

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493350013296

Return of Organization Exempt From Income Tax

OMB No 1545-0047

M State of legal domicile MI

42

Current Year

Department of the Treasury Internal Revenue Service

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

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

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

For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016 Name of organization D Employer identification number B Check if applicable JEWISH VOCATIONAL SERVICE AND COMMUNITY Address change WORKSHOP 38-1358013 Name change Doing business as JVS JEWISH VOCATIONAL SERVICE Initial return Final E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite return/terminated 29699 SOUTHFIELD ROAD (248) 559-5000 Amended return City or town, state or province, country, and ZIP or foreign postal code SOUTHFIELD, MI 48076 Application pending G Gross receipts \$ 21,881,003 Name and address of principal officer **H(a)** Is this a group return for LEAH ROSENBAUM subordinates? Yes 🗸 29699 SOUTHFIELD ROAD Νo SOUTHFIELD, MI 48076 H(b) Are all subordinates Tax-exempt status included? 4947(a)(1) or 527 **√** 501(c)(3) Г 501(c) () **◀** (insert no) If "No," attach a list (see instructions) Website: ► WWW JVSDET ORG Group exemption number 🕨

	3	uı	 IIai	y
4.5	-			

Activities & Governance

3 Number of voting members of the governing body (Part VI, line 1a) .

f 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, VOCAMONAL ASSESSMENT, TRAINING AND REHABILITATION PROGRAMS AND HUMAN RESOURCE SERVICES RELATING TO VOCATIONAL A

L Year of formation 1941

Prior Year

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

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 41 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 922 Total number of volunteers (estimate if necessary) . 6 368 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34

Contributions and grants (Part VIII, line 1h) 4,006,099 4,824,782 16,212,303 9 Program service revenue (Part VIII, line 2g) 15,772,418 18,542 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9.618

179,061 125,005 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 21,180,632 19,967,196

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,388,396 1,409,695 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 15,508,078 16,163,690

0 0 16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) \triangleright 263,449 3,315,738 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,131,476

20,704,861 20,212,212 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 245,016 475,771 Beginning of Current Yea **End of Year**

Assets or d Balances 20 16,775,678 16,394,029 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 3,427,975 3,093,295 22 Net assets or fund balances Subtract line 21 from line 20 13,347,703 13,300,734

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

***** 2016-12-14 Signature of officer Sign Here LEAH ROSENBAUM PRESIDENT & CEO Type or print name and title

Print/Type preparer's MICHAEL F FENBERG Preparer's signature MICHAEL F FENBERG Check [2016-12-06 P01284396 **Paid** ► BAKER TILLY VIRCHOW KRAUSE LLP Firm's EIN > 39-0859910 Firm's name **Preparer** Firm's address ► 2000 TOWN CENTER SUITE 900 Phone no (248) 372-7300 **Use Only** SOUTHFIELD, MI 48075

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

Form	990 (2	015)							Page 2
Part	1111	Statemen	t of Program Servi	ce Accomplis	shments				
	Briefly		edule O contains a resp e organization's mission	onse or note to a	any line in this Pa	rt III		<u></u>	. 🗸
BASI ADUL THRO AFFE JEWI: TO H THE I	S A CO S ITS TS, AN UGHO CTING SH VAI	, ARRAY OF P ND CAREER, DUT ITS 75-Y THEIR SELF LUES OF EQI EOPLE IS TO ING NEEDS (IVE HUMAN SERVICES ROGRAMS, WHICH INC BUSINESS AND WORK FEAR HISTORY, JVS HA FE-SUFFICIENCY THROU JAL OPPORTUNITY, C MAKE IT POSSIBLE FO OTHER NON-PROFITS	CLUDES SERVICE FORCE DEVELO AS FOCUSED O JGH COUNSELI OMPASSION, R DR THEM TO HE BY OFFERING D	CES FOR INDIVI PMENT SERVIC N ITS MISSION NG, TRAINING A ESPONSIBILITY ELP THEMSELVE IVERSE AND RE	DUALS WITH DISA ES, FORMS A SAFE TO HELP PEOPLE AND SUPPORT SER AND THE STEADF S JVS FULFILLS TI LEVANT PROGRAM	BILITIES, SERVETY NET FOR THE MEET LIFE CHANDICES IN ACCORACT BELIEF THAT BY MISSION BY MIS IN A HOLIST.	ICES FOR SENE COMMUNITY LLENGES PRDANCE WIT AT THE BEST N RESPONDING	Y H WAY G TO
	D.d.th.		dawbalia anii alanifia				inted on		
2	the pri	or Form 990	n undertake any significa or 990-EZ? hese new services on So		rices during the y	ear which were not i		⊤Yes √No	
3			n cease conducting, or n		changes in how it	conducts, any prog	ram		
		es?		 ıle O				Yes √No	
4	Descr expen	ribe the organi ses Section !	zation's program service 501(c)(3) and 501(c)(4 and revenue, if any, for	e accomplishme) organizations a	ire required to rep		•	•	
4a	THROUSERVE INCLU SERVE INCLU BENEF TRIPS PROGI SOCIA BRIDG INTER SUFFI INDIVICOMM DEVEL RETEN WORK EMPLC EMPLC DENTI AFFOR SCENE STUDE STUDE	ROGRAMS PROVUGH PAID WORK ED I TO MAXIMI DES SKILLS ASSI ETT FROM VOLUN TO LOCAL ATTRA RAM OF JVS RE- GES AND LEARNIM EDUALS WITH DIS EDUALS WITH DIS EDUALS WITH DIS EDUALS WITH OF NSHIPS, AND RE CIENCY VI JVS N EDUALS WITH COLON INITY JVS' ARR OP THEIR VOCAN ITION SERVICES EXPERIENCES DYMENT INDIVID EDUALS WITH COLON ITION SERVICES OF THEIR VOCAN ITION SERVICES OF THEIR VOCAN ITION SERVICES OF THE ROCAN ITION SERVICES) (Expenses \$ IDE MEANINGFUL AND PRODU , VOLUNTEER OPPORTUNITIE ZE THE POTENTIAL AND SELF ESSMENT, JOB SEARCH ASSIS TEER OPPORTUNITIES THAT ACTIONS KEEP INDIVIDUALS INTEGRATES VETERANS WITH ADULTS WITH DEVELOPMENT CISE, HEALTH MAINTENANCE NG INNOVATIONS FOR ENRIC ESABILITIES LIVE THE LIFE OF PLE WHO ARE HOMELESS, WITH ESTERRALS TO APPROPRIATE R WORKS CLOSELY WITH MICH DIONITIVE, PHYSICAL AND/OR LAY OF REHABILITATION SERV THROUGH ITS ENVIRONMEN JUALS WITH DEVELOPMENTAL MM JVS STAFF PROVIDES ON- REAT AREA RESIDENTS (WH CARE VIII TEENS WITH DISA REATIONAL AND EMPLOYMEN CCESSFUL TRANSITION TO M 3 SHADOWING EXPERIENCES	ICTIVE WAYS FOR II S AND RECREATION SUFFICIENCY OF A TANCE, PLACEMENT PROMOTE PERSONAL WITH SIGNIFICANT IS SERVICE-RELATED AND MONITORING, HAMENT (LIFE) PROGRED FOR WITHOUT DIS ESOURCES SUCH AS GAN REHABILITATICE MOTIONAL DISABILITICES HELPS INDIVITE REALISTIC GOALS IT AL SERVICES PROGRAND FOR EMOTIONAL THE-JOB TRAINING AND/OR EMOTIONAL THE-JOB TRAINING ETHER DISABLED OR BILLITES RECEIVE TO TOPPORTUNITIES AFORK, TECHNICAL TO OPPORTUNITIES AFORK, TECHNICAL TO ORK, TECHNICAL TO AND ORK, TECHNICAL TO OPPORTUNITIES AFORK, TECHNICAL TO OPPORTUNITIES AFORK, TECHNICAL TO OPPORTUNITIES AFORK TECHNICAL TO THE TECHNICAL TO THE TECHNICAL TO THE TECHNICAL TH	AL ACTIVITIES SUPP DULTS WHO SEEK CO AND TRAINING, AND L GROWTH, SKILL RE DISABILITIES ACTIVE DISABILITIES BACK I HO HAVE ALZHEIMER' STIMULATION AND SIRAMS PROVIDE SUPP ABBILITIES JVS PROVED SUBSTANCE ABUSE ON SERVICES AND OTITIES MAXIMIZE THEID DUALS WITH DISABILITY PARTICIPANTS IN THIS GRAM (ESP), WHICH ENT, INDIVIDUALS IN LOISABILITIES AND FARTICIPANTS IN THIS GRAM (ESP), WHICH ENT, INDIVIDUALS IN LAND SUPPERVISION AND SUPPERVISION AND SUPPERVISION AND SUPPERVISION AND SUPPERVISION AND SUPPERVISION AND THE AND	ORT IS TAILORED TO TH MMUNITY EMPLOYMENT O NOGOING POST-EMPLO TENTION AND COMMUNI AND ENGAGED II THE NOTO THEIR COMMUNITY S DISEASE OR RELATED KILL ENHANCEMENT IN A OTHER COMMUNITY OTHER COMMUNITY OF SO COUNSELING TO HELP THER AGENCIES TO PROVICE REPROMAL INDEPENDITIES TO IDENTIFY AND OF ESE PROGRAMS BENEFIT OFFERS JANITORIAL SKI ICREASE OPPORTUNITIE OFFERS JANITORIAL SKI ICREASE OPPORTUNITIE OFSIBLY SECONDARY DE IT TRI-COUNTY DENTAL HAVE INSURANCE, LACK UN COUNSELING THROOL- OR COLLEGE JVS GUIDE OR COLLEGE	TO PARTICIPATE IN TE INTERESTS AND NET, JVS OFFERS JOB SEYMENT SUPPORT AND INTEREST AND SEYMENT SUPPORT AND INTEREST AS SECURE AND CARIND PERSONALIZED PUTHEAST MICHIGAN, ISELING, JOB READIN HESE INDIVIDUALS A FULL SPECTRUENCE AND INTEGRAT FOR JOB COACHINILLS TRAINING, CLASS TO OBTAIN AND RESE INDIVIDUALS A GOOD TO BE AND INTEGRAT INTEREST FROM JOB COACHINILLS TRAINING, CLASS TO OBTAIN AND RESE ISABILITIES ARE SER'S HEALTH PROVIDES FOR ACCESS TO DENTAL GH VARIOUS JVS PROCEST OF WORK TRANSITICES YOUNG PEOPLE WITH AND RESERVANCES TO DENTAL GH VARIOUS JVS PROCEST OF WORK TRANSITICES YOUNG PEOPLE WITH INTEREST AND RESERVANCES TO DENTAL GH VARIOUS JVS PROCEST OF WORK TRANSITICES YOUNG PEOPLE WITH INTEREST AND RESERVANCES TO DENTAL GH VARIOUS JVS PROCEST OF WORK TRANSITICES YOUNG PEOPLE WITH INTEREST AND RESERVANCES TO DENTAL GH VARIOUS JVS PROCEST OF WORK TRANSITICES YOUNG PEOPLE WITH INTEREST AND RESERVANCES TO DENTAL GH VARIOUS JVS PROCEST OF WORK TRANSITICES YOUNG PEOPLE WITH INTEREST AND RESERVANCES TO DENTAL GH VARIOUS JVS PROCEST OF WARREST TO THE PROVIDED TO THE PROVID	EEDS OF EACH IND EARCH SUPPORT TO O ADVOCACY OTH ULATING ACTIVITIE MENT TOOLS (VET: NIONS IS AN ADUL SI TOFFERS GENVIRONMENT LANNING TO HELP JVS' BRIDGING THE ESS TRAINING, CHIEVE SELF- M OF PROGRAMS ION INTO THE G, TRAINING AND SROOM AND HAND TAIN COMPETITIVE VED BY JVS' SUPPO REFERRALS TO VOL CARE, OR CANNO ON PROGRAMS HELE TH DISABILITIES T	IVIDUAL HAT ERS ES AND S) IT DAY IV HE GAP TO HELP , JOB S-ON ERTED JUNTEER TT CLUB P
4b	STRUC REMAI FROM THE SI POTEN AND F INCLU TO ME AND P AT EAC FAMIL' INDIVI	PECTRUM OF SE TURED VOLUNT IN IN THE PROGG UP TO 15,000 V SC VOLUNTEERS ITIAL HEALTH AN RIENDSHIPS, ALI DING MILD COGI MORY-BOOSTINI ETER BROWN JE CH AGENCY'S CA I CAREGIVERS V IDUALIZED CARE) (Expenses \$ NIOR ADULT SERVICES HELPSEER ACTIVITIES AND CAMAR. RAM WELL INTO THEIR 90'S, OLUNTEER HOURS ANNUALLY BENEFIT FROM VITAL SOCIA ID SAFETY ISSUES AND MAKE LOF WHICH HELP THEIR FAM NITIVE IMPAIRMENT, EARLY A G TIPS AND TECHNIQUES PH WISH COMMUNITY ADULT DA MIPUS THE BROWN PROGRA VITH RESPITE AND COUNSELL AND ATTENTION, THERAPEU IRT TRANSPORTATION SERVI	GOLDER ADULTS TH ADERIE FOR OLDER WORK ON MAILINGS , WHILE THE SENIOU L WORK SUPPORTS APPROPRIATE REFE ILY CAREGIVERS AS LZHEIMER'S DISEAS YSICAL EXERCISE, F Y PROGRAM IS A NO M SERVES ADULTS V NG THE PROGRAM TIC ACTIVITIES, SOO	ADULTS WHO WOULD AND OTHER PROJEC FOR VOLUNTEERS ENJO DIRECTED BY A GER ERRALS SSC VOLUNT WELL II JVS' MEMC E AND RELATED DISC FIELD TRIPS AND SUP DN-SECTARIAN PROG VITH ALZHEIMER'S DI SIS CONSIDERED TO R CIALIZATION AND REC	STAGES OF THEIR LIVES OTHERWISE FACE ISOL ITS FOR LOCAL NON-PRE THE STATE OF THE ST	ATION THE PARTICII DFITS THE NON-PRO GAGED IN ADDITION R, SSC STAFF CAN ID OVED HEALTH, SELF- RSC WITH VARIOUS ST REMBERS ENJOY SO R ENHANCE THE PRO I/S AND JEWISH SENI MENTIA DISORDERS IY VIRTUE OF ITS OFF JSIC AND ART EXPRE	PANTS, MANY OF W FIT AGENCIES BEN I TO THE SOCIALIZ ENTIFY PARTICIPA IMAGE, QUALITY O AGES OF MEMORY CIALIZATION IN AD GRAM III THE DO DR LIFE, WITH A C AND SUPPORTS THE ERINGS OF SSION, AND SPIRI	VHOM JEFIT ATION, NTS' F LIFE LOSS, DITION ROTHY ENTER JEIR
4c	(Code) (Expenses \$	2,371,076 ।	ncluding grants of \$	224 540)	(Revenue \$	364,829)	
-16	JVS' D AND C DEVEL FOR TY INDIVISION OF THAT THEM EMOTION OF THEM AND N PROFE RELAT TO HE AND N N A SPECI. NON-F SPEAK ECONG RETEN C WHICH UP WI DEVEL HOUSI ISSUE:	IVERSE CAREER DLD THE OFFERI OPMENT PROGRES HOME AND	AND BUSINESS SERVICES AN NGS RANGE FROM A JOB SEA AMS THAT SUPPORT THOSE NAT HAVE LOST THEIR JOBS OR HE THE JOB MARKET BY TEACH OFFER OPPORTUNITIES TO HAMS ARE TAILORED TO MEETH HOW HONED TO REDEFINE A SERS THROUGH INDIVIDUALIZ OVERCOME AGE-RELATED BY NTER THE WORKFORCE THE THROUGH GROUP AND INDIVERS AND HOW TO MARKET THE PERIENCE THROUGH PAID SUSINESS ADMINISTRATION, MEDICAL PROFESSIONALLY IN METHOUGH SOLUTIONS GROUP ADVISES ALL TO MID-SIZE COMPANIES NACTIONS GROUP ADVISES ALL TO MID-SIZE COMPANIES NELEVANT MARKETING, SA SENT CORPORATION, JUS SUPPAROUND SERVICES PARTIC TENTION, SUCCESS BENCHM. SAT TWO SITES IN OAKLAND KET THE TRAINING PROVID AMS AND SUPPORTS THE AGINT AUTHORITY TO HELP THOSAND FINANCIAL PROGRAMS OF CORPORATION AND FINANCIAL PROGRAMS OF CORPORATION TO HELP THOSAND FINANCIAL PROGRAMS OF CORPORATION AND CREDIT REPAIR	D WORKFORCE DEV RCH WEBSITE, ACTI WHO ARE NEWLY UN IOMES, TO STATE-C IING THE LATEST JO EAR GUEST SPEAKE THE NEEDS OF VAR CAREER PLAN FOR ED ASSESSMENTS, E ARRIERS JVS SERVE JVS PROGRAM GIVI IDUAL COUNSELING IESE SKILLS WHILE I MMER INTERNSHIP. RAKETING AND COM ADUATES AND YOU RO DETROIT, AND T JUNTABILITY, PEER SI SITTE LINKS JOB POS COMPANIES ON HUN AT JVS' BUSINESS LES AND HUMAN RE PORTS THE NEWLY PANTS ARE TEAMEC RAKS, AND ULTIMAT COUNTY, PROVIDE: ED AT THESE DAVID INCY'S GOAL OF HEI EE EXPERIENCING F OVER TOPICS SUCH	JELOPMENT PROGRAM NOW JOBS, THAT CO EMPLOYED, TO THOS JETH-ART COMPUTI JETH-ART TOMPUTI JETH-ART STAGE OF JETH-ART STAGE JETH-ART AFFESH ST JETH-ART HOW THE JETH-ART HOW THE JETH-ART HOW JETH-ART JET	AS SUPPORT JOB SEEKER AN ASE WHO ARE STRUCTUR. ER LABS, TO CAREER DE UES, RESUME WRITING, VIEWING AND FORM NE E COMMUNITY IT OFFEE THEIR LIVES IT ADDRE WORLD OF A SUPPORT ART, GUIDING THEM IN HE SKILLS THEY HAD DE SELF-ESTEEM JVS HELPSTEND EDUCATIONAL SEM HAS PROGRAM PHOSE WHOSE RESUMES HAVE COMMUNITY THEY LEST OF SERVICES AND SERVICTURALLY UNEMPLOYED COURS WOOSE RESUMES HAVE TO FORMULATE A RETAIN EMPLOYMENT VIEWORKING MEETING OF THROUGH COMMUNITY COTURALLY UNEMPLOYED CACH TO FORMULATE A RETAIN EMPLOYMENT VIEWORKING MEETING OF CLASSES TO HELP ES OURCE CENTERS COME THE POTENTIAL VIEWORKING MEETING OF CLASSES TO HELP ES OURCE CENTERS COME THE POTENTIAL VIEWORKING MEETING OF CLASSES TO HELP ES SUCH AS LOSS OF EM	RS AND EMPLOYERS, ND EMPLOYERS, ND EMPLOYERS, ND EMPLOYERS, TO ALLY UNEMPLOYED, TEVELOPMENT PROGRAMING AND TECHNICAL ANITWORKS AND SUCCERS A GROUP COUNSE (SSES THE VERY SPEC) FOR SUBJECT OF THE SECTION	MEN AND WOMEN, WORKFORCE TO FINANCIAL EDUC MIS JVS HELPS D SOFT SKILLS VA SS TEAMS I JVS' LING PROGRAM DEVELOPMENT TO GIES WHILE PROV. HE WORKFORCE A S GAIN VALUABLE C LOSELY WITH RVICES AND COMM JOB SEARCH COAC JUE, TARGETED RE RTS BUSINESSES T SY JVS EMPLOYMEN JUE, TARGETED RE RTS BUSINESSES T SY JVS EMPLOYMEN JMC JUE JMC JMC JUE JMC JUE JMC JMC JMC JUE JMC JMC JMC JUE JMC	CATION RIOUS CAREER PR DF THIS MING HELP IDING RE CAREER HUNITY HING ESUMES HROUGH TO OR MUNITY, GAN VITH JOE RIERS TO OR OR RIERS TO OR OR RIERS TO OR OR OR RIERS TO OR

4e Total program service expenses ► 18,830,796

including grants of \$

Other program services (Describe in Schedule O)

4d

(Expenses \$

Form **990** (2015)

) (Revenue \$

Form	990 (2015)			Page 3
Par	t 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			
	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	
	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
	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	11 c		No
	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 2	11 d	Yes	
е	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 2	12a	Yes	
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		No
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	
	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		

Form	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			<u>=</u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?	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

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

29

31

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🗦 🕏 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛂 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Pait I

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Yes

Yes

Yes

Yes

Form 990 (2015)

Νo

Nο

Nο

Nο

Nο

Nο

Νo

Νo

Νo

Nο

Nο

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance Check of Schedule O contains a response or note to any line in this		W			_
		Check if Schedule O contains a response or note to any line in this	Part	<u>v</u>		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	189			
b	Enter	the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c		ne organization comply with backup withholding rules for reportable payments to ng (gambling) winnings to prize winners?	vend	dors and reportable	1 c	Yes	
2a	_	the number of employees reported on Form W-3, Transmittal of Wage and		 			
	Tax S	tatements, filed for the calendar year ending with or within the year covered s return	2a	922			
b		east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during	g the	year [,]	3a		Νo
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i> c	on in S	Schedule O	3b		
4a	over,	y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc int)?			4a		No
b	If "Ye: See in (FBAR	s," enter the name of the foreign country	and	Financial Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
6a		the organization have annual gross receipts that are normally greater than \$10			5c 6a		No
b	If"Ye	ization solicit any contributions that were not tax deductible as charitable cont s," did the organization include with every solicitation an express statement th not tax deductible?			6b		
7		nizations that may receive deductible contributions under section 170(c).					
а	Did th	ne organization receive a payment in excess of \$75 made partly as a contribution provided to the payor?		d partly for goods and	7a	Yes	
b	If"Ye	s," did the organization notify the donor of the value of the goods or services p	rovide	ed?	7b	Yes	
C		ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	•	which it was required to	7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year \dots	7d				
е	Dıd th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7 f		
g	If the require	organization received a contribution of qualified intellectual property, did the o	rganız	zation file Form 8899 as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus g the year?	sınes:	s holdings at any time	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966			9a		
b	Did th	ie sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson?	9b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10 b				
11	Section	on 501(c)(12) organizations. Enter					
		income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12 a		
b	If "Ye: year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ote. S	See the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
С	Enter	the amount of reserves on hand	13 c				
		e organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explana	tion ir	Schedule O	14b		

•	<u> </u>			
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					
Se	ction 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	42			
	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	41			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	•	4		No
5	Did the organization become aware during the year of a significant diversion of the o		ation's assets?	5		No
6	Did the organization have members or stockholders?	-		6		No
	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?	er to		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	l by)	members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following					
а	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, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	red by the Internal R	even	ue Cod	e.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10 a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organizati		•	10b		No
11a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	_	J ,	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .			12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	rests that could give	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? If "Yes," describe	12 c	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 revindependent persons, comparability data, and contemporaneous substantiation of the					
а	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 taxable entity during the year?			16 a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and tak	ızatıoı	n to evaluate its			
	organization's exempt status with respect to such arrangements?			16b	Yes	
	ection 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 (3)s only) available for public inspection. Indicate how you made these available. Ch	neck a	ill that apply			
	Own website Another's website Upon request Other (explain in S	chedu	ıle O)			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

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

State the name, address, and telephone number of the person who possesses the organization's books and records

interest policy, and financial statements available to the public during the $\bar{t}ax\ year$

Part VII

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

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

art VII	Section A. Officers,	Directors, Trustees	, Kev Employees,	and Highest Co	ompensated Employees	(continued)
	,		,,,,		····	(

(A) Name and Title	(B) A verage hours per week (list any hours	Posit more t perso and a	tion (han d n is l	ne b both	ox, an c	unless officer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total						•				
c Total from continuation sheet: d Total (add lines 1b and 1c) .	•			٠.	٠.	•		939,074	0	150,720
Total (add lines 15 and 16)										· · · · · · · · · · · · · · · · · · ·

- Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 7

(A)

- - 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 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 ındıvıdual
- 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 . . .

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

Section B. Independent Contractors

Name and business address	Description of services	Compensation

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

Yes

Yes

3

4

No

Νo

orm 99								Page 9
Part V	* 🕶 🗆	Statement o						_
		Check If Schedu	ule O contains a respon	se or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated camp	paigns 1a					
Grants smounts	ь	b Membership dues 1b						
. Gr	С	Fundraising eve	ents 1c	549,567				
Contributions, Gifts, and Other Similar A	d	Related organiz	ations 1d					
E	e	Government grants	s (contributions) 1e	1,159,303				
Sign	f	All other contribution	ons, gifts, grants, and 1f	3,115,912				
Contributions, Giffs, Grants and Other Similar Amounts		similar amounts no						
n di	g	1a-1f \$	ons included in lines	234,516				
Ē	h	Total. Add lines	s 1a-1f		4,824,782			
<u> </u>				Business Code				
Ven	2a	CONTRACT SERVICE		624310	8,248,040	8,248,040		
å <u>.</u>	Ь	PROGRAM SERVICE		624310	7,930,263	7,930,263		
, MC€	c d	HOUSING AND FIN	ANCIAL LITERACY	522299	34,000	34,000		
₹	e e							
ram	f	All other progra	am service revenue					
Program Service Revenue				_	46.242.202			
	<u>g</u> 3		s 2a-2f ome (including dividenc	+	16,212,303			
		and other simila	aramounts)	· · · · •	18,100			18,100
	4		tment of tax-exempt bond p	roceeds >				
	5	Royallies	(ı) Real	(II) Personal				
	6a	Gross rents	445,550	(1)				
	ь	Less rental	0					
	c	expenses Rental income	445,550					
	d	or (loss)	me or (loss)	•	445,550			445,550
	l "	Wee remediation	(i) Securities	(II) Other	·			,
	7a	Gross amount from sales of assets other than inventory	234,958					
	b c	Less cost or other basis and sales expenses Gain or (loss)	234,516 442					
	d	Net gain or (los	s)	· · · · •	442			442
Other Revenue	8a	Ψ	luding ,567 reported on line 1c)					
her	L.	Loos dimen	a	57,798				
ŏ	b c		penses b [loss) from fundraising e	426,809 events >	-369,011			-369,011
			rom gaming activities					
	ь	Less direct ex	penses b	57,892 39,046				
			· (loss) from gaming activ		18,846			18,846
	10a	Gross sales of returns and allo	owances .	>				
		Net income or (oods sold b					
	11~	Miscellaneous		Business Code 900099	29,620			29,620
	11a b	MISCELLANEC	JUS REVENUE	300039	25,020			25,020
	c							
	d	All other revenue	ue					
	e	Total. Add lines	s 11a-11d	🕨	29,620			
	12	Total revenue.	See Instructions	•	21,180,632	16,212,303	0	143,547
					, ,	,,		,

Part IX Statement of Functional Expenses

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

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		·		·	
2	Grants and other assistance to domestic individuals See Part IV, line 22	1,409,695	1,409,695			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
5	Compensation of current officers, directors, trustees, and key employees	617,881	240,008	325,709	52,164	
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	11,633,860	10,712,154	797,656	124,050	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	556,999	511,484	39,190	6,325	
9	Other employee benefits	2,332,586	2,168,533	137,237	26,816	
10	Payroll taxes					
		1,022,364	886,339	124,558	11,467	
11	Fees for services (non-employees)					
a	Management					
Ь	Legal	45,139	45,002	18	119	
c	Accounting	27,500	27,170		330	
d	Lobbying	6,600	6,600			
е	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)	398,377	397,352	171	854	
12	Advertising and promotion					
13	Office expenses	957,517	906,593	28,289	22,635	
14	Information technology					
15	Royalties					
16	Occupancy	503,703	465,899	34,941	2,863	
17	Travel	337,305	331,571	5,486	248	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials					
19	Conferences, conventions, and meetings	76,690	49,205	27,322	163	
20	Interest	18,611	11,537	23	7,051	
21	Payments to affiliates					
22	Depreciation, depletion, and amortization	444,588	409,870	32,648	2,070	
23	Insurance	126,036	116,103	8,423	1,510	
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)					
а	PRINTING AND POSTAGE	101,314	90,378	6,711	4,225	
b	EQUIPMENT	51,001	32,153	18,681	167	
c	MEMBERSHIP DUES	31,820	7,953	23,552	315	
d						
e	All other expenses	5,275	5,197	1	77	
25	Total functional expenses. Add lines 1 through 24e	20,704,861	18,830,796	1,610,616	263,449	
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)					

							rage LL				
Par	t X	Balance Sheet Check if Schedule O contains a response or note to any li	ne ın th	ıs Part X							
					(A) Beginning of year		(B) End of year				
	1	Cash-non-interest-bearing			1,493,065	1	1,389,628				
	2		avings and temporary cash investments								
	3		es and grants receivable, net								
	4		celvable, net								
	5	Loans and other receivables from current and former offi			1,066,538	4	959,989				
		key employees, and highest compensated employees C	oyees, and highest compensated employees Complete Part II of								
Assets	6	section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of	ther receivables from other disqualified persons (as defined under (8(f)(1)), persons described in section 4958(c)(3)(B), and employers and sponsoring organizations of section 501(c)(9) mployees' beneficiary organizations (see instructions) Complete Partille L								
\$\$ (6					
Ř	7	Notes and loans receivable, net				7					
	8	Inventories for sale or use				8					
	9	Prepaid expenses and deferred charges	: .		304,881	9	454,590				
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	9,420,686							
	Ь	Less accumulated depreciation	10b	6,555,074	2,813,516	10 c	2,865,612				
	11	Investments—publicly traded securities				11					
	12	Investments—other securities See Part IV, line 11 .	s—other securities See Part IV, line 11								
	13	Investments—program-related See Part IV , line 11 $$.	ents—program-related See Part IV, line 11								
	14	Intangible assets				14					
	15	Other assets See Part IV, line 11			7,461,545	15	7,173,654				
	16	Total assets.Add lines 1 through 15 (must equal line 34)		16,775,678	16	16,394,029				
	17	Accounts payable and accrued expenses			3,427,975	17	3,093,295				
	18	Grants payable				18					
	19	Deferred revenue				19					
	20	Tax-exempt bond liabilities				20					
	21	Escrow or custodial account liability Complete Part IV	of Sche	dule D		21					
bilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and d									
Ď		persons Complete Part II of Schedule L				22					
Ë	23	Secured mortgages and notes payable to unrelated third	parties			23					
	24	Unsecured notes and loans payable to unrelated third pa	arties			24					
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to relat	ed third parties,		25					
	26	Tabel Mahillaine Add Inno 47 Abroards 25			3,427,975	25	3,093,295				
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check he			3,421,913	26	3,093,293				
ces		lines 27 through 29, and lines 33 and 34.		•							
<u>la</u>	27	Unrestricted net assets			6,249,213	27	4,282,590				
ä	28	Temporarily restricted net assets			3,215,782	28	5,334,088				
<u> </u>	29	Permanently restricted net assets			3,882,708	29	3,684,056				
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), c complete lines 30 through 34.	heck he	ere 🕨 🦵 and							
Ş	30	Capital stock or trust principal, or current funds				30					
\$ S E	31	Paid-in or capital surplus, or land, building or equipment	fund			31					
Ā	32	Retained earnings, endowment, accumulated income, or	d earnings, endowment, accumulated income, or other funds								
Rei	33	Total net assets or fund balances			13,347,703	33	13,300,734				
	34	Total liabilities and net assets/fund balances			16,775,678	34	16,394,029				
					•		(0.0.1.5)				

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

2a

2b

2c

3a

3b

Yes

Yes

Νo

Nο

Form 990 (2015)

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

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 Inde	pendent Co	ntrac	tors	S, I	rus	tees	, K	ey Employees	, nignest	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar or/tr	chenic on unificated Highest compensated	ess er	(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
LEOR BARAK TRUSTEE	1 00	x						0	0	C
NORA BARRON TRUSTEE	1 00	x						0	0	C
HADAS BERNARD TRUSTEE	2 00	×		х				0	0	C
DENNIS BERNARD TRUSTEE	1 00	×						0	0	C
STUART BRODY TRUSTEE	1 00	×						0	0	C
JEFFREY BUDAJ TRUSTEE	1 00	×						0	0	C
AARON CHERNOW CHAIR	2 00	×		х				0	0	C
RAYMOND CLEARY TRUSTEE	1 00	×						0	0	C
SUZI DAITCH DELL TRUSTEE	1 00	x						0	0	C
JOSHUA EICHENHORN TRUSTEE	1 00	×						0	0	C

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

compensated Employees, and Inde	pendent co	ntrac	LOT	•						
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	unles d	nore the ss pe office direct	than ersoi icer a tor/t	o not one on is and trust	tee)	an	(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
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	ey employee	Highest compensated employee	Former			and related organizations
GLEN FISHER TRUSTEE	1 00	x						0	0	0
DAVID FOLTYN TRUSTEE	1 00	x						0	0	0
IVAN FRANK TRUSTEE	1 00	х						0	0	0
STEVEN FRANK TRUSTEE	1 00	x						0	0	0
MINDI FYNKE SECRETARY	2 00	x		x				0	0	
STUART GOLDSTEIN TRUSTEE	1 00	х						0	0	C

1 00

1 00

1 00

1 00

Х

Χ

ROBERTA GRANADIER

ELIZABETH KANTER GROSKIND

.......

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

KRISTEN GROSS

ROBERT HERTZBERG

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

compensated Employees, and Inde	pendent co	Huac	LUIS	•				i ·	i	1
(A) Name and Title	(B) Average hours per week (list any hours for related	unles	ore tl ss pe	than erso icer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
LEE HURWITZ TRUSTEE	1 00	x						0	0	0
JOHN JACOBS VICE CHAIR	2 00	x		×				0	0	0
DENNIS KAYES TRUSTEE	1 00	x						0	0	C
JOHN KESSLER TRUSTEE	1 00	x						0	0	C
LINDA KLEIN TRUSTEE	1 00	×						0	0	C
CAROLYN KOBLIN TRUSTEE	1 00	x						0	0	C
BERNARD KOLE	1 00	×			Г			0	0	

1 00

1 00

1 00

Х

Χ

TRUSTEE

TRUSTEE

TRUSTEE

BRIAN MEER TRUSTEE

DONALD LANSKY

CHERYL MARGOLIS

.........

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	unless person is both an officer and a				box, both a		(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
JODI NEFF TRUSTEE	1 00	×						0	0	0
ADAM ROTHSTEIN TRUSTEE	1 00	×						0	0	0
EVA SHAPIRO TRUSTEE	1 00	×						0	0	0
MICHAEL SIMMONS TRUSTEE	1 00	×						0	0	0
GEORGE STERN TREASURER	2 00	×		×				0	0	0
MICHAEL TOBIN TRUSTEE	1 00	×						0	0	0
ADELE WEISLER TRUSTEE	1 00	×						0	0	0
DAVID DEVINE	1 00	.,								

1 00

1 00

........ TRUSTEE

BENJI ROSENZWEIG

JEFFREY TISCHLER

TRUSTEE

TRUSTEE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

25,125

24,278

11,718

Compensated Employees, and Inde	pendent Co	ntrac	ctor	s			•																
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Pos mo unles	Position (do not check more than one box, unless person is both an officer and a director/trustee) Or of lost			Position (do not check more than one box, unless person is both an officer and a director/trustee)			Position (do not check more than one box, unless person is both an officer and a director/trustee)			Position (do not check more than one box, unless person is both an officer and a director/trustee)			osition (do not check more than one box, less person is both a officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)			, an	(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
	auttea iiiie)	Individual trustee or director	Institutional Trustee	空	employee	est compensated ovee	1			Organizations													
LEAH ROSENBAUM PRESIDENT & CEO	55 00			×				194,358	0	37,538													
SUSAN EARP VICE PRESIDENT, FINANCE	55 00			×				154,226	0	14,552													
TERESA SCHWARTZ VICE PRESIDENT, HUMAN RESO	55 00					×		128,922	0	25,080													
KIRK GODDARD	55 00					x		107,793	0	12,429													

55 00

55 00

55 00

Χ

Χ

130,972

100,434

122,369

VICE PRESIDENT, HABILITATI

VP COMMUNITY SUPPORT SERVI

CHIEF DEVELOPMENT OFFICER

EXECUTIVE VP AND COO

PAUL BLATT

NANCY BOGDAN

FRANCINE VICTOR

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Public Charity Status and Public Support

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

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

Open to Public Inspection

DLN: 93493350013296 OMB No 1545-004

Department of the Treasury Internal Revenue Service

990EZ)

SCHEDULE A

Name of the organization

(Form 990 or

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 (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the
- hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public
- described in section 170(b)(1)(A)(vi). (Complete Part II)
- A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
- An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(2). (Complete Part III)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B.
- Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.
- Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement
- (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally
- integrated, or Type III non-functionally integrated supporting organization
- Provide the following information about the supported organization(s)
- (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions)

1-9 above (see instructions)) Yes No Total

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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

(or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	5,065,891	4,340,941	4,193,648	4,006,099	4,824,782	22,431,361
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	5,065,891	4,340,941	4,193,648	4,006,099	4,824,782	22,431,361
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						22,431,361
S	ection B. Total Support						
(or	Calendar year fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	A mounts from line 4	5,065,891	4,340,941	4,193,648	4,006,099	4,824,782	22,431,361
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	438,853	279,679	306,232	457,619	445,550	1,927,933
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	48,789	69,226	31,419	37,900	29,620	216,954
11	Total support. Add lines 7						24,576,248
	through 10						

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Section C. Computation of Public Support Percentage

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

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	91 270 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	92 010 %

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

and **stop here.** The organization qualifies as a publicly supported organization ▶ 🗸 b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

77,105,470

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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
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						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
9	A mounts 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 Add lines 10a and 10b						
c	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0)(3) organization, ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	1 /		18	
19a	33 1/3% support tests—2015. If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and stop here. T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation 🕨 🗍
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

Part IV Supporting Organizations

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

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

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

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	S
--	---------	----	------	----	------------	--------------	---

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

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities				
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement				
3	Parent of Supported Organizations Answer (a) and (b) below.			

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
· · · · · · · · · · · · · · · · · · ·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) /2.01 F

DLN: 93493350013296

Employer identification number

38-1358013

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Political expenditures

Volunteer hours

WORKSHOP

Part I-A

1

2

3

JEWISH VOCATIONAL SERVICE AND COMMUNITY

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.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

If the organization answered "Yes" on 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

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

Section 527 organizations Complete Part I-A only

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

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

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

Par	t I-B Complete if the or	ganization is exempt under s	section 501(c)(3).	
1	Enter the amount of any excis	e tax incurred by the organization und	er section 4955	•	\$
2	Enter the amount of any excis	e tax incurred by organization manage	ers under section	4955 ▶	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				·
Par	t I-C Complete if the or	ganization is exempt under s	section 501(c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for sec	ction 527 exemp	t function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to oth	ner organizations	for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 1120)-POL, line 17b ►	\$
4	Did the filing organization file F	form 1120-POL for this year?			Yes No
5	organization made payments amount of political contributio	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	e amount paid from rectly delivered t	m the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, s	ee the instructions for Form 990 or 990	- EZ. C:	at No 50084S Schedule C (I	Form 990 or 990-EZ) 2015

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, 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)). N,

A	Check	•	Г	- 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)

		oying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		
b	Total lobbying expenditures to influence a legi	6,600		
c	Total lobbying expenditures (add lines 1a and	6,600		
d	Other exempt purpose expenditures	20,698,261		
e	Total exempt purpose expenditures (add lines	20,704,861		
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Ì	
	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		

	☐ Y e s ☐ No 4-Year Averaging Period Under section 501(h)
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?

	(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c)2014	(d) 2015	(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					

	(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)									
Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c) 2014	(d) 2015	(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				
_с	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									
				Sched	ule C (Form 990 o	r 990-EZ) 2015				

250,000

Return Reference

PART I-A, LINE 1

che	edule C (Form 990 or 990-EZ) 2015				Pa	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ЮТ				
or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	,	(b)	
ctiv		Yes	No		4 moun	ıt
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					
а	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?					
е	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			1		
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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01 (c)(5),	or s	ectio	n
					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		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "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).					
а	Current year	2 a				
b	Carryover from last year	2b				
C	Total	2 c				
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				
	art IV Supplemental Information	1				
Pro	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groussee instructions), and Part II-B, line 1. Also, complete this part for any additional information.	p list)	, Part I	I-A,	ines 1	and

Explanation

POPULATIONS

JVS CONTRIBUTES TO THE JEWISH FEDERATION OF METROPOLITAN DETROIT FOR A MULTI-AGENCY LOBBYIST TO ADVOCATE FOR SOCIAL SERVICES TO VULNERABLE AND SPECIAL

DLN: 93493350013296

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

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

OMB No 1545-0047

Open to Public

Na	nal Revenue Service Ime of the organization NISH VOCATIONAL SERVICE AND COMMUNITY		E	mplo	yer identification number
	DRKSHOP		3	8-13	358013
Pa	Organizations Maintaining Donor Complete if the organization answer		ilar Fund		
		(a) Donor advised funds		(b)F	unds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor funds are the organization's property, subject to	-		dvis	ed Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, o	or for any o	ther	Yes No
Pa	rt III Conservation Easements. Comple		Yes" on F	orm	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	• • • • • • • • • • • • • • • • • • • •			
	Preservation of land for public use (e g , recreducation)	_	on of an his	storu	cally important land area
	Protection of natural habitat	<u>-</u>			I historic structure
	Preservation of open space	,			
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribut	ion in the f	orm	of a conservation
					Held at the End of the Year
а	Total number of conservation easements		2	a	
b	Total acreage restricted by conservation easeme	ents	2	b	
c	Number of conservation easements on a certified	d historic structure included in (a)	2	:c	
d	Number of conservation easements included in (historic structure listed in the National Register	c) acquired after 8/17/06, and not on a		d	
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or ter	rmınated by	y the	organization during the
	tax year ▶				
4	Number of states where property subject to cons	ervation easement is located >			
5	Does the organization have a written policy regard violations, and enforcement of the conservation of	· · · · · · · · · · · · · · · · · · ·	on, handlıng	g of	☐ Yes No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and	enforcing c	ons	ervation easements during the
	>				
7	A mount of expenses incurred in monitoring, inspi	ecting, handling of violations, and enfor	rcing conse	ervat	cion easements during the year
В	Does each conservation easement reported on Ii (B)(I) and section $170(h)(4)(B)(II)^{7}$	ne 2(d) above satisfy the requirements	ofsection	170	(h)(4)
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	t of the footnote to the organization's fil			·
a ı	Organizations Maintaining Collection Complete if the organization answer	ctions of Art, Historical Treasu		Oth	er Similar Assets.
1a	If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	FAS 116 (ASC 958), not to report in it r assets held for public exhibition, educ	s revenue :	esea	rch in furtherance of public
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide the following amounts relating to	r assets held for public exhibition, educ			
((i) Revenue included on Form 990, Part VIII, line	1	> \$	s	

