVE COMMITTEE SHALL HAVE ALL POWERS OF THE BOARD BETWEEN MEETINGS OF THE BOARD, EXCEPT THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE POWER TO (A) SELECT THE CHAIRPERSON OR VICE CHAIRPERSON, (B) ELECT BOARD MEMBERS OR FILL BOARD MEMBER VACANCIES, (C) SELECT THE CORPORATION'S PRESIDENT, (D) AMEND BYLAWS, OR (E) AMEND THE ARTICLES OF INCORPORATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING BOARD MEMBERS HAVE FAMILY RELATIONSHIPS NORA BARRON AND MARC BARRON, DENNIS BERNARD AND HADAS BERNARD THE FOLLOWING BOARD MEMBERS HAVE BUSINESS RELATIONSHIPS EUGENE DRIKER AND ROBERT EPSTEIN

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 10B	HR SOLTUIONS GROUP, LLC AND PREMIER HOUSING, LLC, ARE WHOLLY OWNED SUBSIDIARIES OF JVS THERE ARE NO SEPARATE WRITTEN POLICIES AND PROCEDURES GOVERNING THE ACTIVITIES OF THE LLCS AS JVS EXERCISES CONTROL OVER THE LLCS FOR INSTANCE, JVS APPOINTS AND OVERSEES MANAGEMENT OF THE LLCS AND APPROVES BUDGETS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE REVIEW OF THE FORM 990 AND HAS AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY, THE BOARD OF TRUSTEES EACH COMMITTEE MEMBER RECEIVES A COPY OF THE FORM 990 AND IS ABLE TO PROVIDE FEEDBACK AND CHANGES PRIOR TO THE RETURN BEING FINALIZED FOR FILING A COPY OF THE AUDIT COMMITTEE APPROVED FORM 990 IS DISTRIBUTED TO THE ENTIRE BOARD OF TRUSTEES PRIOR TO FILING APPOINTMENT TO THE AUDIT COMMITTEE IS THROUGH A VOTE OF THE BOARD OF TRUSTEES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	JVS HAS A CODE OF ETHICS AND A CONFLICT OF INTEREST POLICY THAT IS DISTRIBUTED TO AND REVIEWED WITH ALL NEW BOARD MEMBERS AND REDISTRIBUTED ANNUALLY TO THE ENTIRE BOARD AS A REMINDER THE JVS BOARD OF TRUSTEES ANNUALLY COMPLETE A CONFLICT OF INTEREST STATEMENT ALL BOARD MEMBERS ARE EXPECTED TO INFORM JVS OF ANY CHANGES THAT ARISE DURING THE YEAR THAT WOULD RESULT IN ANY POTENTIAL CONFLICT OF INTEREST ADDITIONALLY, ALL KNOWN CONFLICTS ARE REVIEWED ANNUALLY AT A BOARD MEETING AND ALL BOARD MEMBERS ARE ASKED IF THERE ARE ANY OTHER KNOWN CONFLICTS IF CONFLICTS ARISE, IT IS THE PRACTICE OF BOARD MEMBERS WHO ARE IN CONFLICT TO ABSTAIN FROM PARTICIPATION AND VOTING ON THE SUBJECT MATTER

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION PROCESS FOR TOP OFFICIAL THE VICE PRESIDENT OF HUMAN RESOURCES OBTAINS COMPARABILITY DATA FROM THE FORM 990 OF SIMILAR ORGANIZATIONS AS WELL AS PUBLISHED COMPENSATION SURVEYS FOR THE CEO POSITION THE PROFESSIONAL COMPENSATION STUDIES SELECTED CONTAIN COMPARABLE POSITIONS IN COMPARABLE ORGANIZATIONS THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES UTILIZES THIS DATA IN CONJUNCTION WITH THE ANNUAL WRITTEN PERFORMANCE REVIEW OF THE CEO TO DETERMINE THE COMPENSATION ARRANGEMENT FOR THE YEAR THE COMPENSATION COMMITTEE IS COMPRISED OF INDEPENDENT BOARD MEMBERS SELECTED BY THE CHAIR COMPENSATION PROCESS FOR OFFICERS THE VICE PRESIDENT OF HUMAN RESOURCES OBTAINS COMPARABILITY DATA AND PUBLISHED COMPENSATION SURVEYS FOR ALL POSITIONS WHERE COMPENSATION IS GREATER THAN OR EQUAL TO $105,000 PER ANNUM THE SURVEYS INCLUDE PROFESSIONAL STUDIES THAT CONTAIN COMPARABLE POSITIONS IN COMPARABLE ORGANIZATIONS AND FORM 990 DATA FOR SIMILAR ORGANIZATIONS THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES UTILIZES THIS DATA TO ESTABLISH SALARY RANGES FOR EACH POSITION ONCE THE SALARY RANGES ARE APPROVED BY THE COMPENSATION COMMITTEE, THE CEO IS AUTHORIZED TO SET SALARIES WITHIN THE APPROVED RANGE IN CONJUNCTION WITH ANNUAL PERFORMANCE REVIEWS

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	IN THE SPIRIT OF TRANSPARENCY, UPON REQUEST, JVS WILL MAKE AVAILABLE ITS ARTICLES OF INCORPORATION, BYLAWS, AND CONFLICT OF INTEREST POLICY JVS FINANCIAL STATEMENTS ARE AVAILABLE IN THE JVS ANNUAL REPORT (A PUBLIC DOCUMENT), OR UPON REQUEST ALL REQUESTS FOR INFORMATION MAY BE DIRECTED TO THE OFFICE OF THE VICE PRESIDENT FOR FINANCE

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE OVERSIGHT PROCESS AND SELECTION OF AN INDEPENDENT AUDITOR PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
JEWISH VOCATIONAL SERVICE AND COMMUNITY WORKSHOP

Employer identification number
38-1358013

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HR SOLUTIONS GROUP LLC 29699 SOUTHFIELD ROAD SOUTHFIELD, MI 48076 20-1625270	HR SERVICES	MI	836,107	181,634	JVS
(2) PREMIER HOUSING SOLUTIONS LLC 29699 SOUTHFIELD ROAD SOUTHFIELD, MI 48076 26-4278954	HOUSING	MI	0	0	JVS

Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No

Part III **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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) NEIGHBORHOOD HOUSING SOLUTIONS LLC 30600 NORTHWESTERN HWY STE 403 FARMINGTON HILLS, MI 48334 26-4279267	AFFORDABLE HOUSING	MI	PREMIER HOUSING	N/A	-5,950	-14,381	Yes				No	51 000 %
(2) NEIGHBORHOOD HOUSING SOLUTIONS HAMTRAMCK NO1 LLC 30600 NORTHWESTERN HWY STE 403 FARMINGTON HILLS, MI 48334 27-1614512	AFFORDABLE HOUSING	MI	N/A	N/A				No			No	
(3) NEIGHBORHOOD HOUSING SOLUTIONS DLB #1 LLC 30600 NORTHWESTERN HWY STE 403 FARMINGTON HILLS, MI 48334 45-3981752	AFFORDABLE HOUSING	MI	N/A	N/A				No			No	

Part IV **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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation