0	00	EXTENDED TO NOVEMBER 15	5, 2024 From I	ncome Tax	OMB No. 1545-0047
Form 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	e Code (exc	ept private foundations)	2023
Dopartmont	of the Treasury	Do not enter social security numbers on this form a	-	-	Open to Public
Internal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and	the latest in	nformation.	Inspection
A For th			dending	1	
B Check if applicab	DIE: NETW	forganization ORK OF JEWISH HUMAN SERVICE		D Employer identificat	tion number
chang		CIES, INC.			`
chang Initial		usiness as		13-2752418	0
returr Final		and street (or P.O. box if mail is not delivered to street address) ISENHOWER DRIVE	Room/suite 100	E Telephone number	100
termi	n_		цоо	201-977-24	7,527,214.
ated Amer	nded הסגם	own, state or province, country, and ZIP or foreign postal code MUS , NJ 07652		G Gross receipts \$	
returr Appli		•		H(a) Is this a group retu	
Ltion pend		nd address of principal officer: REUBEN ROTMAN AS C ABOVE		for subordinates?	
, Taylor	empt status:		or 527	H(b) Are all subordinates inclu-	
-		X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) NETWORKJHSA.ORG		-	
J Websi		X Corporation Trust Association Other	L Voor	H(c) Group exemption r of formation: 1973 M S	
Part I	Summary				State of legal domicile. IN I
		e the organization's mission or most significant activities: ADVA	NCEC E	FFORTS IN BES	<u>ا</u> س
8 1				IPS TO STRENG	
au	Check this bo				
2 ern				1.1	s. 24
× 3					24
Activities & Governance 2 9 5 8 5 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9		lependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2023 (Part V, line 2a)			15
c ties					300
9 tivit		of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12			0.
٩ (a		business taxable income from Form 990-T, Part I, line 11		·····	0.
	inet unrelateu		<u> </u>	Prior Year	Current Year
. 8	Contributions	and grants (Part VIII, line 1h)		2,742,872.	6,319,106.
				1,105,965.	1,139,019.
<u>a</u>	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		4,312.	44,196.
2 10		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,091.	24,542.
12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,866,240.	7,526,863.
13		nilar amounts paid (Part IX, column (A), lines 1-3)		1,797,754.	2,005,919.
		to or for members (Part IX, column (A), line 4)		0.	0.
145	-	r compensation, employee benefits (Part IX, column (A), lines 5-10)		1,455,231.	1,678,600.
9 16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
		ing expenses (Part IX, column (D), line 25) 301, 9	82.		
		es (Part IX, column (A), lines 11a-11d, 11f-24e)		717,084.	896,406.
		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,970,069.	4,580,925.
19		expenses. Subtract line 18 from line 12		-103,829.	2,945,938.
				ginning of Current Year	End of Year
d Balances d Balances 1	Total assets (I	Part X, line 16)		4,291,042.	7,162,563.
		(Part X, line 16)		598,939.	545,794.
		fund balances. Subtract line 21 from line 20		3,692,103.	6,616,769.
Part II			ř	-,,,	
		I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of my kr	nowledge and belief, it is
		. Declaration of preparer (other than officer) is based on all information of w			

					11/13/20	24	
Sign	Sifeature the				Date		
Here	REUBEN ROTMAN, PRESIDENT	& CEO					
	Type or print name and title	A	2/1				
	Print/Type preparer's name	Preparer's signature	Wat	Date	Check	PTIN	
Paid	MARQUS WHITE	MARQUS WHITE		11/06	/24 self-employed	P0005318	7
Preparer	Firm's name SAX LLP				Firm's EIN 81-	2950760	
Use Only	Firm's address 389 INTERPACE PAR	KWAY; STE 3					
14	PARSIPPANY, NJ 07	054		-	Phone no. 973 -	472-6250	
May the I	IRS discuss this return with the <u>prep</u> arer shown abo	ove? See instructions				X Yes	No
HA For	r Paperwork Reduction Act Notice, see the sepa	rate instructions. 33	2001 12-21-23			Form 990	(2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	NETWORK OF JEWISH HUMAN SERVICE	
Form	AGENCIES, INC. 13-2752418	Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE NETWORK IS AN INTERNATIONAL MEMBERSHIP ASSOCIATION OF MORE THAN	
	170 NON PROFIT HUMAN SERVICE AGENCIES IN THE UNITED STATES, CANADA AN	ID
	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	XNo
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	XNa
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes If "Yes," describe these changes on Schedule O.	21 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	4
	revenue, if any, for each program service reported.	4
4a	(Code:) (Expenses \$3,655,383including grants of \$2,005,919) (Revenue \$588,2	84.)
	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 C	N
	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 AGENCIES CEOS	,
	PRESIDENTS, AND SPECIFIC STAFF.	
		01
4b	(Code:) (Expenses \$456,382. including grants of \$) (Revenue \$517,6	/
	NJHSA SPONSORS CONFERENCES EACH YEAR WHERE MEMBER AGENCIES NETWORK WI	TH
	OVER 170 AGENCIES THROUGHOUT NORTH AMERICA AND PARTICIPATE IN THE	
	EXCHANGE OF THE MOST CURRENT THINKING IN THE FIELD.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		,
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 4,111,765.	
ac -		90 (2023)
332002	2 12-21-23 2	

NETWORK OF JEWISH HUMAN SERVICE
 Form 990 (2023)
 AGENCIES, INC.

 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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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			v
_	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	_		v
•	similar amounts as defined in Rev. Proc. 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			v
_	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,	_		v
-	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			v
-	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?			77
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	<u>11a</u>	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	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
е	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Х
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. See instructions	17		Х
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
	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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
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332003 12-21-23

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Form	990 (2023) AGENCIES, INC. 13-	2752	418	P	age 4
Par	t 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? If "Yes," complete Schedule I, Parts I and III		22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	t			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J		23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	е			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a		24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?		24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		05.0		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		
a	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 repeated on any of the graphization's prior Forms 000 FZ2. (If the unit of the graphization's prior Forms 000 FZ2.)				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				<u> </u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contro	olled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,				
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M		30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II		32		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? If "Yes," complete Schedule R, Part I		33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1		34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		<u> </u>
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		054		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization		35b		<u> </u>
36			36		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization		30		
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		5.		<u> </u>
			38	х	
Par				· · · · ·	L
-	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	47			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?		1c	Х	
332004	12-21-23		Form	990	(2023)
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NETWORK	\mathbf{OF}	JEWISH	HUMAN	SERVICE
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Form	990 (2023) AGENCIES, INC.		13-2752	418	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
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 on Schedule	O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccount	s (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		<u>x</u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orgai	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pi	rovided to the payor?	7a		<u> </u>
				7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the)			
				8		
9	Sponsoring organizations maintaining donor advised funds.			-		
a				9a		<u> </u>
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				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	4.4%				
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10412		10-		
				12a		
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.			154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
, D	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a				14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ie?	16		x
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
332005	12-21-23			Form	990	(2023)

332005 12-21-23

Part W Governance, Management, and Disclosure, <i>E</i> , <i>e</i> acch 'Yes' response to <i>ine</i> 2 <i>th</i> couph 7 <i>b</i> below, and for a 'No' response to the to a the optimization described to C. See instructions. X Section A. Governance, Management X Section A. Governing Body and Management X Ta Enter the number of voling members of the governing body, at the end of the tax year 1 1 1 2 4 D Enter the number of voling infibits and predicts in subact committion, splain in Shedula (). 1 2 4 X O D any officer, director, tustes, or key engloyee has a family relationship or a unarises relationship with any other officer, director, tustes, or key engloyees to a significant dramage or of the governing body and the optimation of the usplain in Shedula (). 2 X 3 Did the cognization delegate cortical versities, or key engloyees to a significant dramage or of the regaration's assets? 5 X 4 Did the cognization base members or tabolodies? 6 X 5 Did the cognization have members or tabolodies? 7 X 6 Did the cognization have members or tabolodies? 7 X 6 Did the cognization have members or tabolodies? 7 X 6 Did the c	Form	<u>990 (2023)</u> AGENCIES, INC. 13-2752		Р	age 6
b line 8, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule 0. See instructions. Check 16 beholds 0 Contains a response on note to any line in the Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the taxy year 1 Ibre see number of voting members included on line 1a, above, who are independent 2 Did any office, director, trustes, or key employee have a tarmly relationship or a business relationship with any other officer, director, trustes, or key employees to a management duties customarily performed by or under the direct supervision of officer, director, trustes, or key employees to a management duties customarily performed by or under the direct supervision of officer, director, trustes, or key employees to a somagement company or other parson? 2 Did the organization have members of taxy behows to fis governing ducients since the prior Form 590 was filed? 3 Did the organization have members, stockholdes? 4 Did the organization have members, stockholdes? 5 Did the organization have members, duciedors? 6 Did the organization have members, duciedors? 7 Did the organization have members, duciedors? 8 Did the organization have members, duciedors? 9 Did the organization have members, duciedors? 9 Did the organization have members, ducied to gravity and the activities or such cholders, or paperon of the activity of act on tohall of the governing bod? 9 Did the organization have members, ducied or full approximation based at the activities of such chapters, affiliates? 9 Did the organization have wembers, ducied or the activities of such chapters, affiliates? 9 Did the o	Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" ı	respor	ise
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and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12a X 12a X 12a X 12a X 12a X 12b X 12a X 12b X 12a X 12a X 12a X 12b X 12a X 12b X 12a X 12a X 12b X 12a X 12b X 12c X 12c <td< td=""><td></td><td>· · · · · · · · · · · · · · · · · · ·</td><td></td><td></td><td></td></td<>		· · · · · · · · · · · · · · · · · · ·			
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NETWORK OF JEWISH HUMAN SERVICE		
Form 990 (2023) AGENCIES, INC.	13-2752418	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	nsated	<u> </u>
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 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardles 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 the instructions for definition of "key employee."		
• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEW \$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 reportable compensation from the organization and any related organizations.	more than \$100,000 of	
• List all of the organization's former directors or trustees that received, in the capacity as a former director or t more than \$10,000 of reportable compensation from the organization and any related organizations.	rustee of the organizatio	n,
See the instructions for the order in which to list the persons above.		

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

Name and title Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) (1) PAULA GOLDSTEIN 1	Reportable compensation	Reportable	Estimated
hours per week (list any hours for related organizations below line) box, unless person is both an officer and a director/trustee) 1) PAULA GOLDSTEIN 1 (1) PAULA GOLDSTEIN 2.00 CHAIR X (2) ERIK LINDAUER 2.00 VICE CHAIR X (3) DAVID MARCU 2.00 BOARD MEMBER X (4) SANDY MUSKOVITZ DANTO 2.00 CHAIR ELECT X (5) JUDY HALPER 2.00			Loundleu
Week (list any hours for related organizations below line) ion intermediate intermediate organizations below line) ion intermediate intermediate organizations below line) ion intermediate intermediate organizations below line) (1) PAULA GOLDSTEIN 2.00 X X (2) ERIK LINDAUER 2.00 X X (2) ERIK LINDAUER 2.00 X X (3) DAVID MARCU 2.00 X X BOARD MEMBER X X X (4) SANDY MUSKOVITZ DANTO 2.00 X X (5) JUDY HALPER 2.00 X X		compensation	amount of
(1) PAULA GOLDSTEIN2.00CHAIRXX(2) ERIK LINDAUER2.00VICE CHAIRXX(3) DAVID MARCU2.00BOARD MEMBERXX(4) SANDY MUSKOVITZ DANTO2.00CHAIR ELECTXX(5) JUDY HALPER2.00	from	from related	other
(1) PAULA GOLDSTEIN2.00CHAIRXX(2) ERIK LINDAUER2.00VICE CHAIRXX(3) DAVID MARCU2.00BOARD MEMBERXX(4) SANDY MUSKOVITZ DANTO2.00CHAIR ELECTXX(5) JUDY HALPER2.00	the	organizations	compensation
(1) PAULA GOLDSTEIN2.00CHAIRXX(2) ERIK LINDAUER2.00VICE CHAIRXX(3) DAVID MARCU2.00BOARD MEMBERXX(4) SANDY MUSKOVITZ DANTO2.00CHAIR ELECTXX(5) JUDY HALPER2.00	organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
(1) PAULA GOLDSTEIN2.00CHAIRXX(2) ERIK LINDAUER2.00VICE CHAIRXX(3) DAVID MARCU2.00BOARD MEMBERXX(4) SANDY MUSKOVITZ DANTO2.00CHAIR ELECTXX(5) JUDY HALPER2.00	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
(1) PAULA GOLDSTEIN2.00CHAIRXX(2) ERIK LINDAUER2.00VICE CHAIRXX(3) DAVID MARCU2.00BOARD MEMBERXX(4) SANDY MUSKOVITZ DANTO2.00CHAIR ELECTXX(5) JUDY HALPER2.00	1000 NEO		organizations
(1) PAULA GOLDSTEIN2.00CHAIRXX(2) ERIK LINDAUER2.00VICE CHAIRXX(3) DAVID MARCU2.00BOARD MEMBERXX(4) SANDY MUSKOVITZ DANTO2.00CHAIR ELECTXX(5) JUDY HALPER2.00			o ga instanto i o
(2)ERIK LINDAUER2.00VICE CHAIRXX(3)DAVID MARCU2.00BOARD MEMBERXX(4)SANDY MUSKOVITZ DANTO2.00CHAIR ELECTXX(5)JUDY HALPER2.00			
VICE CHAIRXX(3) DAVID MARCU2.00BOARD MEMBERX(4) SANDY MUSKOVITZ DANTO2.00CHAIR ELECTX(5) JUDY HALPER2.00	0.	0.	0.
(3) DAVID MARCU2.00BOARD MEMBERX(4) SANDY MUSKOVITZ DANTO2.00CHAIR ELECTX(5) JUDY HALPER2.00			
BOARD MEMBER X X (4) SANDY MUSKOVITZ DANTO 2.00 X CHAIR ELECT X X (5) JUDY HALPER 2.00 I	Ο.	0.	0.
(4) SANDY MUSKOVITZ DANTO2.00CHAIR ELECTX(5) JUDY HALPER2.00			
CHAIR ELECT X X (5) JUDY HALPER 2.00 1	Ο.	0.	0.
(5) JUDY HALPER 2.00			
	0.	0.	0.
IMMEDIATE PAST CHAIR X			
	0.	0.	0.
(6) JOAN GRAYSON COHEN 2.00			
SECRETARY X	0.	0.	0.
(7) SUSAN FRIEDMAN 2.00			
AT LARGE OFFICER X	0.	0.	0.
(8) AL BENARROCH 2.00			
BOARD MEMBER X	0.	0.	0.
(9) ANDREA STEINBERG 2.00			
BOARD MEMBER X	0.	0.	0.
(10) BALRAJ KALSI 2.00			
BOARD MEMBER X	0.	0.	0.
(11) DR.AMY SALES 2.00			
BOARD MEMBER X	0.	0.	0.
(12) EFREM BILLAUER 2.00			
BOARD MEMBER X	0.	0.	0.
(13) ELAINE E. KATZ 2.00			
BOARD MEMBER X	0.	0.	0.
(14) ELI VEITZER 2.00			
BOARD MEMBER X	0.	0.	0.
(15) JAY MILLER 2.00			
TREASURER X	0.	0.	0.
(16) JORDAN GOLIN 2.00			•
BOARD MEMBER X	0.	0.	0.
(17) KEVIN RHEIN 2.00			•
BOARD MEMBER X	0.	0.	0.

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Form **990** (2023)

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Form 990 (2023) AGENCIES	, INC.								13-2752	418 Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)	
(A)	(B)			(0		•		(D)	(E)	(F)
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
Name and the	hours per		not ch , unles					compensation	compensation	amount of
	week		cer and					from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				5		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	nstitutional trustee		yee	mpe		1099-NEC)		and related
	below	dual	ution	-	mplo	sst co	er	· ·		organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			
(18) MARK HETFIELD	2.00				_					
BOARD MEMBER		х						0.	0.	0.
(19) MICHAEL HOPKINS	2.00							•••		
BOARD MEMBER	2:00	х						0.	0.	0.
	2 00	л	$\left \right $			<u> </u>		0.	0.	<u> </u>
(20) ROCHELLE RUBIN	2.00								0	
BOARD MEMBER		Х						0.	0.	0.
(21) ROSELLE UNGAR	2.00									
BOARD MEMBER		Х						0.	0.	0.
(22) YOSSI HEYMANN	2.00									
BOARD MEMBER		х						0.	0.	0.
(23) PERRY OHREN	2.00									
EX-OFFICER		х						0.	0.	0.
(24) JAMES KAHN	2.00	23				+				<u> </u>
EX-OFFICIO	2.00	x						0.	0.	0.
		Δ				<u> </u>		0.	0.	0.
(25) LORI MOSS	2.00								•	
BOARD MEMBER		Х						0.	0.	0.
(26) DEB ROSEN	2.00									
BOARD MEMBER		Х						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part V								919,921.	0.	76,349.
d Total (add lines 1b and 1c)								919,921.	0.	76,349.
2 Total number of individuals (including but							 	· · ·		
compensation from the organization		030	iistet	u ac	000	<i>,</i> , , , , , , , , , , , , , , , , , ,				6
compensation nom the organization										Yes No
3 Did the organization list any former office			•	•	•		Ŭ	· · ·	•	
line 1a? If "Yes," complete Schedule J for	such individual									3 X
4 For any individual listed on line 1a, is the s										
and related organizations greater than \$15	50,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		4 X
5 Did any person listed on line 1a receive or										
rendered to the organization? If "Yes." co	mplete Schedule	ə.Jfa	or su	ch r	oers	on .		-		5 X
Section B. Independent Contractors										· · · · · · · · · · · · · · · · · · ·
1 Complete this table for your five highest c	ompensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100.000 of compense	tion from
the organization. Report compensation for										
(A)	the salendar ye		- TGITT	<u>g</u>				(B)		(C)
(~) Name and busines	s address	мc	ONE	•				Description of s	ervices	Compensation
		11(200011011010		
9 Total number of independent contractors	(including but -	ot live	nitod	l to i	that		+ ~ ~	abova) who received	vice then	
2 Total number of independent contractors			med	10	u 109 7	אפ ווצ א	red	abovej who received mo		
\$100,000 of compensation from the organ					ں 	, ~	T T T T			- 000
SEE PART VII, SECTIO	N A CONT	τN	UA'	Τ.Τ	ON	S.	нE	ET2		Form 990 (2023)

SEE PART VII, SECTION A CONTINUATION SHEETS 332008 12-21-23

NETWORK	OF	JEWISH	HUMAN	SERVICE
AGENCIES	3, 1	INC.		

Form 990 AGENCIE									13-275	2418
Part VII Section A. Officers, Directors, 1		nplo	yee			lighe	est (, ,	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable compensation	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation		amount of
	per week					a		from the	from related organizations	other compensation
	(list any	tor				plo ye		organization	(W-2/1099-MISC)	from the
	hours for	direct				d em		(W-2/1099-MISC)	(1127 1000 11100)	organization
	related	ee or	Individual trustee or director Institutional trustee Officer Key employee Highest compensated employee		()		and related			
	organizations	l trust					organizations			
	below	vidua	itutio	Officer	em pl	hest c	Former			
	line)	Indi	Inst	Offi	Key	Higl	Forr			
(27) JUNE GUTTERMAN	2.00									
EX-OFFICIO		Х						0.	0.	0.
(28) REUBEN ROTMAN	40.00									
PRESIDENT & CEO				Х				266,110.	0.	53,196.
(29) LISA-LORAINE SMITH	40.00									
CHIEF PROGRAM OFFICER						X		145,265.	0.	8,075.
(30) BASHA SILVERMAN	40.00									
VP OF STRATEGY & PARTNERSH						X		135,677.	0.	3,808.
(31) PATRICIA STERN ZELKOWICZ	40.00									
SENIOR VP-CLINICAL PRACTIC	10.00					X		125,511.	0.	976.
(32) SARAH WELCH	40.00							140.050	0	10 000
VP WORKFORCE	40.00					X		142,358.	0.	10,229.
(33) LINDA BLUMBERG	40.00					37		105 000	0	C F
VP OF DEVELOPMENT						X		105,000.	0.	65.
		1								
	<u> </u>		1			I				
Total to Part VII, Section A, line 1c								919,921.		76,349.

332201 04-01-23

			AGENCIES, INC	•			13-2752	418 Page 9
Pa	rt V	/111	Statement of Revenue					
-			Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
			•		(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
				174,421.				
nts	1			1/4,421.	-			
Gra			Membership dues 1b		-			
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c					
Gift Iar		d	Related organizations 1d					
ini,		е	Government grants (contributions)					
r is		f	All other contributions, gifts, grants, and					
the the			similar amounts not included above If 6 ,	144,685.				
d II		g	Noncash contributions included in lines 1a-1f					
aŭ		h	Total. Add lines 1a-1f		6,319,106.			
				Business Code				
ð	2	а	MEMBERSHIP DUES	624100	828,088.	828,088.		
vic	-	b	CONFERENCE FEES	624100	310,931.	310,931.		
Ser				021200	010,0010	010,0010		
m S ven		с С						
Program Service Revenue		d						
ŗ		e						
<u>r</u>		f	All other program service revenue		1 1 2 0 0 1 0			
		g			1,139,019.			
	3		Investment income (including dividends, intere	st, and				
			other similar amounts)		44,547.			44,547.
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
	-		assets other than inventory 7a					
		h	Less: cost or other basis					
e		D.	and sales expenses 7b 351.					
evenue		-			-			
eve					-351.			-351.
r R	-		Net gain or (loss)		-331.			-331.
Other	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
			Less: direct expenses					
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
			and allowances10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory	•				
		U		Business Code				
sn		~	REGISTRATIONS AND PART	541900	12,350.	12,350.		
leoi	11			900099	12,350.	<u> </u>		12,192.
llan 'en			OTHER THCOME	500033	,			,
Miscellaneous Revenue		С						
Mis			All other revenue					
			Total. Add lines 11a-11d		24,542.	4 4 5 4 9 6 6 9		F.C. 0.00
	12		Total revenue. See instructions		7,526,863.	μ,151,369.	0.	56,388.
33200	9 12-	-21-	23					Form 990 (2023)

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NETWORK OF JEWISH HUMAN SERVICE AGENCIES, INC.

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in t (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,005,919.	2,005,919.		
2	Grants and other assistance to domestic				
~	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	319,305.	213,935.	41,509.	63,861.
~	trustees, and key employees	519,505.	215,955.	41,309.	05,001.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	1,171,203.	1,012,843.	88,494.	69,866.
7	Other salaries and wages	<u>т,т/т,403</u> .	,VI2,04J.	00,494.	00,000.
8	Pension plan accruals and contributions (include	38,034.	35,609.	2,114.	311.
~	section 401(k) and 403(b) employer contributions)	41,451.	38,706.	2,114.	412.
9	Other employee benefits	108,607.	90,005.	9,301.	9,301.
10	Payroll taxes	100,007.	90,005.	9,301.	9,301.
11	Fees for services (nonemployees):				
	Management				
b	F	114,680.	61,733.	4,635.	48,312.
	Accounting	50,000.	26,915.	2,021.	21,064.
	Lobbying Professional fundraising services. See Part IV, line 17	50,000.	20,913.	2,021.	21,004.
f	Investment management fees	2,407.		2,407.	
ı g		2,107.		2,107.	
9	column (A), amount, list line 11g expenses on Sch 0.)	143,631.	77,317.	5,805.	60,509.
12	Advertising and promotion	14,894.	12,660.	1,117.	1,117.
13	Office expenses	1,943.		,	1,943.
14	Information technology				
15	Royalties				
16	Occupancy	14,292.	12,148.	1,072.	1,072.
17	Travel	5,646.	2,823.		2,823.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	465,862.	456,382.		9,480.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,319.	4,521.	399.	399.
23	Insurance	10,831.	6,487.	279.	4,065.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DUE AND SUBSCRIPTIONS	38,638.	32,842.	2,898.	2,898.
b	BANK FEES	18,842.	16,016.	1,413.	1,413.
c	TELEPHONE	4,059.	3,451.	304.	304.
d	MISCELLANEOUS	1,993.	-	949.	1,044.
е	All other expenses	3,369.	1,453.	128.	1,788.
25	Total functional expenses. Add lines 1 through 24e	4,580,925.	4,111,765.	167,178.	301,982.
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)				- 000 (

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Form 990 (2023)

Part IX Statement of Functional Expenses

15411112 795584 28968.0

2023.05000 NETWORK OF JEWISH HUMAN S 28968.01

Form 990 (2023)

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orm	990	(2023)

NETWORK OF JEWISH HUMAN SERVICE AGENCIES, INC.

	990 (2				<u>13-</u> 2	2752418 Page 11
Par	rt 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
	1	Cash - non-interest-bearing		3,334,632.	1	3,312,929.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		579,461.	3	3,226,582.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former of				
		trustee, key employee, creator or founder, substantial co	ontributor, or 35%			
		controlled entity or family member of any of these persor	ns		5	
	6	Loans and other receivables from other disqualified pers	ons (as defined			
		under section 4958(f)(1)), and persons described in section			6	
ts	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		8	100.001	
A	9		······	95,591.	9	187,921.
	10a	Land, buildings, and equipment: cost or other	0.7.6 0.7.5			
		basis. Complete Part VI of Schedule D 10a	276,275.	47 460		140 507
		Less: accumulated depreciation 10b	126,748.	47,469.		149,527.
	11	Investments - publicly traded securities		222 000	11	205 604
	12	Investments - other securities. See Part IV, line 11	233,889.	12	285,604.	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		4,291,042.	15 16	7,162,563.
	16 17	Total assets. Add lines 1 through 15 (must equal line 33		163,767.		263,851.
	18	Accounts payable and accrued expenses	105,707.	18	205,051.	
	19	Grants payable Deferred revenue		435,172.	19	281,943.
	20	Tax-exempt bond liabilities		100/1/20	20	20179130
	21	Escrow or custodial account liability. Complete Part IV or			21	
	22	Loans and other payables to any current or former office				
ties		trustee, key employee, creator or founder, substantial co				
Liabilities		controlled entity or family member of any of these persor			22	
Lia	23	Secured mortgages and notes payable to unrelated third	E E E E E E E E E E E E E E E E E E E		23	
	24	Unsecured notes and loans payable to unrelated third pa	· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24).				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		598,939.	26	545,794.
		Organizations that follow FASB ASC 958, check here	X			
ces		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		2,258,575.	27	1,820,361.
Ba	28	Net assets with donor restrictions	L	1,433,528.	28	4,796,408.
pun		Organizations that do not follow FASB ASC 958, chec	k here			
гF		and complete lines 29 through 33.				
s o	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or equipment	Г		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or		2 602 402	31	
Ne	32	Total net assets or fund balances		3,692,103.	32	6,616,769.
	33	Total liabilities and net assets/fund balances		4,291,042.	33	7,162,563. Form 990 (2023)

Form **990** (2023)

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NETWORK OI	F JEWISH	HUMAN	SERVICE
AGENCIES.	INC.		

	AGENCIES, INC.	13-	-27524:	18	Pag	_{ge} 12
Pa	rt 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				63.
2	Total expenses (must equal Part IX, column (A), line 25)	2				25.
3	Revenue less expenses. Subtract line 2 from line 1	3				38.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				03.
5	Net unrealized gains (losses) on investments	5		-21	, 2'	72.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	6,	616	,76	69.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	<u></u>	X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2023)

332012 12-21-23

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service			Co		OMB No. 1545-0047					
Interr	al Rever	nue Service			ttach to Form 990 or Fo Form990 for instruction			ormation.		Inspection
Nan	ne of t	the organization		ORK OF JEW	ISH HUMAN SEF	RVICE				identification number $3-2752418$
Pa	rt I	Reason	or Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The	organ				For lines 1 through 12, cl					
1		A church, cor	vention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school des	shool described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	\square				anization described in se		(b)(1)(A)(ii	ii).		
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospita									the hospital's name,
		city, and state):							
5		An organizati	on operated fo	or the benefit of a col	lege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
				Complete Part II.)						
6		A federal, sta	e, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in
		section 170(I)(1)(A)(vi). (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	: II.)				
9		An agricultura	I research org	ganization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college
		or university o	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:								
10		An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	iip fees, and	d gross receipts from
		activities relat	ed to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	om gross investment
					(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	fter June 30, 1975.
				mplete Part III.)						
11		-	-	-	vely to test for public saf	•				
12		-	-	-	vely for the benefit of, to	-			•	
				-	d in section 509(a)(1) o					Check the box on
_	_	7	•	• •	f supporting organization				-	
а				-	upervised, or controlled l	•	-			
			-	complete Part IV, Se	gularly appoint or elect a	majonty o	in the direc			ipporting
b		¬ ~			or controlled in connect	ion with ite	s sunnorte	organizatio	n(s) by hay	ina
-				•	anization vested in the sa			0		•
			-	t complete Part IV,		•			5 11	
с] Type III fun	ctionally inte	grated. A supportin	g organization operated i	in connect	ion with, a	and functional	lly integrate	d with,
		its supporte	d organizatio	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.		
Ċ		Type III no	n-functionally	/ integrated. A supp	orting organization operation	ated in cor	nnection w	ith its suppo	rted organiz	ation(s)
		that is not f	unctionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	quirement and	an attentiv	veness
		requiremen	t (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
e			•		written determination from			Туре I, Туре	II, Type III	
					nally integrated supportir	ng organiz	ation.			
t		er the number of the following the second seco	•••	•	d arganization(a)					
		i) Name of suppo		n about the supporte (ii) EIN	(iii) Type of organization		inization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	in your governi Yes	ng document?	support (see in	nstructions)	support (see instructions)
Tota	al									

NETWORK OF JEWISH HUMAN SERVICE AGENCIES, INC.

13-2752418 Page 2

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

fails to qualify under the tests listed below, please complete Part III.)
--	---

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	252,951.	403,680.	4972237.	2742872.	6319106.	14690846.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	252,951.	403,680.	4972237.	2742872.	6319106.	14690846.
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)						1 4 5 9 9 9 4 5
	Public support. Subtract line 5 from line 4.						14690846.
	ction B. Total Support		<i></i>				(n
	ndar year (or fiscal year beginning in)	(a) 2019 252,951.	(b) 2020 403,680.	(c) 2021 4972237.	(d) 2022 2742872.	(e) 2023	(f) Total 14690846.
	Amounts from line 4	252,951.	403,000.	49/225/.	2/420/2.	0319100.	14090040.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2,735.	3,205.	28,374.	3,993.	44,547.	82,854.
•	and income from similar sources	2,755.	5,205.	20,374.	5,995.	44,547.	02,054.
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	4,873.	7,063.	2,043.	3,501.	12,192.	29,672.
11	Total support. Add lines 7 through 10		.,	_,			14803372.
12	Gross receipts from related activities,	etc. (see instructio	ons)				,832,622.
	First 5 years. If the Form 990 is for th		,				
	organization, check this box and stop	-		•			
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I			olumn (f))		14	99.24 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	99.28 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						
40	organization meets the facts-and-circu				• •		
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 160, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2023

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Schedule A			AGENCIES,		
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ						
ization'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 disgualified 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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 on 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 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgai	nization,
check this box and stop here						
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2023	(line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 202	2 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	.023 (line 10c, colur	mn (f), divided by	line 13, column (f)))	17	%
18 Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2023. If the	e organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and	line 17 is not
more than 33 1/3%, check this box a	and stop here. The	organization qua	lifies as a publicly	supported organiz	ation	
b 33 1/3% support tests - 2022. If the	e organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	'3%, and
line 18 is not more than 33 1/3%, ch	eck this box and st	t op here. The org	anization qualifies	as a publicly supp	orted organiza	ation
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	
332023 12-21-23					Schee	dule A (Form 990) 2023
		17	7			

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NETWORK OF JEWISH HUMAN SERVICE AGENCIES, INC.

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1

2

3a

Yes No

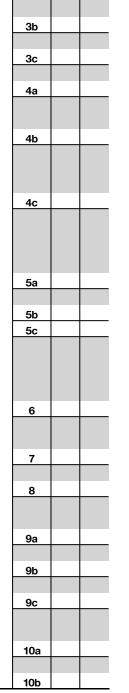
Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

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Schedule A (Form 990) 2023

18

Sche	edule A (Form 990) 2023 AGENCIES, INC.	13-275241	8 Pa	age 5
Pa	rt IV Supporting Organizations (continued)		-	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	<u>11a</u>		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u></u>	<u>detail in</u> Part VI. ction B. Type I Supporting Organizations	11c		
Sec	cion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of 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 sup			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amo			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization.	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 in	structions).		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b				
С		ntity (see instruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			

- 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 on line 2e obvious explain the settivities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If* "Yes" or "No" 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.* 332025 12-21-23

19

3b | | Schedule A (Form 990) 2023

2a

2b

3a

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	NETWORK OF JEWISH HUMAN	SERV	/ICE	
Sche	edule A (Form 990) 2023 AGENCIES, INC.			13-2752418 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (<i>explain ir</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2023

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Sche	dule A (Form 990) 2023 AGENCIES , INC			1	3-2752418 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ied)	
Sect	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	1	10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

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<u></u>	(5 000) 0000	NETWORK OF AGENCIES,		HUMAN	SERVICE		13-2752418 Page 8
Part VI	(Form 990) 2023 Supplemental Inforr Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 8 (See instructions.)	nation. Provide the 2, 3b, 3c, 4b, 4c, 5a, ines 2 and 3; Part IV,	e explanations re 6, 9a, 9b, 9c, 1 Section E, lines	1a, 11b, and 1c, 2a, 2b, 3	3a, and 3b; Part 1	V, line 1; Part V,	I7b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V,
332028 12-21-2	3						Schedule A (Form 990) 2023

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"N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule B

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

Name of the organization Employer identification number NETWORK OF JEWISH HUMAN SERVICE AGENCIES, INC. 13-2752418 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-FZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

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

Schedule B (Form 990) (2023)

OMB No. 1545-0047

2023

Name of or			Employer identification number
	RK OF JEWISH HUMAN SERVICE LES, INC.		13-2752418
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
<u> 1</u>		\$28,8	Person Payroll Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		\$5,7	60. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
3		\$7,5	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4		\$18,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
	· · · ·	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023)

Schedule	B (Form 990) (2023)		Page
	rganization RK OF JEWISH HUMAN SERVICE		Employer identification number
	IES, INC.		13-2752418
Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed	Ι.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
	67 SHARES OF SPY		
1			
		\$28,8	12. 11/16/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	Data recoived
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	l late received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	l lato rocolvod
		 \$	
323453 12-26	a.23	Ψ	Schedule B (Form 990) (2023)

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Schedule	B (Form 990) (2023)			Page 4				
Name of o	rganization			Employer identification number				
NETWO	RK OF JEWISH HUMAN SERVI	ICE						
	IES, INC.			13-2752418				
Part III				10) that total more than \$1,000 for the year				
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of) through (e) and the following line enti- charitable, etc., contributions of \$1,000 or	ry. For organizations less for the year (Enter this	info once) \$				
	Use duplicate copies of Part III if additional	space is needed.						
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) L	Description of how gift is held				
		(e) Transfer of gif	t					
	Transferee's name, address, a	nd ZIP + 4	Relationship o	f transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) (Description of how gift is held				
Part I	(2) 1 2 900 01 911	(0,000 0. g						
	(e) Transfer of gift							
	- / · · · ·		D I I I I I I I I I I I I I I I I I I I					
·	Transferee's name, address, a		Relationship o	f transferor to transferee				
(a) No.		I						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) [Description of how gift is held				
		(e) Transfer of git	t					
	Transferee's name, address, a	nd ZIP + 4	Relationship o	f transferor to transferee				
(a) N=								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) I	Description of how gift is held				
Part I								
		<u> </u>						
		(e) Transfer of gif	τ					
	Trensformals same addr	nd 7 ID . 4	Deletienski	f transformer to transformer				
	Transferee's name, address, a	nu ∠IP + 4	Relationship o	f transferor to transferee				
000454 40 00				Schodula B (Farm 000) (0000)				
323454 12-26	5-20			Schedule B (Form 990) (2023)				

SC	HEDULE D		al Financial Statements	i	OMB No. 1545-0047
(Forr	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12t		2023
Depart	ment of the Treasury	A	ttach to Form 990.		Open to Public
	I Revenue Service		0 for instructions and the latest informat		Inspection
Nam	e of the organizatio	AGENCIES, INC.	IOMAN SERVICE		identification number 3-2752418
Pa	t I Organiza		d Funds or Other Similar Funds o		
		answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at end	d of year			
2		contributions to (during year)			
3		grants from (during year)			
4	Aggregate value at	end of year			
5			writing that the assets held in donor advise	d funds	
	are the organization	n's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization	n inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	ised only	
	for charitable purpo	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose c	onferring	
Dec	impermissible priva	te benefit?			Yes No
Pa			ganization answered "Yes" on Form 990, P	art IV, line 7.	
1		ervation easements held by the organization	11 57		
		of land for public use (for example, recrea		a historically impor	
		natural habitat	Preservation of a	a certified historic	structure
•		of open space	ind an an attack a subtile time in the former	f	
2	day of the tax year.	0 0 1	ied conservation contribution in the form o		asement on the last
2					
a b					
c	•	ation easements on a certified historic stru	icture included on line 2a		
d		ation easements included on line 2c acqu			
		•		2d	
3			eased, extinguished, or terminated by the		the tax
	year				
4	Number of states w	/here property subject to conservation eas	ement is located		
5	Does the organizati	on have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enfo	prcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements	s during the year
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservati	on easements duri	ng the year
8		-	satisfy the requirements of section 170(h)(
•					Yes No
9		•	on easements in its revenue and expense s		the
			ote to the organization's financial statement	nts that describes	une
Pa		ounting for conservation easements. tions Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Ass	sets.
		the organization answered "Yes" on Form			
1a			8, not to report in its revenue statement an	d balance sheet w	orks
	•		lic exhibition, education, or research in fur		
			icial statements that describes these items	-	
b	· •		8, to report in its revenue statement and ba		s of
	-		exhibition, education, or research in furthe		
	provide the followin	ng amounts relating to these items.			
				\$	
2	If the organization r	received or held works of art, historical trea	asures, or other similar assets for financial	gain, provide	
	the following amou	nts required to be reported under FASB A	SC 958 relating to these items:		
а	Revenue included of	on Form 990, Part VIII, line 1		\$	
	Assets included in I			\$	
LHA	For Paperwork Re	duction Act Notice, see the Instructions	for Form 990.	Sche	dule D (Form 990) 2023
33205	09-28-23		27		
			27		

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		OF JEWISH	HUMAN	SER	/ICE						-
	dule D (Form 990) 2023 AGENCIE							13-27	52418	Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histori	cal Tre	asures, or	Other :	Simila	Assets	(continu	ued)	
3	Using the organization's acquisition, accessic collection items (check all that apply).	on, and other record	ls, check an	y of the f	ollowing that	make sigi	nificant ι	ise of its			
а	Public exhibition		1 🗌 Loa	an or excl	hange progra	m					
b	Scholarly research	e			0 1 0						
с	Preservation for future generations										
4	Provide a description of the organization's co	plections and explai	n how they	further th	e organizatio	n's exem	ot purpo	se in Part	XIII.		
5	During the year, did the organization solicit o										
-	to be sold to raise funds rather than to be ma				-				Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa							,			
1a	Is the organization an agent, trustee, custodi		diary for cor	ntribution	s or other ass	ets not in	ncluded				
14	on Form 990, Part X?		-						Yes		No
h	If "Yes," explain the arrangement in Part XIII									L	
, N			nowing tabl	0.					Amount		
~	Reginning balance						1c		,		
	Beginning balance										
	Additions during the year						1d				
-	Distributions during the year						1e				
t	Ending balance						1f		7		1
	Did the organization include an amount on F						/?	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if								(-) [haali
		(a) Current year	(b) Prior	r year	(c) Two years	s back (d	a) Three y	ears back	(e) Four	years	раск
1 a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1q, c	olumn (a)) held as:						
а	Board designated or quasi-endowment	•	%	()							
b	Permanent endowment	%									
č		/°									
Ŭ	The percentages on lines 2a, 2b, and 2c sho										
30	Are there endowment funds not in the posse		ation that ar	o hold an	d administer	d for the					
Ja	organization by:		allon that a	e neiu an					Г	Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
D	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Dar	t VI Land, Buildings, and Equipm		wment tunc	IS.							
Fai				00 1 1 0 E	000 Eorm 000	Dort V lin	no 10				
	Complete if the organization answere								<u> </u>		
	Description of property	(a) Cost or c		(b) Cost		• •	cumulate	ed	(d) Book	value	Э
		basis (investr	nent)	basis ((otner)	depr	eciation				
	Land										
	Buildings										
с	Leasehold improvements										
d	Equipment				9,970.		<u>59,9'</u>				0.
	Other			21	6,305.		66,7'	78.	149		
Tota	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. line 10c.	column	<i>(</i> B))				149	, 52	27.
					. ,,			Schedule	D (Form	990)	2023

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NETWORK (OF	JEWISH	HUMAN	SERVICE
ACENCIES	1	NC		

	D (Form 990) 2023 AGENCIES, I	NC.	13-	-2752418 Page 3
Part VI				
(-) Decer	Complete if the organization answered "Yes"			- f
	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
.,	cial derivatives			
	y held equity interests			
(3) Other				
<u>(A)</u> (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, line 12, col. (B))			
	II Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	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, line 13, col. (B))			
Part IX				
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) Deels velve
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				<u> </u>
<u>(4)</u>				<u> </u>
(5)				
<u>(6)</u> (7)				
<u>(7)</u> (8)				
<u>(0)</u> (9)				
	lumn (b) must equal Form 990, Part X, line 15, co	ol (B))		
Part X	Other Liabilities	(, (D))		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
	ederal income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, line 25, cc			
2. Liabilit	ty for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	the organization's financial statements the	
organi	ization's liability for uncertain tax positions under	FASB ASC 740. Check he	re if the text of the footnote has been prov	vided in Part XIII X

Schedule D (Form 990) 2023

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	NETWORK OF JEWISH HUMAN SER	VICE				
Sche	dule D (Form 990) 2023 AGENCIES , INC .			13-2	2752418	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With I	Revenue per Re	turn		
	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	7,503	,184.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-21,272.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	-21	<u>,272.</u>
3	Subtract line 2e from line 1			3	7,524	<u>,456.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,407.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		<u>,407.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,526	,863.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per F	Returi	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	4,578	<u>,518.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	4,578	<u>,518.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,407.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		<u>,407.</u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,580	,925.
Pa	rt 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.

30

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	NETWORK OF JEWISH HUMAN SERVICE	12 2752/10
Schedule D (Form 990) 2023 Part XIII Supplemental I	AGENCIES, INC.	13-2752418 Page 5
332055 09-28-23		Schedule D (Form 990) 2023
002000 00-20-20		

31 2023.05000 NETWORK OF JEWISH HUMAN S 28968.01

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SCHEDULE I	G	rants and Oth	er Assistan	ce to Organ	izations,		OMB No. 1545-0047		
(Form 990)		vernments, an					2023		
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form .gov/Form990 for		ation.		Open to Public Inspection		
Name of the organization NETWORK O AGENCIES,		IUMAN SERVI	CE				Employer identification number $13 - 2752418$		
Part I General Information on Grants a	nd Assistance								
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro- 	tance?				for the grants or assis		on Yes X No		
Part II Grants and Other Assistance to I recipient that received more than \$	Domestic Organiza	ations and Domestic	Governments. C	complete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
ALPERT JEWISH FAMILY AND CHILDREN'S SERVICE - 5841 CORPORATE WAY, SUITE 200 - WEST PALM BEACH, FL 33407	59-1520581		14,875.	0.			UNIPER GRANT - NATIONAL NETWORK PROGRAM		
CJE SENIOR LIFE 3003 W TOUHY AVENUE CHICAGO, IL 60645	36-2727597		14,875.	0.			UNIPER GRANT - NATIONAL NETWORK PROGRAM		
COMPREHENSIVE HOUSING ASSISTANCE, INC - 5809 PARK HEIGHTS AVENUE - BALTIMORE, MD 21215	23-7097000		55,000.	0.			HUMAN SERVICES ROLE IN THE HOUSING CRISIS- WEINBERG FOUNDATION PROGRAM GRANT 24-26		
ELAYNE & JAMES SCHOKE JEWISH FAMILY SERVICE OF FAIRFIELD - 196 GREYROCK PLACE - STAMFORD, CT 06901	06-1130830		14,875.	0.			UNIPER GRANT - NATIONAL NETWORK PROGRAM		
GESHER HUMAN SERVICES 29699 SOUTHFIELD ROAD SOUTHFIELD, MI 48076	38-1358013		25,000.	0.			PROJECT EM		
GULF COAST JEWISH FAMILY & COMMUNITY SERVICES - 14041 ICOT BLVD - CLEARWATER, FL 33760 2 Enter total number of section 501(c)(3) ar	59-1229354	anizations listed in the	14,875.	0.			UNIPER GRANT - NATIONAL NETWORK PROGRAM		

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

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

Schedule I (Form 990) AGENCIES ,	INC.						.3-2752418 Page
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GULF COAST JEWISH FAMILY &							
COMMUNITY SERVICES - 14041 ICOT							
BLVD - CLEARWATER, FL 33760	59-1229354		25,000.	0.			PROJECT EM
JEVS HUMAN SERVICES							
1845 WALNUT STREET							
PHILADELPHIA, PA 19103	23-1352118		35,000.	0.			PROJECT EM
JEWISH CHILD & FAMILY SERVICES							
CHICAGO - 216 WEST JACKSON BLVD,							
STE 800 - CHICAGO, IL 60606	36-2167757		50,000.	0.			PROJECT EM
JEWISH COMMUNITY SERVICES OF							
BALTIMORE - 5750 PARK HEIGHTS	52-0607909		F0.000	0			
AVENUE - BALTIMORE, MD 21215	52-0607909		50,000.	0.			PROJECT EM
JEWISH COMMUNITY SERVICES OF SOUTH							
FLORIDA - 12000 BISCAYNE BLVD, STE							UNIPER GRANT - NATIONAL
303 - MIAMI, FL 33181	59-0637867		14,875.	0.			NETWORK PROGRAM
JEWISH FAMILY & CAREER SERVICES OF							
LOUISVILLE, KY - 2821 KLEMPNER WAY				_			
- LOUISVILLE, KY 40205	61-0444704		10,500.	0.			SNAP
JEWISH FAMILY & CAREER SERVICES OF							
LOUISVILLE, KY - 2821 KLEMPNER WAY							LEADING EDGE GRANT -
- LOUISVILLE, KY 40205	61-0444704		6,000.	0.			WEINBERG FUNDING
10013VIIIIE, KI 40203	01 0444704		0,000.	0.			WEINDERG FUNDING
JEWISH FAMILY & CAREER SERVICES OF							
LOUISVILLE, KY - 2821 KLEMPNER WAY							
- LOUISVILLE, KY 40205	61-0444704		25,000.	0.			PROJECT EM
JEWISH FAMILY & CHILDREN'S							
SERVICES OF GREATER PHILADELPHIA -							
2100 ARCH STREET, 5TH FLOOR -							UNIPER GRANT - NATIONAL
PHILADELPHIA, PA 19103	22-2817215		14,875.	Ο.			NETWORK PROGRAM

Schedule I (Form 990) AGENCIES, INC.