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

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

▶\$_

Part	1111	Organizations Maintaining (continued)	Collections of	Art, Historica	ıl Tı	reasures, or	Other Similar A	ssets
3		g the organization's acquisition, acc ction items (check all that apply)	ession, and other re	ecords, check an	y of t	the following that	are a significant us	e of its
а		Public exhibition		d	Loan	n or exchange pro	grams	
b	Г	Scholarly research		e	O the	er		
c	Γ	Preservation for future generations						
4	Prov Part	ide a description of the organization XIII	's collections and ex	xplain how they f	urthe	er the organizatio	n's exempt purpose	in
5		ng the year, did the organization soli ts to be sold to raise funds rather th						s No
Par	t IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		n Form 990, Pa	art 1	IV, line 9, or re	ported an amour	nt on Form 990,
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other inte	ermediary for con	trıbı	utions or other as	sets not	s No
b	Ιf	"Yes," explain the arrangement in P	art XIII and comple	ete the following t	able	2	Am	ount
c		ginning balance	are XIII and comple	te the following t	.abic	10		
d		Iditions during the year				10		
e		stributions during the year				16		
f		iding balance				11		
2 a		he organization include an amount c	on Form 990, Part X	, line 21, for escr	ow c	L		s No
b	If"Y	es," explain the arrangement in Part	XIII Check here if	the explanation	has	been provided in	Part XIII	
Pa	rt V	Endowment Funds. Comple						
		·	(a)Current year	(b)Pnor year	Ь	(c)Two years back	(d)Three years back	(e)Four years back
1a	Begi	nning of year balance	5,038,337	5,153,16	58	4,741,318	4,450,359	4,648,790
b	Cont	ributions	170,610	159,49	98	17,079	34,346	60,523
c	Net i losse	investment earnings, gains, and es	-195,449	-20,06	53	640,691	498,138	-58,946
d	Gran	its or scholarships						
e		er expenditures for facilities programs	258,515	254,26	56	245,920	241,525	200,008
f	Adm	inistrative expenses						
g	End	of year balance	4,754,933	5,038,33	37	5,153,168	4,741,318	4,450,359
2	Prov	ide the estimated percentage of the	•	lance (line 1g, co	olum	nn (a)) held as		
а	Boar	d designated or quasi-endowment 🕨	40 870 %					
b	Perm	nanent endowment ► 53 280 %						
c		porarily restricted endowment ► percentages on lines 2a, 2b, and 2c	5 8 5 0 % should equal 100%)				
3a		there endowment funds not in the po	•		hele	d and administere	ed for the	
		nization by						Yes No
	(i) ur	nrelated organizations					3	a(i) Yes
		elated organizations						(ii) No
		es" on 3a(II), are the related organiz						3b
4		ribe in Part XIII the intended uses		s endowment fund	İS			
Par	t VI	Land, Buildings, and Equip Complete if the organization		Form 990 Pai	rt I\	/ line 11a See	Form 990 Part \	(line 10
		Description of property	answered res to	(a) Cost or oth	er ba	(b)	Accumulated	(d)Book value
1a	Land				•	469,	500	469,500
		ngs				4,327,8		
		hold improvements				2,308,		
		ment				401,4		<u> </u>

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

358,023

2,865,612

1,555,100

. . . •

1,913,123

Part VII Investments—Other Securities. Con See Form 990, Part X, line 12.	mplete if the organ	ization answered 'Ye	es' on Form 990, Part IV, line 1
(a) Description of security or category		(b) Book value	(c)Method of valuation
(including name of security) (1)Financial derivatives			Cost or end-of-year market va
(2)Closely-held equity interests			
(3) 0 ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related.	UVaal on Farm 000	Down IV line 11c	
Complete if the organization answered (a) Description of investment	res on Form 990	(b) Book value	ee Form 990, Part X, line 13. (c) Method of valuation
(a) Description of investment		(b) book value	Cost or end-of-year market val
Tabel (Column (h) much anial Form 2000, Darb V, ani (D) (ma. 12.)	>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organizatio		Form 990, Part IV, line	
(a) Descr	•		(b) Book value
(1) BENEFICIAL INTEREST-COMMUNITY FOUNDATIO (2) ENDOWMENT FUNDS HELD AT UNITED JEWISH FO		4ICHIGAN	870,6 2,281,1
(3) CAPITAL PROJECT FUNDS HELD AT UNITED JEWIS			1,929,6
(4) OTHER INVESTMENTS			1,960,9
(5) BENEFICIAL INTEREST IN TRUSTS			131,2
Total. (Column (b) must equal Form 990, Part X, col (B) line 1	·		•
Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.	anization answered	i tes on Form 990,	Part IV, line Tie or III.
1. (a) Description of liability	(b) Book value		
Ford and London America			
Federal Income taxes			
	+	\dashv	
	1	_	
		7	
	1	_	
	<u></u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	•		
Liability for uncertain tax positions In Part XIII, provided organization's liability for uncertain tax positions under FI			
XIII 🔽	10 (100 / 40) CII	Jan Here if the text of th	.s .socnote has been provided in Far

Schedule D (Form 990) 2015

1

2

d

b

Part XIII

information

PART V, LINE 4

-78,467

21.180.632

21,102,165

1

2e

3

4c

-349,744

444,273

-206.160

33,164

4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
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	21,180,63
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	21,149,13
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	444,27
3	Subtract line 2e from line 1	3	20,704,86
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		

2a

2b

2c

2d

4b

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

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

Total revenue, gains, and other support per audited financial statements.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

PROGRAMS SUPPORTED BY THE ENDOWMENT

Explanation

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments

Donated services and use of facilities

Recoveries of prior year grants .

Other (Describe in Part XIII)

Add lines 2a through 2d .

Subtract line 2e from line 1

Other (Describe in Part XIII) .

Supplemental Information

Add lines 4a and 4b .

Return Reference

20,704,861

Schedule D (Form 990) 2015 Page 5 Part XIII Supplemental Information (continued) Return Reference Explanation PART XI, LINE 2D - OTHER BENEFICIAL INTEREST FUNDS **ADJUSTMENTS** PART XI, LINE 2D A REDUCTION OF \$206.160 WAS MADE IN 2016 TO ADJUST THE BENEFICIAL INTEREST OF FUNDS HELD AT COMMUNITY FOUNDATION OF SOUTHEASTERN MICHIGAN FOR FUNDS. IOVER WHICH JVS DOES NOT MAINTAIN VARIANCE POWER

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493350013296

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2015

Open to Public Inspection

	ne of the organization ISH VOCATIONAL SERV	ICE AND COMMUN	IITV				Employer ide	ntification number
	RKSHOP	TEL AND COMMON	NIII				38-1358013	3
Pa		c tivities. Comple ers are not requir			ation answered "Yes' his part.	' on Form	n 990, Part IV	/, line 17.
1	Indicate whether the orga	anızatıon raısed fund	ds throug	h any of th	ne following activities (heck all t	hat apply	
а	Mail solicitations				e Solicitation of r	non-goverr	nment grants	
b	Internet and email so	olicitations			f Solicitation of g	jovernmen	t grants	
c	Phone solicitations				g Special fundrais	sıng event	S	
d	In-person solicitation	ns						
2 a	Did the organization have or key employees listed i services?							es No
b	If "Yes," list the ten high to be compensated at lea	nest paid individuals ast \$5,000 by the c	or entitio organizatio	es (fundra on	ısers) pursuant to agre	ements un	der which the f	undrais er is
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(or re	nount paid to stained by) ser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
1								
2								
3								
3								
4								
5								
6								
7								
8								
9								
10								
Tota	ıl	•	•	•				
	List all states in which the registration or licensing	organization is regi	stered or	licensed t	o solicit contributions (or has bee	n notified it is o	exempt from

Part II	Fundraising	Events

Fundraising Events.

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

		(a)Event #1 STRICTLY BUSINESS	(b)Event #2 TRADE	(c)O ther events	(d) Total events (add col (a) through
		(event type)	SECRETS/OTHER (event type)	(total number)	col (c))
Reversie	1 Gross receipts	305,706	301,659		607,365
œ	2 Less Contributions	268,216	281,351		549,567
	3 Gross income (line 1 minus	37,490			57,798
	4 Cash prizes				
	5 Noncash prizes				
<u>ဖွ</u>	6 Rent/facility costs		5,650		5,650
ense	7 Food and beverages	38,817	35,895		74,712
Expenses	8 Entertainment				
Direct	9 Other direct expenses	197,237	149,210		346,447
ā	10 Direct expense summary Add lines	4 through 9 in column (d)	►	426,809
	11 Net income summary Subtract line 1	10 from line 3, column (c)	•	-369,011
Par	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mor	e than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
Re	1 Gross revenue			57,892	57,892
ပ္	2 Cash prizes			38,946	38,946
Expenses	Z Cash phizes			30,540	30,540
ă ă	3 Noncash prizes				
Direct	4 Rent/facility costs				
_	5 Other direct expenses			100	100
	6 Volunteer labor	│		☐ Yes	
	7 Direct expense summary Add lines	2 through 5 in column (c	ı)		39,046
	8 Net gaming income summary Subtra	act line 7 from line 1, col	umn (d)		18,846
9	Enter the state(s) in which the organiza		•		✓Yes No
а	Is the organization licensed to conduct				14 169 NO
b	If "No," explain				
10a	Were any of the organization's gaming l	icenses revoked, suspe	nded or terminated during	the tax year?	⊤Yes √No
10a b	Were any of the organization's gaming l	icenses revoked, suspe	nded or terminated during	the tax year?	Yes √ No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and C
Governments
Complete if the organize
Department of the

Treasury

Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at $\underline{www.irs.qov/form990}$.

OMB No 1545-0047

DLN: 93493350013296

2015

Open to Public Inspection

Employer identification number

WORKSHOP	NDCOMMUNITY					38-1358013	
Part I General Informati	on on Grants an	d Assistance					
Does the organization maintain the selection criteria used to a Describe in Part IV the organic Part II Grants and Other Assist that received more than	award the grants or a zation's procedures tance to Domestic O	ssistance?	of grant funds in the Ur	ited States		tance, and orm 990, Part IV, line 2:	✓ Yes No
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount 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 53 Enter total number of other org	. , . ,	-					
For Paperwork Reduction Act Notice, se				Cat No 50055P			le I (Form 990) 2015

(c)A mount of

(b) Number of

INDEPENDENT CPA FIRM TEST EXPENDITURES

Schedule I (Form 990) 2015

(a) Type of grant or assistance

(f)Description of non-cash assistance

Page **2**

	recipients	cash grant	non-cash assistance	FMV , appraisal , other)			
(1) WAGES TO CLIENT WORKERS	933	1,061,130		PAYROLL RECORDS			
(2) PAYROLL TAXES FOR CLIENT WORKERS	933	61,087		PAYROLL RECORDS			
(3) WORKERS COMP INSURANCE EXPENSE FOR CLIENT WORKERS	933	24,045		BENEFIT EXPENSE			
(4) CLIENT TRANSPORTATION	611	185,005		INVOICES			
(5) CLIENT SUPPORT SERVICES	270	78,428		CHECK REGISTER			
Part IV Supplemental Informati	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
Batum Bafaranaa Eurlanatia							

(d)A mount of

(e)Method of valuation (book.

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

Schedule I (Form 990) 2015

Schedule J (Form 990)

Department of the

Compensation Information

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

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

▶ Attach to Form 990.

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

DLN: 93493350013296 OMB No 1545-0047

Open to Public

reas nterr	sury nal Revenue Service		,		Insp	ectio	n
Νa	me of the organı	zation		Employer identificati	on nur	nber	
	VISH VOCATIONAL S PRKSHOP	ERVICE AND COMMUNITY		38-1358013			
Pa	rt I Quest	ions Regarding Compensation		30 1330013			
	C					Yes	No
1 a	Check the app	propiate box(es) if the organization provide	ed any of the following to or for a person	listed on Form			
		, Section A , line 1a Complete Part III to p					
	First-clas	ss or charter travel	Housing allowance or residence fo	r personal use			
	Travel for	r companions	Payments for business use of pers	onal residence			
	☐ Tax idem	inification and gross-up payments	Health or social club dues or initia	tion fees			
	Discretio	nary spending account	Personal services (e g , maid, cha	uffeur, chef)			
	7.5 5.4 la - la -						
b	reimbursemen	oxes in line 1a are checked, did the organi t or provision of all of the expenses descri	ibed above? If "No," complete Part III t	o explain	1b		
2	Did the organized directors, trus	zation require substantiation prior to reiml tees, officers, including the CEO/Executiv	bursing or allowing expenses incurred by the Director, regarding the items checked	/ all i in line 1a?	2		
3	organızatıon's	n, if any, of the following the filing organizat CEO/Executive Director Check all that a ted organization to establish compensatio	pply Do not check any boxes for metho	ds			
	`	sation committee	Written employment contract	F1-11111111111111111111111111111111111			
	<u></u>	dent compensation consultant	✓ Compensation survey or study		<u> </u>	i i	!
		of other organizations	Approval by the board or compens	ation committee	<u> </u>	i	!
	101111336	of other organizations	Approval by the board of compens	acion committee	<u> </u>	i	!
4	During the yea or a related or	ar, did any person listed on Form 990, Part ganization	t VII, Section A, line 1a with respect to	the filing organization			
а	Receive a sev	erance payment or change-of-control payr	ment?		4a		No
b	Participate in,	or receive payment from, a supplemental	nonqualified retirement plan?		4b		Νo
c	Participate in,	or receive payment from, an equity-based	d compensation arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons and provid	e the applicable amounts for each item	n Part III			
	Only 501/c)/3), 501(c)(4), and 501(c)(29) organizations	s must complete lines E.O				
5		sted on Form 990, Part VII, Section A, line	·	anv			
	•	contingent on the revenues of	, g p,	,			
а	The organizati	on?			5a		No
b	Any related or	ganızatıon?			5b		Νo
	If "Yes," on lin	ne 5a or 5b, describe in Part III					
6	•	sted on Form 990, Part VII, Section A, line contingent on the net earnings of	e 1a, did the organization pay or accrue	any			
а	The organizati	on?			6 a		No
b	Any related or	ganızatıon?			6b		Νo
	If "Yes," on lin	ne 6a or 6b, describe in Part III					
7		sted on Form 990, Part VII, Section A, lind described in lines 5 and 6? If "Yes," desc		on-fixed	7		No
8		unts reported on Form 990, Part VII, paid					
	subject to the in Part III	initial contract exception described in Reg	gulations section 53 4958-4(a)(3)? If "	Yes," describe	8		No
9	If "Yes" on line section 53 49	e 8, did the organization also follow the rel 58-6(c)?	buttable presumption procedure describ	ed in Regulations	9		

Schedule J (Form 990) 2015

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that 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	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and		(E) Total of columns	(F) Compensation in	
		Base (1) compensation	(II) Bonus & Incentive compensation	(iII) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 LEAH ROSENBAUM PRESIDENT & CEO	(i)	194,358	0	0	5,000	32,538	231,896	0	
	(ii)	0	0	0	0	0	0	0	
2 SUSAN EARP VICE PRESIDENT, FINANCE	(i)	154,226	0	0	0	14,552	168,778	0	
,	(ii)	0	0	0	0	0	0	0	

Page 2

		Base (1) compensation	Bonus & incentive compensation	Other reportable compensation	compensation			as deferred on prior Form 990
1 LEAH ROSENBAUM PRESIDENT & CEO	(i)	194,358	0	0	5,000	32,538	231,896	0
	(ii)	0	0	0	0	0	0	0
2 SUSAN EARP VICE PRESIDENT, FINANCE	(i)	154,226	0	0	0	14,552	168,778	0
	(ii)	0	0	0	0	0	0	0
3 TERESA SCHWARTZ VICE PRESIDENT HUMAN	(i)	128,922	0	0	0	25,080	154,002	0

VICE PRESIDENT, HUMAN RESO (ii) 4 PAUL BLATT 130,972 25,125 156,097 EXECUTIVE VP AND COO

Return Reference	Explanation		
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			
Part IIII Supplemental Inform	nation		
Schedule J (Form 990) 2015	Page 3		

Schedule J (Form 990) 2015

As Filed Data efile GRAPHIC print - DO NOT PROCESS

DLN: 93493350013296

OMB No 1545-0047

2015

SCHEDULE M (Form 990)

Department of the

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Open to Public

nter	nal Revenue Service					ших	REGE	
	ne of the organization ISH VOCATIONAL SERVICE AND COMMUNI	rv			Employer identificati	ion nu	mber	
	KSHOP	11			38-1358013			
P	art I Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermi	_	ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	5	234,516	FAIR MARKET VAL	UE		
	Securities—Closely held stock .			,				
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
	Food inventory				<u> </u>			
	Drugs and medical supplies .				<u> </u>			
	Taxidermy				<u> </u>			
	Historical artifacts				 			
	Scientific specimens							
	Archeological artifacts				+			
	Other ► ()							
	Other ▶ () Other ▶ ()				 			
	Other ▶ ()							
29 29	Number of Forms 8283 received				29			0
	for which the organization comple	etea Form 8	283, Part IV, Donee Ackn	owieagement			V	
30a	a During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that		Yes	No
	it must hold for at least three ye	ars from th	e date of the initial contribu	ution, and which is not requ	red to be used			
	for exempt purposes for the enti	re holding p	period?			30a	\	No
ı	If "Yes," describe the arrangeme	ent in Part :	II					
31	Does the organization have a gif	t acceptan	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
32 a	Does the organization hire or us contributions?	•		• • • • • • • • • • • • • • • • • • • •	noncash	33-		 N -
				· · · · · · · · · · · · · · · · · · ·		32a		Νo

