

EXTENDED TO NOVEMBER 15, 2019

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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.

Go to www.irs.gov/Form990 for instructions and the latest information.**2018**Open to Public
Inspection**A** For the 2018 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organizationNETWORK OF JEWISH HUMAN SERVICE
AGENCIES, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

50 EISENHOWER DRIVE

Room/suite

100

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

PARAMUS, NJ 07652

F Name and address of principal officer: REUBEN ROTMAN

SAME AS C ABOVE

D Employer identification number

13-2752418

E Telephone number

201-977-2423

G Gross receipts \$

2,091,988.

H(a) Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.NETWORKJHSA.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 1973**M** State of legal domicile: NY**Part I Summary**

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: ADVANCES EFFORTS IN BEST PRACTICES, INNOVATION, RESEARCH AND PARTNERSHIPS TO STRENGTHEN**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a)

3

27

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

26

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

5

6

6 Total number of volunteers (estimate if necessary)

6

100

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

0.

b Net unrelated business taxable income from Form 990-T, line 38

7b

0.

Revenue

8 Contributions and grants (Part VIII, line 1h)

Prior Year

1,130,619.

Current Year

1,168,867.

9 Program service revenue (Part VIII, line 2g)

759,846.

909,337.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

10,742.

2,486.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

8,965.

11,298.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

1,910,172.

2,091,988.

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

905,925.

938,932.

14 Benefits paid to or for members (Part IX, column (A), line 4)

0.

0.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

438,038.

607,499.

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

0.

0.

b Total fundraising expenses (Part IX, column (D), line 25)

84,112.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

590,606.

664,757.

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

1,934,569.

2,211,188.

19 Revenue less expenses. Subtract line 18 from line 12

-24,397.

-119,200.

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

Beginning of Current Year

461,163.

End of Year

1,462,203.

21 Total liabilities (Part X, line 26)

97,677.

1,224,081.

22 Net assets or fund balances. Subtract line 21 from line 20

363,486.

238,122.

Part II Signature Block

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

Sign Here

Signature of officer

REUBEN ROTMAN, PRESIDENT & CEO

Type or print name and title

Date

Paid

Print/Type preparer's name

MARQUS WHITE

Preparer's signature

MARQUS WHITE

Date

08/05/19

Check if self-employed

☐

PTIN

P00053187

Preparer

Firm's name

SAX LLP

Firm's EIN

81-2950760

Use Only

Firm's address

855 VALLEY ROAD

CLIFTON, NJ 07013

Phone no. 973-472-6250

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

832001 12-31-18

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

NETWORK OF JEWISH HUMAN SERVICE
AGENCIES, INC.

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Part III Statement of Program Service Accomplishments

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

☒

1 Briefly describe the organization's mission:

THE NETWORK IS AN INTERNATIONAL MEMBERSHIP ASSOCIATION OF MORE THAN 140 NON PROFIT HUMAN SERVICE AGENCIES IN THE UNITED STATES, CANADA AND ISRAEL. ITS MEMBERS PROVIDE A FULL RANGE OF HUMAN SERVICES FOR THE JEWISH COMMUNITY AND BEYOND, INCLUDING HEALTHCARE, CAREER, EMPLOYMENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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

☐ Yes ☒ No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O.

☐ Yes ☒ No

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

4a (Code:) (Expenses \$ 1,597,430. including grants of \$ 938,932.) (Revenue \$ 698,918.)

THROUGH NJHSA THE JEWISH HUMAN SERVICE MOVEMENT IS REPRESENTED IN DECISION-MAKING FORUMS IN BOTH THE JEWISH AND NON-SECTARIAN WORLDS. NJHSA ADVOCATES FOR QUALITY SERVICES TO THE JEWISH AND GENERAL COMMUNITIES, ADVOCATES FOR INCREASED FUNDING FROM GOVERNMENTAL ENTITIES, AND ADVOCATES FOR THE HIGHEST STANDARDS OF SERVICE: NJHSA PROVIDES THE FOLLOWING MEMBER SERVICES: FREE TELEPHONE CONSULTATION ON BOARD AND STAFF DEVELOPMENT, MEMBERS ONLY RATES FOR IN-PERSON CONSULTATION AND BOARD DEVELOPMENT WORKSHOPS, NO-COST LISTINGS IN THE NJHSA ON-LINE AGENCY DIRECTORY, FREE ACCESS TO NJHSA'S EXTENSIVE RESOURCE FILES, AND PARTICIPATION IN ON-LINE FORUMS FOR AGENSCIES CEOS, PRESIDENTS, AND SPECIFIC STAFF.

4b (Code:) (Expenses \$ 276,986. including grants of \$) (Revenue \$ 210,419.)

IN 2018 NJHSA SPONSORED AN EXECUTIVES CONFERENCE WHERE MEMBER AGENCIES NETWORKED WITH OVER 135 AGENCIES THROUGHOUT NORTH AMERICA AND PARTICIPATED IN THE EXCHANGE OF THE MOST CURRENT THINKING IN THE FIELD.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,874,416.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	15	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

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		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	6	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country: CANADA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X

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

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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	27			
b Enter the number of voting members included in line 1a, above, who are independent		26		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **►NJ, NY**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
DANIEL LOPEZ - 201-977-2423
50 EISENHOWER DRIVE, PARAMUS, NJ 07652

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PERRY OHREN CHAIR	2.00	X		X				0.	0.	0.
(2) JOHN COLBURN VICE CHAIR	2.00	X		X				0.	0.	0.
(3) DAVID MARCU TREASURER	2.00	X		X				0.	0.	0.
(4) JUDY HALPER SECRETARY	2.00	X		X				0.	0.	0.
(5) JULIE CHAPNICK BOARD MEMBER	2.00	X						0.	0.	0.
(6) CLAUDIA FINKEL BOARD MEMBER	2.00	X						0.	0.	0.
(7) SUSAN FRIEDMAN BOARD MEMBER	2.00	X						0.	0.	0.
(8) PAULA GOLDSTEIN BOARD MEMBER	2.00	X						0.	0.	0.
(9) MICHAEL HOPKINS BOARD MEMBER	2.00	X						0.	0.	0.
(10) ROBERT HYFLER BOARD MEMBER	2.00	X						0.	0.	0.
(11) STEPHAN KLINE BOARD MEMBER	2.00	X						0.	0.	0.
(12) ERIK LINDAUER BOARD MEMBER	2.00	X						0.	0.	0.
(13) JAY MILLER BOARD MEMBER	2.00	X						0.	0.	0.
(14) LORI MOSS BOARD MEMBER	2.00	X						0.	0.	0.
(15) BRIAN PROUSKY BOARD MEMBER	2.00	X						0.	0.	0.
(16) LARRY READER BOARD MEMBER	2.00	X						0.	0.	0.
(17) LESLIE REIS BOARD MEMBER	2.00	X						0.	0.	0.

**NETWORK OF JEWISH HUMAN SERVICE
AGENCIES, INC.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LEAH ROSENBAUM BOARD MEMBER	2.00	X						0.	0.	0.
(19) SIGAL SHELACH BOARD MEMBER	2.00	X						0.	0.	0.
(20) RAY SILVERSTEIN BOARD MEMBER	2.00	X						0.	0.	0.
(21) ANDREA STEINBERG BOARD MEMBER	2.00	X						0.	0.	0.
(22) FRED STOCK BOARD MEMBER	2.00	X						0.	0.	0.
(23) AVIVA SUFIAN BOARD MEMBER	2.00	X						0.	0.	0.
(24) JUNE GUTTERMAN EX-OFFICIO	2.00	X						0.	0.	0.
(25) JAMES KAHN EX-OFFICIO	2.00	X						0.	0.	0.
(26) JORDAN GOLIN BOARD MEMBER	2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								323,415.	0.	60,394.
d Total (add lines 1b and 1c)								323,415.	0.	60,394.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

15

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

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**NETWORK OF JEWISH HUMAN SERVICE
AGENCIES, INC.**

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	76,047.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,092,820.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			1,168,867.			
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code	624100	698,918.	698,918.		
	b CONFERENCE FEES		900099	210,419.	210,419.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			909,337.			
	3 Investment income (including dividends, interest, and other similar amounts)			2,486.			2,486.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue			Business Code			
	11 a OTHER INCOME		900099	11,298.	200.		11,098.
	b						
c							
d All other revenue							
e Total. Add lines 11a-11d			11,298.				
12 Total revenue. See instructions			2,091,988.	909,537.	0.	13,584.	

**NETWORK OF JEWISH HUMAN SERVICE
AGENCIES, INC.**

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Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	888,932.	888,932.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	50,000.	50,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	264,078.	163,191.	52,816.	48,071.
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	271,163.	215,193.	55,544.	426.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	37,108.	26,347.	7,421.	3,340.
10 Payroll taxes	35,150.	24,956.	7,031.	3,163.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	388.	388.		
13 Office expenses	3,032.	1,925.	443.	664.
14 Information technology				
15 Royalties				
16 Occupancy	25,200.	12,600.	5,040.	7,560.
17 Travel	22,846.	22,846.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	508,752.	392,158.	109,040.	7,554.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,967.	5,984.	2,393.	3,590.
23 Insurance	10,324.	5,162.	5,162.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	30,561.	28,604.	1,547.	410.
b BANK FEES	20,428.	20,428.		
c DUES AND SUBSCRIPTIONS	11,743.	5,871.	2,349.	3,523.
d EQUIPMENT RENTAL	8,917.	4,459.	1,783.	2,675.
e All other expenses	10,599.	5,372.	2,091.	3,136.
25 Total functional expenses. Add lines 1 through 24e	2,211,188.	1,874,416.	252,660.	84,112.
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)

**NETWORK OF JEWISH HUMAN SERVICE
AGENCIES, INC.**

Form 990 (2018)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	209,033.	1	341,991.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	945,897.
	4 Accounts receivable, net	83,417.	4	24,840.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	18,447.	9	22,097.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 105,792.		
	b Less: accumulated depreciation	10b 87,593.	10c	18,199.
	11 Investments - publicly traded securities	139,055.	11	109,179.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	461,163.	16	1,462,203.	
Liabilities	17 Accounts payable and accrued expenses	34,134.	17	64,465.
	18 Grants payable		18	938,932.
	19 Deferred revenue	63,543.	19	220,684.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	97,677.	26	1,224,081.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	358,986.	27	238,122.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	4,500.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	363,486.	33	238,122.	
34 Total liabilities and net assets/fund balances	461,163.	34	1,462,203.	

Form 990 (2018)

**NETWORK OF JEWISH HUMAN SERVICE
AGENCIES, INC.**

Form 990 (2018)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,091,988.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,211,188.
3	Revenue less expenses. Subtract line 2 from line 1	3	-119,200.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	363,486.
5	Net unrealized gains (losses) on investments	5	-6,164.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	238,122.

Part XII Financial Statements and Reporting

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

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

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **NETWORK OF JEWISH HUMAN SERVICE AGENCIES, INC.**

Employer identification number
13-2752418

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

NETWORK OF JEWISH HUMAN SERVICE

Schedule A (Form 990 or 990-EZ) 2018 **AGENCIES, INC.**

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	538,871.	717,121.	280,475.	1130619.	1168867.	3835953.
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	538,871.	717,121.	280,475.	1130619.	1168867.	3835953.
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.						3835953.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	538,871.	717,121.	280,475.	1130619.	1168867.	3835953.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,252.	25,943.	856.	3,251.	2,486.	33,788.
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.)				8,965.	11,098.	20,063.
11 Total support. Add lines 7 through 10						3889804.
12 Gross receipts from related activities, etc. (see instructions)					12	4,147,672.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	98.62	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	96.66	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2018

NETWORK OF JEWISH HUMAN SERVICE

Schedule A (Form 990 or 990-EZ) 2018 **AGENCIES, INC.**

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

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

NETWORK OF JEWISH HUMAN SERVICE

Schedule A (Form 990 or 990-EZ) 2018 **AGENCIES, INC.**

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

NETWORK OF JEWISH HUMAN SERVICE

Schedule A (Form 990 or 990-EZ) 2018 **AGENCIES, INC.**

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Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - b** A family member of a person described in (a) above?
 - 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.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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.*
- 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.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 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).*
- 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.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- ☐ **a** The organization satisfied the Activities Test. *Complete line 2 below.*
 - ☐ **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - ☐ **c** The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

2. Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- 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.*

	Yes	No
2a		
2b		

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

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- 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.*

3a		
3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1
2	Enter 85% of line 1	2
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3
4	Enter greater of line 2 or line 3	4
5	Income tax imposed in prior year	5
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).	

Schedule A (Form 990 or 990-EZ) 2018

NETWORK OF JEWISH HUMAN SERVICE

Schedule A (Form 990 or 990-EZ) 2018 **AGENCIES, INC.**

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)

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

Schedule A (Form 990 or 990-EZ) 2018

NETWORK OF JEWISH HUMAN SERVICE

Schedule A (Form 990 or 990-EZ) 2018 **AGENCIES, INC.**

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

MISCELLANEOUS

2018 AMOUNT \$73,098

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018Open to Public
InspectionName of the organization **NETWORK OF JEWISH HUMAN SERVICE
AGENCIES, INC.**Employer identification number
13-2752418**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the
organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of
violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and
include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for
conservation easements. ☐ Yes ☐ No

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

**NETWORK OF JEWISH HUMAN SERVICE
AGENCIES, INC.**

Schedule D (Form 990) 2018

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ☐ %
- b Permanent endowment ☐ %
- c Temporarily restricted endowment ☐ %

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		37,034.	35,897.	1,137.
e Other		68,758.	51,696.	17,062.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				18,199.

Schedule D (Form 990) 2018

**NETWORK OF JEWISH HUMAN SERVICE
AGENCIES, INC.**

Schedule D (Form 990) 2018

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

**NETWORK OF JEWISH HUMAN SERVICE
AGENCIES, INC.**

Schedule D (Form 990) 2018

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	2,085,824.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-6,164.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-6,164.
3	Subtract line 2e from line 1		3	2,091,988.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,091,988.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	2,211,188.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,211,188.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,211,188.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS A NON-PROFIT CORPORATION, EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES HAS BEEN RECORDED IN THE FINANCIAL STATEMENTS. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NOT SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES UNLESS THE ORGANIZATION WAS ENGAGED IN ACTIVITIES THAT WOULD GENERATE UNRELATED BUSINESS INCOME.

NETWORK OF JEWISH HUMAN SERVICE
AGENCIES, INC.

13-2752418 Page 5

Schedule D (Form 990) 2018		AGENCIES,
Part XIII	Supplemental Information	(continued)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018**Open to Public
Inspection**

Name of the organization

**NETWORK OF JEWISH HUMAN SERVICE
AGENCIES, INC.**

Employer identification number

13-2752418**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on
Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CANADA	1	1	SEE PART V	MEMBERSHIP SERVICE	26,928.
3 a Subtotal	1	1			26,928.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	1			26,928.

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

Schedule F (Form 990) 2018

Part III can be duplicated if additional space is needed. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

[illegible]

**NETWORK OF JEWISH HUMAN SERVICE
AGENCIES, INC.**

Schedule F (Form 990) 2018

13-2752418 Page 4

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2018

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS BY REQUIRING ITS
SUB-GRANTEES TO SUBMIT REPORTS DETAILING THE ACCOUNTING OF HOW THE FUNDS
WERE SPENT AND DATA INDICATING THE APPROXIMATE NUMBER OF INDIVIDUALS
SERVED AT THE LOCATIONS ON A DAILY, WEEKLY AND ANNUAL BASIS WITH AN
ESTIMATE OF ANY CHANGE IN USAGE DUE TO THE GRANT.

PART I, LINE 1 COLUMN (D)

THE CANADIAN BRANCH OF THE NETWORK SUPPORTS THE WORK OF ITS MEMBERS
LOCATED THROUGHOUT THE VARIOUS CANADIAN PROVINCES AND TERRITORIES.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2018

Open to Public
Inspection

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

Name of the organization **NETWORK OF JEWISH HUMAN SERVICE AGENCIES, INC.**

Employer identification number
13-2752418

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JFS & CHILDREN'S CENTER OF CLIFTON 110 MAIN AVE PASSAIC, NJ 07055	20-5928151	501 (C) (3)	50,000.	0.			FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS.
JVS HUMAN SERVICES SOUTHFIELD 29699 SOUTHFIELD RD SOUTHFIELD, MI 48076	38-1358013	501 (C) (3)	50,000.	0.			FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS.
JVS SO CAL LOS ANGELES 6505 WILSHIRE BLVD #200 LOS ANGELES, CA 90048	95-1691013	501 (C) (3)	50,000.	0.			FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS.
JEWISH FAMILY & CHILDREN'S SERVICE MEMPHIS - 6560 POPLAR AVE #B - MEMPHIS, TN 38138	62-6046618	501 (C) (3)	5,000.	0.			FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS.
JEWISH CHILDREN'S REGIONAL SERVICE 3500 N CAUSEWAY BLVD #1120 METAIRIE, LA 70002	72-0408936	501 (C) (3)	50,000.	0.			FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS.
JEWISH FAMILY SERVICE INC MILWAUKEE - 1300 N JACKSON ST - MILWAUKEE, WI 53202	39-0806291	501 (C) (3)	50,000.	0.			FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2018)

**NETWORK OF JEWISH HUMAN SERVICE
AGENCIES, INC.**

Schedule I (Form 990)

13-2752418

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DR NAPLES, FL 34103	45-3980909	501 (C) (3)	50,000.	0.			FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS,
JEWISH FAMILY & CHILDREN'S SERVICE PHOENIX - 4747 N 7TH ST SUITE 100 - PHOENIX, AZ 85014	86-0096781	501 (C) (3)	13,480.	0.			FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS,
JEWISH FAMILY AND COMMUNITY SERVICES OF PITTSBURGH - 5743 BARTLETT ST - PITTSBURGH, PA 15217	25-0965407	501 (C) (3)	45,000.	0.			FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS,
JEWISH FAMILY SERVICE OF DELAWARE 99 PASSMORE ROAD WILMINGTON, DE 19803	51-0097026	501 (C) (3)	50,000.	0.			FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS,
JEWISH FAMILY SERVICE OF ATLANTIC & CAPE MAY COUNTIES - 607 JEROME AVE - MARGATE CITY, NJ 08402	21-0632971	501 (C) (3)	50,000.	0.			FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS,
JEWISH FAMILY SERVICES OF COLUMBUS 1070 COLLEGE AVE COLUMBUS, OH 43209	31-4379497	501 (C) (3)	22,500.	0.			FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS,
JEWISH FAMILY SERVICES OF DALLAS 5402 ARAPAHO RD DALLAS, TX 75248	75-1992728	501 (C) (3)	50,000.	0.			FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS,
JEWISH FAMILY SERVICES OF HOUSTON 4131 S BRAESWOOD BLVD HOUSTON, TX 77025	74-1152607	501 (C) (3)	7,000.	0.			FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS,
MARLENE MEYERSON JCC MANHATTAN 334 AMSTERDAM AVE NEW YORK, NY 10023	13-3490745	501 (C) (3)	50,000.	0.			FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS,

Schedule I (Form 990)

**NETWORK OF JEWISH HUMAN SERVICE
AGENCIES, INC.**

Schedule I (Form 990)

13-2752418

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KINGS BAY YM-YWHA 3495 NOSTRAND AVE BROOKLYN, NY 11229	11-3068515	501 (C) (3)	21,066.	0.			FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS,
JEWISH FAMILY & CHILDREN'S SERVICE SAN FRANCISCO - 2150 POST STREET PO BOX 159004 - SAN FRANCISCO, CA 94115	94-1156528	501 (C) (3)	50,000.	0.			FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS,
JEWISH FEDERATION AND FAMILY SERVICES OF ORANGE COUNTY - 720 NY-17M - MIDDLETOWN, NY 10940	95-2407026	501 (C) (3)	25,000.	0.			FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS,
JEWISH FAMILY AND CHILDREN'S SERVICE OF SOUTHERN JERSEY - 1301 SPRINGDALE RD #150 - CHERRY HILL, NJ 08003	21-0634489	501 (C) (3)	40,000.	0.			FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS,
JEWISH FAMILY SERVICES OF TIDEWATER - 5000 CORPORATE WOODS DR#400 - VIRGINIA BEACH, VA 23462	54-0854002	501 (C) (3)	21,100.	0.			FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS,
JFCS LOUISVILLE 2821 KLEMPNER WAY LOUISVILLE, KY 40205	61-0444765	501 (C) (3)	38,833.	0.			FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS,
JEWISH CHILD AND FAMILY SERVICES CHICAGO - 216 W JACKSON BLVD #800 - CHICAGO, IL 60606	36-2167762	501 (C) (3)	50,000.	0.			FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS,
GOODMAN JEWISH FAMILY SERVICE OF BROWARD COUNTY - 5890 S PINE ISLAND RD #201 - DAVIE, FL 33328	46-5507093	501 (C) (3)	49,953.	0.			FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS,

Part III

Grants and Other Assistance to Domestic Individuals.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

Part IV

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: JFS & CHILDREN'S CENTER OF CLIFTON

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SERVICES & PROGRAMS

FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS, LIFE

SKILLS AND EMPLOYMENT SKILLS, TO ULTIMATELY LEAD INDEPENDENT LIVES AND

BECOME ACTIVE MEMBERS OF THEIR COMMUNITIES. FUNDING CAN BE USED FOR

STAFFING, RENOVATIONS, DEVELOPMENT OF PROGRAMS AND SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT: JVS HUMAN SERVICES SOUTHFIELD

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS, LIFE SKILLS AND EMPLOYMENT SKILLS, TO ULTIMATELY LEAD INDEPENDENT LIVES AND BECOME ACTIVE MEMBERS OF THEIR COMMUNITIES. FUNDING CAN BE USED FOR STAFFING, RENOVCTIONS, DEVELOPMENT OF PROGRAMS AND SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT: JVS SO CAL LOS ANGELES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS, LIFE SKILLS AND EMPLOYMENT SKILLS, TO ULTIMATELY LEAD INDEPENDENT LIVES AND BECOME ACTIVE MEMBERS OF THEIR COMMUNITIES. FUNDING CAN BE USED FOR STAFFING, RENOVCTIONS, DEVELOPMENT OF PROGRAMS AND SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH FAMILY & CHILDREN'S SERVICE MEMPHIS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS, LIFE SKILLS AND EMPLOYMENT SKILLS, TO ULTIMATELY LEAD INDEPENDENT LIVES AND BECOME ACTIVE MEMBERS OF THEIR COMMUNITIES. FUNDING CAN BE USED FOR STAFFING, RENOVCTIONS, DEVELOPMENT OF PROGRAMS AND SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH CHILDREN'S REGIONAL SERVICE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS, LIFE SKILLS AND EMPLOYMENT SKILLS, TO ULTIMATELY LEAD INDEPENDENT LIVES AND BECOME ACTIVE MEMBERS OF THEIR COMMUNITIES. FUNDING CAN BE USED FOR STAFFING, RENOVCTIONS, DEVELOPMENT OF PROGRAMS AND SCHOLARSHIPS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FAMILY SERVICE INC MILWAUKEE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS, LIFE SKILLS AND EMPLOYMENT SKILLS, TO ULTIMATELY LEAD INDEPENDENT LIVES AND BECOME ACTIVE MEMBERS OF THEIR COMMUNITIES. FUNDING CAN BE USED FOR STAFFING, RENOVCTIONS, DEVELOPMENT OF PROGRAMS AND SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT: NAPLES SENIOR CENTER AT JFCS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS, LIFE SKILLS AND EMPLOYMENT SKILLS, TO ULTIMATELY LEAD INDEPENDENT LIVES AND BECOME ACTIVE MEMBERS OF THEIR COMMUNITIES. FUNDING CAN BE USED FOR STAFFING, RENOVCTIONS, DEVELOPMENT OF PROGRAMS AND SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH FAMILY & CHILDREN'S SERVICE PHOENIX

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS, LIFE SKILLS AND EMPLOYMENT SKILLS, TO ULTIMATELY LEAD INDEPENDENT LIVES AND BECOME ACTIVE MEMBERS OF THEIR COMMUNITIES. FUNDING CAN BE USED FOR STAFFING, RENOVCTIONS, DEVELOPMENT OF PROGRAMS AND SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH FAMILY AND COMMUNITY SERVICES OF PITTSBURGH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS, LIFE SKILLS AND EMPLOYMENT SKILLS, TO ULTIMATELY LEAD INDEPENDENT LIVES AND BECOME ACTIVE MEMBERS OF THEIR COMMUNITIES. FUNDING CAN BE USED FOR

Part IV Supplemental Information

STAFFING, RENOVCTIONS, DEVELOPMENT OF PROGRAMS AND SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FAMILY SERVICE OF DELAWARE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS, LIFE SKILLS AND EMPLOYMENT SKILLS, TO ULTIMATELY LEAD INDEPENDENT LIVES AND BECOME ACTIVE MEMBERS OF THEIR COMMUNITIES. FUNDING CAN BE USED FOR STAFFING, RENOVCTIONS, DEVELOPMENT OF PROGRAMS AND SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH FAMILY SERVICE OF ATLANTIC & CAPE MAY COUNTIES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS, LIFE SKILLS AND EMPLOYMENT SKILLS, TO ULTIMATELY LEAD INDEPENDENT LIVES AND BECOME ACTIVE MEMBERS OF THEIR COMMUNITIES. FUNDING CAN BE USED FOR STAFFING, RENOVCTIONS, DEVELOPMENT OF PROGRAMS AND SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FAMILY SERVICES OF COLUMBUS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS, LIFE SKILLS AND EMPLOYMENT SKILLS, TO ULTIMATELY LEAD INDEPENDENT LIVES AND BECOME ACTIVE MEMBERS OF THEIR COMMUNITIES. FUNDING CAN BE USED FOR STAFFING, RENOVCTIONS, DEVELOPMENT OF PROGRAMS AND SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FAMILY SERVICES OF DALLAS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS, LIFE SKILLS AND EMPLOYMENT SKILLS, TO ULTIMATELY LEAD INDEPENDENT LIVES AND

Part IV Supplemental Information

BECOME ACTIVE MEMBERS OF THEIR COMMUNITIES. FUNDING CAN BE USED FOR
STAFFING, RENOVCTIONS, DEVELOPMENT OF PROGRAMS AND SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FAMILY SERVICES OF HOUSTON

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SERVICES & PROGRAMS
FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS, LIFE
SKILLS AND EMPLOYMENT SKILLS, TO ULTIMATELY LEAD INDEPENDENT LIVES AND
BECOME ACTIVE MEMBERS OF THEIR COMMUNITIES. FUNDING CAN BE USED FOR
STAFFING, RENOVCTIONS, DEVELOPMENT OF PROGRAMS AND SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT: MARLENE MEYERSON JCC MANHATTAN

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SERVICES & PROGRAMS
FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS, LIFE
SKILLS AND EMPLOYMENT SKILLS, TO ULTIMATELY LEAD INDEPENDENT LIVES AND
BECOME ACTIVE MEMBERS OF THEIR COMMUNITIES. FUNDING CAN BE USED FOR
STAFFING, RENOVCTIONS, DEVELOPMENT OF PROGRAMS AND SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT: KINGS BAY YM-YWHA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SERVICES & PROGRAMS
FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS, LIFE
SKILLS AND EMPLOYMENT SKILLS, TO ULTIMATELY LEAD INDEPENDENT LIVES AND
BECOME ACTIVE MEMBERS OF THEIR COMMUNITIES. FUNDING CAN BE USED FOR
STAFFING, RENOVCTIONS, DEVELOPMENT OF PROGRAMS AND SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH FAMILY & CHILDREN'S SERVICE SAN FRANCISCO

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SERVICES & PROGRAMS
FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS, LIFE

Part IV Supplemental Information

SKILLS AND EMPLOYMENT SKILLS, TO ULTIMATELY LEAD INDEPENDENT LIVES AND
BECOME ACTIVE MEMBERS OF THEIR COMMUNITIES. FUNDING CAN BE USED FOR
STAFFING, RENOVCTIONS, DEVELOPMENT OF PROGRAMS AND SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH FEDERATION AND FAMILY SERVICES OF ORANGE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SERVICES & PROGRAMS
FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS, LIFE
SKILLS AND EMPLOYMENT SKILLS, TO ULTIMATELY LEAD INDEPENDENT LIVES AND
BECOME ACTIVE MEMBERS OF THEIR COMMUNITIES. FUNDING CAN BE USED FOR
STAFFING, RENOVCTIONS, DEVELOPMENT OF PROGRAMS AND SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH FAMILY AND CHILDREN'S SERVICE OF SOUTHERN JERSEY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SERVICES & PROGRAMS
FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS, LIFE
SKILLS AND EMPLOYMENT SKILLS, TO ULTIMATELY LEAD INDEPENDENT LIVES AND
BECOME ACTIVE MEMBERS OF THEIR COMMUNITIES. FUNDING CAN BE USED FOR
STAFFING, RENOVCTIONS, DEVELOPMENT OF PROGRAMS AND SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FAMILY SERVICES OF TIDEWATER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SERVICES & PROGRAMS
FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS, LIFE
SKILLS AND EMPLOYMENT SKILLS, TO ULTIMATELY LEAD INDEPENDENT LIVES AND
BECOME ACTIVE MEMBERS OF THEIR COMMUNITIES. FUNDING CAN BE USED FOR
STAFFING, RENOVCTIONS, DEVELOPMENT OF PROGRAMS AND SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT: JFCS LOUISVILLE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS, LIFE SKILLS AND EMPLOYMENT SKILLS, TO ULTIMATELY LEAD INDEPENDENT LIVES AND BECOME ACTIVE MEMBERS OF THEIR COMMUNITIES. FUNDING CAN BE USED FOR STAFFING, RENOVCTIONS, DEVELOPMENT OF PROGRAMS AND SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH CHILD AND FAMILY SERVICES CHICAGO

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS, LIFE SKILLS AND EMPLOYMENT SKILLS, TO ULTIMATELY LEAD INDEPENDENT LIVES AND BECOME ACTIVE MEMBERS OF THEIR COMMUNITIES. FUNDING CAN BE USED FOR STAFFING, RENOVCTIONS, DEVELOPMENT OF PROGRAMS AND SCHOLARSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT:

GOODMAN JEWISH FAMILY SERVICE OF BROWARD COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF SERVICES & PROGRAMS FOR PERSONS WITH DISABILITIES TO HELP THEM DEVELOP SOCIAL SKILLS, LIFE SKILLS AND EMPLOYMENT SKILLS, TO ULTIMATELY LEAD INDEPENDENT LIVES AND BECOME ACTIVE MEMBERS OF THEIR COMMUNITIES. FUNDING CAN BE USED FOR STAFFING, RENOVCTIONS, DEVELOPMENT OF PROGRAMS AND SCHOLARSHIPS.

PART I, LINE 2:

THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS BY REQUIRING ITS SUB-GRANTEES TO SUBMIT REPORTS DETAILING THE ACCOUNTING OF HOW THE FUNDS WERE SPENT AND DATA INDICATING THE APPROXIMATE NUMBER OF INDIVIDUALS SERVED AT THE LOCATIONS ON A DAILY, WEEKLY AND ANNUAL BASIS WITH AN ESTIMATE OF ANY CHANGE IN USAGE DUE TO THE GRANT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

**NETWORK OF JEWISH HUMAN SERVICE
AGENCIES, INC.**

Employer identification number
13-2752418

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☒ Written employment contract

☐ Compensation survey or study

☒ Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2018

**NETWORK OF JEWISH HUMAN SERVICE
AGENCIES, INC.**

13-2752418

For each individual whose compensation must be reported, the Compensation Committee must complete the following information:

Do not list any individuals that aren't listed on Form 990, Part VII.

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

[illegible]

Part III	Supplemental Information
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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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

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Name of the organization

NETWORK OF JEWISH HUMAN SERVICE
AGENCIES, INC.

Employer identification number
13-2752418

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

NON-PROFIT JEWISH HUMAN SERVICE AGENCIES SO THEY CAN BETTER SERVE THEIR
COMMUNITIES.

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

AND MENTAL HEALTH SERVICES, AS WELL AS PROGRAMS FOR YOUTH, FAMILIES AND
SENIORS, HOLOCAUST SURVIVORS, IMMIGRANTS AND REFUGEES, PERSONS WITH
DISABILITIES AND CAREGIVERS.

THE NETWORK STRIVES TO BE THE LEADING VOICE FOR THE JEWISH HUMAN
SERVICE SECTOR. AS THE GO-TO RESOURCE FOR ADVOCACY, BEST PRACTICES,
INNOVATION AND RESEARCH, PARTNERSHIPS AND COLLABORATIONS, THE NETWORK
STRENGTHENS AGENCIES SO THEY CAN BETTER SERVE THEIR COMMUNITIES.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE SHALL CONSIST OF ALL OFFICERS AND THE IMMEDIATE
PAST CHAIR (WHO SHALL SERVE AS AN EX-OFFICIO VOTING MEMBER). THE CHAIR OF
THE BOARD OF DIRECTORS SHALL CHAIR THIS COMMITTEE. THE EXECUTIVE COMMITTEE
SHALL PERFORM DUTIES AS NECESSARY BETWEEN MEETINGS OF THE FULL BOARD OF
DIRECTORS. THE EXECUTIVE COMMITTEE SHALL NOT HAVE AUTHORITY AS TO THE
FOLLOWING:

1) SUBMISSION OF ANY ACTION TO THE MEMBERS REQUIRING THEIR APPROVAL UNDER
THE NEW YORK NOT-FOR-PROFIT CORPORATION ACT.

2) FILLING VACANCIES ON THE BOARD OF DIRECTORS OR ANY COMMITTEES

3) FIXING COMPENSATION OF ANY BOARD OR COMMITTEE MEMBER

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization **NETWORK OF JEWISH HUMAN SERVICE
AGENCIES, INC.**

Employer identification number
13-2752418

4) AMENDING, REPEALING, OR ADOPTING BYLAWS

5) HIRING OR FIRING THE PRESIDENT/CEO

6) ADOPTING THE BUDGET FOR THE ORGANIZATION

7) AMENDING OR REPEALING ANY RESOLUTION OF THE BOARD WHICH BY ITS TERMS MAY
NOT BE AMENDED OR REPEALED

FORM 990, PART VI, SECTION A, LINE 7A:

EACH MEMBER HAS ONE VOTE AT THE ANNUAL MEETING, WHEREIN THE MEMBERS ELECT
THE BOARD OF DIRECTORS.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE COMPLETED
FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS AND DISCUSSED WITH THE
INDEPENDENT ACCOUNTANT. THE FORM 990 IS REVIEWED FOR COMPLETENESS AND
ACCURACY, WITH RELATIONSHIP TO THE GOVERNANCE STANDARDS.

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

EVERY DIRECTOR SHALL DISCLOSE TO THE BOARD AND MANAGEMENT ANY MATERIAL
FINANCIAL INTEREST IN A BUSINESS OR ENTITY FROM WHICH THE NETWORK IS
CONSIDERING A PURCHASE OF GOODS SERVICES. IF SUCH AN INTEREST EXISTS THE
INTERESTED BOARD MEMBER HAS A RESPONSIBILITY TO MAKE THE CONFLICT KNOWN AND
EXCLUDE THEMSELVES FROM ANY DISCUSSION AND DECISION RELATING TO THE
CONFLICT. THE MINUTES OF THE BOARD MEETING SHALL REFLECT THE CONFLICT. THE
DISINTERESTED BOARD MAY VOTE ON THE MATTER IN THE ABSENCE OF THE INTERESTED
DIRECTOR. IF AFFIRMED BY THE BOARD, NO SUCH PURCHASES OR SALES SHALL BE AT
PRICES LESS ADVANTAGEOUS TO THE NETWORK THAN THE PRICE WOULD BE IN A
TRANSACTION WITH A THIRD PARTY IN THE CASE OF POTENTIAL CONFLICT AFTER
DISCLOSURE BY THE BOARD MEMBER OF HIS/HER FINANCIAL INTEREST AND ALL

Name of the organization **NETWORK OF JEWISH HUMAN SERVICE
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MATERIAL FACTS S/HE SHALL LEAVE THE BOARD MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. ANY BOARDMEMBER MAY RECUSE HIMSELF OR HERSELF AT ANY TIME FROM INVOLVEMENT IN ANY DECISION OR DISCUSSION IN WHICH THE BOARDMEMBER BELIEVES HE OR SHE HAS OR MAY HAVE A CONFLICT OF INTEREST WITHOUT GOING THROUGH THE PROCESS FOR DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS. UPON BECOMING A MEMBER OF THE BOARD OF DIRECTORS OF THE, NETWORK AND ANNUALLY THEREAFTER ALL BOARDMEMBERS MUST COMPLETE, SIGN AND SUBMIT A COPY OF THE STATEMENT OF ETHICAL PRINCIPLES. ALL MATERIAL FACTS ABOUT ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST MUST BE FULLY AND COMPLETELY DISCLOSED THEREIN.

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

TO DETERMINE THE SALARY OF THE CEO, THE BOARD OF DIRECTORS FORMED A COMPENSATION COMMITTEE WHICH REVIEWED SALARY DATA FOR SIMILAR NATIONAL SOCIAL SERVICES ASSOCIATIONS, AND NATIONAL ORGANIZATIONS IN THE JEWISH COMMUNAL FIELD. THE COMPENSATION REVIEW PROCESS AND FINAL DETERMINATIONS ARE CONTEMPORANEOUSLY DOCUMENTED IN THE COMMITTEE MINUTES. THIS PROCESS WAS COMPLETED IN 2017.

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

THE ORGANIZATION PROVIDES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST - POLICY AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST. THE DOCUMENTS ARE HOUSED AT THE ORGANIZATION'S HEADQUARTERS

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION PROVIDES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST. THE

Name of the organization **NETWORK OF JEWISH HUMAN SERVICE
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DOCUMENTS ARE HOUSED AT THE ORGANIZATION'S HEADQUARTERS.

FORM 990, PART XII, LINE 2C:

**THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT
ACCOUNTANT THAT WAS SELECTED BY THE BOARD OF DIRECTORS. THE BOARD OF
DIRECTORS APPROVE THE FINANCIAL STATEMENTS.**