13-2752418 Page 1

Schedule I (Form 990) AGENCIES , Part II Continuation of Grants and Other J		nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa		13-2752418 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY AND CAREER SERVICES							
- ATLANTA - 4549 CHAMBLEE DUNWOODY							UNIPER GRANT - NATIONAL
ROAD - ATLANTA, GA 30388	58-1479212		15,170.	0.			NETWORK PROGRAM
JEWISH FAMILY AND CAREER SERVICES							
- ATLANTA - 4549 CHAMBLEE							
DUNWOODY ROAD - ATLANTA, GA 30388	58-1479212		25,000.	0.			PROJECT EM
JEWISH FAMILY AND CHILDREN'S							
SERVICE OF MINNEAPOLIS - 5905							
GOLDEN VALLEY ROAD - GOLDEN							
VALLEY, MN 55422	41-0693860		21,000.	0.			SNAP
JEWISH FAMILY AND CHILDREN'S			,				
SERVICE OF MINNEAPOLIS - 5905							
GOLDEN VALLEY ROAD - GOLDEN							
VALLEY, MN 55422	41-0693860		25,000.	0.			PROJECT EM
JEWISH FAMILY AND COMMUNITY							
SERVICES PITTSBURGH - 5743							
BARTLETT STREET - PITTSBURGH, PA							
,	25-0965407		21,000.	0.			SNAP
JEWISH FAMILY AND COMMUNITY							
SERVICES PITTSBURGH - 5743							
BARTLETT STREET - PITTSBURGH, PA							
, 15217	25-0965407		50,000.	0.			PROJECT EM
JEWISH FAMILY SERVICE OF COLORADO							
3201 S. TAMARAC DRIVE	04 0400701		F0.000	0			
DENVER, CO 80231	84-0402701		50,000.	0.			PROJECT EM
JEWISH FAMILY SERVICE OF COLUMBUS							
6505 WILSHIRE BLVD, STE 700							LEADING EDGE GRANT -
COLUMBUS, OH 43209	31-4379497		6,000.	0.			WEINBERG FUNDING
JEWISH FAMILY SERVICE OF COLUMBUS							
6505 WILSHIRE BLVD, STE 700							
COLUMBUS, OH 43209	31-4379497		80,000.	0.			PROJECT EM

Schedule I (Form 990) AGENCIES ,	INC.		-			1	.3-2752418 Page
Part II Continuation of Grants and Other	Assistance to Dom	estic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY SERVICE OF COLUMBUS 6505 WILSHIRE BLVD, STE 700 COLUMBUS, OH 43209	31-4379497		14,875.	0.			UNIPER GRANT - NATIONAL NETWORK PROGRAM
JEWISH FAMILY SERVICE OF GREATER DALLAS – 5402 ARAPAHO ROAD – DALLAS, TX 75248	75-1992728		25,000.	0.			PROJECT EM
JEWISH FAMILY SERVICE OF GREATER DALLAS - 5402 ARAPAHO ROAD - DALLAS, TX 75248	75-1992728		14,875.	0.			UNIPER GRANT - NATIONAL NETWORK PROGRAM
JEWISH FAMILY SERVICE OF WESTERN MASS 15 LENOX ST - SPRINGFIELD, MA 01108	04-2104352		10,500.	0.			SNAP
JEWISH FAMILY SERVICES OF GREATER HARTFORD - 333 BLOOMFIELD AVENUE, SUITE A - WEST HARTFORD, CT 06117	06-0653062		15,387.	0.			UNIPER GRANT - NATIONAL NETWORK PROGRAM
JEWISH FAMILY SERVICES OF GREENWICH - ONE HOLLY HILL LANE - GREENWICH, CT 06830	06-1073590		7,800.	0.			LEADING EDGE GRANT - WEINBERG FUNDING
JEWISH FAMILY SERVICES OF GREENWICH - ONE HOLLY HILL LANE - GREENWICH, CT 06830	06-1073590		10,500.	0.			SNAP
JEWISH FAMILY SERVICES OF WASHTENAW COUNTY - 2245 S. STATE STREET, SUITE 200 - ANN ARBOR, MI 48104	41-2147486		14,875.	0.			UNIPER GRANT - NATIONAL NETWORK PROGRAM
JEWISH FAMILY SERVICES OF WASHTENAW COUNTY - 2245 S. STATE STREET, SUITE 200 - ANN ARBOR, MI 48104	41-2147486		10,000.	0.			FOOD INSECURITY

NETWORK OF JEWISH HUMAN SERVICE	NETWORK	OF	JEWISH	HUMAN	SERVICE
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Schedule I (Form 990) AGENCIES , INC.

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY SERVICES OF							
WASHTENAW COUNTY - 2245 S. STATE							
STREET, SUITE 200 - ANN ARBOR, MI							
48104	41-2147486		10,500.	0.			SNAP
JEWISH FEDERATION OF PALM BEACH							
COUNTY - 1 HARVARD CIRCLE, SUITE							
, 100 - WEST PALM BEACH, FL 33409	59-0948696		25,000.	0.			PROJECT EM
JEWISH SOCIAL SERVICE AGENCY							
200 WOOD HILL ROAD							UNIPER GRANT - NATIONAL
ROCKVILLE, MD 20850	53-0196598		14,875.	0.			NETWORK PROGRAM
TENT ON VOCAMION CEDUICE DOCMON							
JEWISH VOCATION SERVICE, BOSTON							
75 FEDERAL STREE, 3RD FLOOR	04 0104357		25.000	0			
BOSTON, MA 02110	04-2104357		25,000.	0.			PROJECT EM
JEWISH VOCATIONAL SERVICE OF							
METROWEST NEW JERSEY - 354							
EISENHOWER PARKWAY, STE 2150 -	00 1407000		01.000				
LIVINGSTON, NJ 07039	22-1487229		21,000.	0.			SNAP
JEWISH VOCATIONAL SERVICE OF							
METROWEST NEW JERSEY - 354							
EISENHOWER PARKWAY, STE 2150 -							
LIVINGSTON, NJ 07039	22-1487229		50,000.	0.			PROJECT EM
JFS OF ATLANTIC AND CAPE MAY							
COUNTIES - 607 NORTH JEROME AVENUE							
- MARGATE, NJ 08402	21-0632971		10,500.	0.			SNAP
	21 0032371		10,500.	•.			
JFS OF ATLANTIC AND CAPE MAY							
COUNTIES - 607 NORTH JEROME AVENUE							
- MARGATE, NJ 08402	21-0632971		10,500.	0.			SNAP
JOAN AND STANFORD ALEXANDER JEWISH	21 0002071		10,000.	0.			
FAMILY SERVICE, HOUSTON - 4131							
SOUTH BRAESWOOD BLVD HOUSTON,							
TX 77025	76-0204170		21,000.	0.			SNAP
14 11023	10-0204110		21,000.	υ.		1	PINYI.

Schedule I (Form 990) AGENCIES, INC.

13-2752418 Page 1

Part II Continuation of Grants and Other A						,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JVS CAREER SERVICES CINCINNATI							
4540 COOPER ROAD, SUITE 300							
CINCINNATI, OH 45242	38-1358013		50,000.	0.			PROJECT EM
JVS HUMAN SERVICES							
29699 SOUTHFIELD ROAD							
SOUTHFIELD, MI 48076	38-1358013		25,000.	0.			PROJECT EM
JVS SOCAL							
6505 WILSHIRE BLVD, STE 200							
LOS ANGELES, CA 90048	95-1691012		50,000.	0.			PROJECT EM
,							
KINGS BAY YM-YWHA							
3495 NOSTRAND AVENUE							
BROOKLYN, NY 11229	11-3068515		12,500.	0.			PROJECT EM
LOLA AND SAUL KRAMER SENIOR							
SERVICES AGENCY, INC 4847							
DAVID S. MACK DRIVE - WEST PALM							UNIPER GRANT - NATIONAL
BEACH, FL 33417	90-0730105		15,403.	٥.			NETWORK PROGRAM
RUTH & NORMAN RALES JEWISH FAMILY							
SERVICES - 21300 RUTH BARON							
COLEMAN BOULEVARD - BOCA RATON, FL							UNIPER GRANT - NATIONAL
33428	65-1115689		14,875.	0.			NETWORK PROGRAM
RUTH AND NORMAN RALES JEWISH							
FAMILY SERVICES - 21300 RUTH BARON							
COLEMAN BLVD - BOCA RATON, FL							
33428	65-1115689		25,000.	0.			PROJECT EM

Schedule I (Form 990) 2023

AGENCIES, INC.

13-2752418

Page 2

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

(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
	(b) Number of recipients Image: Image of the second seco	(b) Number of recipients (c) Amount of cash grant (b) Number of recipients (c) Amount of cash grant (b) Number of recipients (c) Amount of cash grant (b) Number of recipients (c) Amount of cash grant (b) Number of recipients (c) Amount of cash grant (c) Number of recipients (c) Amount of cash grant (c) Number of recipients (c) Amount of cash grant (c) Number of recipients (c) Amount of cash grant (c) Number of recipients (c) Amount of cash grant (c) Number of recipients (c) Number of cash grant (c) Number of recipients (c) Number of cash grant (c) Number of recipients (c) Number of cash grant (c) Number of recipients (c) Number of cash grant (c) Number of recipients (c) Number of cash grant (c) Number of recipients (c) Number of cash grant (c) Number of recipients (c) Number of cash grant (c) Number of recipients (c) Number of cash grant (c) Number of recipients (c) Number of cash grant (c) Number of recipients (c) Number of cash grant (c) Number of recipients (c) Number of cash grant (c) Number of recipients	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance Image: Image	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Image:

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

SC	HEDULE J	Compensation Information		OMB No.	1545-00	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2023)		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ZU	Z J)		
Dena	tment of the Treasury	Attach to Form 990, Part IV, line 23.		Open to Inspe				
	Go to www.irs.gov/Form990 for instructions and the latest information.							
Nam	ame of the organization NETWORK OF JEWISH HUMAN SERVICE Employer identif							
		AGENCIES, INC.	13-27	5241	8			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form 9	90,					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	harter travel Housing allowance or residence for persona	al use					
	Travel for com		dence					
		ation and gross-up payments Health or social club dues or initiation fees						
	Discretionary	spending account Personal services (such as maid, chauffeur,	, chef)					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or						
		provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
-								
3		ny, of the following the organization used to establish the compensation of the organization's						
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	1 to					
	·	ation of the CEO/Executive Director, but explain in Part III.						
	Compensatior							
	·	compensation consultant						
	Form 990 of o	ther organizations	mmittee					
4	During the year did	any parson listed on Form 900. Part VII. Section A line 1a, with respect to the filing						
4	organization or a re	l any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
а	•			4a		x		
b						X		
	•	eive payment from a supplemental nonqualified retirement plan?				X		
U		hes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1					
-	contingent on the r							
а	0			5a		X		
		ation?		5b		X		
		or 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1					
	contingent on the r							
а		-		6a		X		
		ation?		6b		X		
		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
		nes 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
				8		X		
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in						
	Regulations section	1 53.4958-6(c)?	<u></u>	9				
For		ion Act Notice, see the Instructions for Form 990.	Schedule	e J (Forr	n 990) 2023		

LHA 332111 11-06-23

Schedule J (Form 990) 2023

AGENCIES, INC.

13-2752418

Page 2

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred benefits	(E) Total of columns (B)(i)-(D)	in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) REUBEN ROTMAN	(i)	253,191.	12,919.	0.	25,762.	27,434.	319,306.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LISA-LORAINE SMITH	(i)	145,265.	0.	0.	7,823.	252.	153,340.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SARAH WELCH	(i)	142,358.	0.	0.	9,965.	264.	152,587.	0.
VP WORKFORCE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

NETWORK	OF	JEWISH	HUMAN	SERVICE
AGENCIES	5, 1	INC.		

Schedule J (Form 990) 2023

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. NETWORK OF JEWISH HUMAN SERVICE AGENCIES, INC.



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 1A:

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

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

Schedule O (Form 990) 2023

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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
332212 11-14-23 Schedule O (Form 990) 2023 43

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*J 12 ^F

Schedule O (Form 990) 2023	Page 2
Name of the organization NETWORK OF JEWISH HUMAN SERVICE AGENCIES, INC.	Employer identification number 13-2752418
AGENCIES, INC.	12-2122410
MATERIAL FACTS S/HE SHALL LEAVE THE BOARD MEETING WHILE TH	E 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 MEM	BER OF THE BOARD
OF DIRECTORS OF THE NETWORK AND ANNUALLY THEREAFTER, ALL B	OARDMEMBERS MUST
COMPLETE, SIGN AND SUBMIT A COPY OF THE STATEMENT OF ETHIC.	AL 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 AND UPDATED IN 2020.

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. THESchedule O (Form 990) 2023 332212 11-14-23 44

Schedule O (Form 990) 202	Page 2		
Name of the organization	NETWORK OF JEWISH HUMA AGENCIES, INC.	N SERVICE	Employer identification number 13-2752418
			10 1,01110

DOCUMENTS ARE HOUSED AT THE ORGANIZATION'S HEADQUARTERS.

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.

Schedule O (Form 990) 2023

332212 11-14-23

Form 8868

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<u>must use</u>	Form 7004 to request an extension of time to file income	e tax retur	าร.					
<u> Part I - Io</u>	dentification							
Type or Print	Name of exempt organization, employer, or other filer, NETWORK OF JEWISH HUMAN SER AGENCIES, INC.	Taxpayer	Taxpayer identification number (TIN) $13 - 2752418$					
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see 50 EISENHOWER DRIVE, 100		13-275241	0				
return. See instructions.	nstructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. PARAMUS , NJ 07652							
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)	<u></u>		01		
Application Is For Return Application Is For						Return		
		Code				Code		
Form 990) or Form 990-EZ	01	Form 4720 (other than individual)			09		
Form 472	20 (individual)	03	Form 5227			10		
Form 990)-PF	04	Form 6069			11		
Form 990)-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12		
Form 990)-T (trust other than above)	06	Form 5330 (individual)			13		
Form 990	0-T (corporation)	07	Form 5330 (other than individual)			14		
Form 104		08						
time to fil • If this a	bu enter your Return Code, complete either Part II or Part e Form 5330. pplication is for an extension of time to file Form 5330, yo n Name			iniy for an	extension of			
	n Number							
	n Year Ending (MM/DD/YYYY)							
	utomatic Extension of Time To File for Exempt Organi	zations (s	ee instructions)					
	ooks are in the care of PENNY GOLDBERG-RC							
			PARAMUS, NJ 07652					
Telepł	none No. 201-977-2400		Fax No.					
• If the o	organization does not have an office or place of business	in the Uni	ted States, check this box					
	is for a Group Return, enter the organization's four-digit G					heck this		
box								
1 Ire	quest an automatic 6-month extension of time until N	OVEMBI	ER 15 , 20 24 , to file	e the exem	pt organization retu	rn for		
	organization named above. The extension is for the orga							
Х	calendar year 20 23 or							
	tax year beginning	, 20	, and ending		. , 20	J		
2 If th	ne tax year entered in line 1 is for less than 12 months, ch Change in accounting period	neck reaso	on: Initial return	Final retur	n			
3a lftl	his application is for Forms 990-PF, 990-T, 4720, or 6069,	. enter the	tentative tax. less					
	/ nonrefundable credits. See instructions.	,		3a	\$	0.		
	nis application is for Forms 990-PF, 990-T, 4720, or 6069,	. enter anv	refundable credits and		Ť			
	imated tax payments made. Include any prior year overpa			3b	\$	0.		
	lance due. Subtract line 3b from line 3a. Include your par							
	ng EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.