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

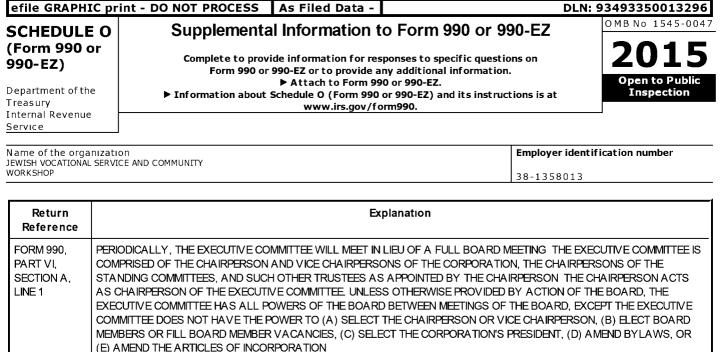
b If "Yes," describe in Part II

describe in Part II

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation



Return Reference	Explanation
FORM 990, PART VI, SECTION A,	THE FOLLOWING BOARD MEMBERS HAVE FAMILY RELATIONSHIPS DENNIS BERNARD AND HADAS
LINE 2	BERNARD

Return Reference	Explanation
FORM 990, PART	HR SOLTUIONS GROUP, LLC, PREMIER HOUSING, LLC, AND ECYCLE OPPORTUNITIES, LLC, ARE WHOLLY OWNED
VI, SECTION B, LINE	SUBSIDIARIES OF JVS THERE ARE NO SEPARATE WRITTEN POLICIES AND PROCEDURES GOVERNING THE ACTIVITIES
10B	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	THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE REVIEW OF THE FORM 990 AND HAS AUTHORITY TO ACT ON BEHALF
VI, SECTION B,	OF THE GOVERNING BODY IN REGARD TO THE FORM 990 EACH COMMITTEE MEMBER RECEIVES A COPY OF THE FORM
LINE 11	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,	JVS HAS A CODE OF ETHICS AND A CONFLICT OF INTEREST POLICY THAT IS DISTRIBUTED TO AND REVIEWED WITH ALL
PART VI,	NEW BOARD MEMBERS AND REDISTRIBUTED ANNUALLY TO THE ENTIRE BOARD AS A REMINDER THE JVS BOARD OF
SECTION B,	TRUSTEES ANNUALLY COMPLETE A CONFLICT OF INTEREST STATEMENT. ALL BOARD MEMBERS ARE EXPECTED TO
LINE 12C	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 RELATED SUBJECT
	MATTER

	ICE DDESIDENT OF HI IMA NI DESOLIDOES ORTA INS COMDA DA RILITY
SECTION B, LINE 15 POSITION THE PROFESSIONAL COMPENSATION STUE ORGANIZATIONS THE COMPENSATION COMMITTEE O WITH THE ANNUAL WRITTEN PERFORMANCE REVIEW THE YEAR THE COMPENSATION COMMITTEE IS COMP COMPENSATION PROCESS FOR OFFICERS THE VICE I AND PUBLISHED COMPENSATION SURVEYS FOR ALL \$115,000 PER ANNUM THE SURVEYS INCLUDE PROFE COMPARABLE ORGANIZATIONS AND FORM 990 DATA THE BOARD OF TRUSTEES UTILIZES THIS DATA TO ES	IONS AS WELL AS PUBLISHED COMPENSATION SURVEYS FOR THE CEODIES SELECTED CONTAIN COMPARABLE POSITIONS IN COMPARABLE OF THE BOARD OF TRUSTEES UTILIZES THIS DATA IN CONJUNCTION OF THE CEO TO DETERMINE THE COMPENSATION ARRANGEMENT FOR PRISED OF INDEPENDENT BOARD MEMBERS SELECTED BY THE CHAIR PRESIDENT OF HUMAN RESOURCES OBTAINS COMPARABILITY DATA POSITIONS WHERE COMPENSATION IS GREATER THAN OR EQUAL TO ESSIONAL STUDIES THAT CONTAIN COMPARABLE POSITIONS IN A FOR SIMILAR ORGANIZATIONS THE COMPENSATION COMMITTEE OF STABLISH SALARY RANGES FOR EACH POSITION ONCE THE SALARY DOMMITTEE, THE CEO IS AUTHORIZED TO SET SALARIES WITHIN THE

Return Reference	Explanation
VI, SECTION C, LINE 19	IN THE SPIRIT OF TRANSPARENCY, UPON REQUEST, JVS WILL MAKE AVAILABLE ITS ARTICLES OF INCORPORATION, BY LAWS, 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 XI, LINE 9	ADJUSTMENT TO BENEFICIAL FUNDS FUNDS HELD AT COMMUNITY FOUNDATION OF SEM -206,160

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493350013296 OMB No 1545-0047

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public

Department of the Treasury

SCHEDULE R

(Form 990)

► Attach to Form 990.

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

Inspection Internal Revenue Service Employer identification number Name of the organization JEWISH VOCATIONAL SERVICE AND COMMUNITY WORKSHOP 38-1358013 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (f) Name, address, and EIN (if applicable) of disregarded entity Direct controlling Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity (1) HR SOLUTIONS GROUP LLC HR SERVICES ΜI 565,177 245,274 JVS 29699 SOUTHFIELD ROAD SOUTHFIELD, MI 48076 20-1625270 (2) PREMIER HOUSING SOLUTIONS LLC HOUSING ΜI JVS 29699 SOUTHFIELD ROAD SOUTHFIELD, MI 48076 26-4278954 (3) ECYCLE OPPORTUNITIES LLC RECYCLING Μī **1VS** 29699 SOUTHFIELD ROAD SOUTHFIELD, MI 48076 47-4908474 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) (d) (b) (c) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) (13) controlled entity entity? Yes 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.

	1 (1)	1 ()	1 (1)		(6)		1 4					
(a) Name, address, and EIN of	(b) Primary activity	(c) Legal	(d) Direct	(e) Predominant	(f) Share of	(g) Share of	(h Disprop		(ı) Code V-UBI	(j) General		(k) Percentage
related organization	Filliary activity	domicile		ling income(related, unrelated, excluded from tax under sections 512-		end-of-		itions?	amount in	mana		ownership
rolated organization		(state or			Total meetine	year	allocations		box 20 of			OWNERSHIP
		foreign							Schedule K-1			
		country)							(Form 1065)			
				514)			Yes	No	1	Yes	No	
(1)	AFFORDABLE	MI	PREMIER	N/A	-788		Yes	NO		163	No	51 000 %
NEIGHBORHOOD HOUSING SOLUTIONS	HOUSING		HOUSING	''' ''	/00		'63				'''	31 000 70
ЩС												
30600 NORTHWESTERN HWY STE 403												
FARMINGTON HILLS, MI 48334												
26-4279267												
(2)	AFFORDABLE	MI	N/A	N/A				No			No	
NEIGHBORHOOD HOUSING SOLUTIONS	HOUSING											
HAMTRAMCK NO1 LLC												
30600 NORTHWESTERN HWY STE 403												
FARMINGTON HILLS, MI 48334												
27-1614512												
(3)	AFFORDABLE	MI	N/A	N/A				No			No	
NEIGHBORHOOD HOUSING SOLUTIONS	HOUSING											
DLB #1 LLC												
30600 NORTHWESTERN HWY STE 403												
FARMINGTON HILLS, MI 48334												
45-3981752												
	·											

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	No	

chedule k (Form 990) 2015					Рад	ge 3			
Part V Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.						
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more r	related organizations li	sted 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)				1 b		No			
c Gift, grant, or capital contribution from related organization(s)				1 c		No			
d Loans or loan guarantees to or for related organization(s)				1 d		No			
e Loans or loan guarantees by related organization(s)									
f Dividends from related organization(s)				1f		No			
g Sale of assets to related organization(s)				1 g		No			
h Purchase of assets from related organization(s)				1h		No			
i Exchange of assets with related organization(s)				1i		No			
${f j}$ 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)				11		No			
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No			
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No			
o Sharing of paid employees with related organization(s)				10		No			
p Reimbursement paid to related organization(s) for expenses				1 p		No			
q Reimbursement paid by related organization(s) for expenses				1 q		No			
r Other transfer of cash or property to related organization(s)				1r		No			
$oldsymbol{s}$ O ther transfer of cash or property from related organization(s)				1 s		No			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete				S					
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount II	nvolved				

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) Primary activity Legal Predominant Are all partners Share of Share of Disproprtionate Code V-UBI General or Percentage																		
(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)	section 501(c)(3) organizations?		organizations?		501(c)(3) organizations?		organizations?				(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership	
			314)	Yes	No			Yes	No		Yes	No						
												1 I						
													<u>. </u>					

