

Schedule G (Form 990 or 990-EZ) 2015

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

2015

Open to Public Inspection

SCHEDULE I
(Form 990)

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

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

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

Department of the Treasury
Internal Revenue Service

Employer identification number
53-0196598

Name of the organization
JEWISH SOCIAL SERVICE AGENCY

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(1) (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FADHER EREZEM INC. 6123 MONTROSE ROAD ROCKVILLE, MD 20852	02-222488	501(C)(13)	50,000				NON-BAIRED CARE
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

1	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2	SERVICES & FINANCIAL ASSISTANCE	1,016	\$97,727			
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

THE ORGANIZATION HAS A FORMAL APPLICATION PROCESS FOR FINANCIAL

ASSISTANCE. RECORDS OF WHO RECEIVES ASSISTANCE ARE MAINTAINED WITHIN THE

ORGANIZATION'S CLIENT RECORDS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

JEWISH SOCIAL SERVICE AGENCY

Employer identification number

53-0196598

Part I Questions Regarding Compensation

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

- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

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

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

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 are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other				
1 TODD SCHENK CHIEF EXECUTIVE OFFICER	(i) 289,815. (ii) 0. (iii) 12,793. (iv) 0.	0.	12,793.	0.	25,000.	13,805.	341,413.	0.
2 TAL WIDDES CHIEF OPERATIONS OFFICER	(i) 162,298. (ii) 0. (iii) 46,878. (iv) 0.	0.	46,878.	0.	16,304.	13,805.	239,285.	0.
3 CAROL PARKER-PEREZ CHIEF FINANCIAL OFFICER	(i) 147,535. (ii) 0. (iii) 29,892. (iv) 0.	0.	29,892.	0.	10,000.	1,442.	188,669.	0.
4 JENNIFER RIPKIN CHIEF HUMAN RESOURCES OFFICER	(i) 139,586. (ii) 0. (iii) 156. (iv) 0.	0.	156.	0.	0.	16,788.	156,530.	0.
5 JASON YOUNG CHIEF INVESTMENT OFFICER	(i) 150,507. (ii) 0. (iii) 222. (iv) 0.	0.	222.	0.	0.	1,442.	152,171.	0.
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

Schedule J (Form 990) 2015

Part III Supplemental Information

Complete this part to 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 J, PART I, LINE 1A

MODEST DISCRETIONARY SPENDING ACCOUNTS ARE PROVIDED TO CERTAIN EMPLOYEES WHO HAVE DEMONSTRATED GREATER THAN DE MINIMIS USE OF THEIR PERSONAL VEHICLES AND/OR CELL PHONES FOR THE COMPANY BUSINESS. THESE AMOUNTS ARE INCLUDED IN COMPENSATION FOR THESE EMPLOYEES.

SCHEDULE J, PART I, LINE 1B

THE CEO OF THE ORGANIZATION REVIEWED THE EXPENSES INCURRED BY THE EMPLOYEE RECEIVING THE BENEFITS, AND THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWED THE EXPENSES FOR THE CEO.

SCHEDULE J, PART I, LINE 4B

THE FOLLOWING INDIVIDUALS RECEIVED CONTRIBUTIONS TO A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. AMOUNTS CREDITED BY THE FILING ORGANIZATION

WERE:

TODD SCHEMK \$25,000

CAROL PARKES-PEREZ \$10,000

TAL NIDES \$16,304

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
JEWISH SOCIAL SERVICE AGENCY

Employer identification number
53-0196598

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	49.	57,875.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	24.	94,944.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, LINE 32B

AN AUCTION HOUSE PICKS UP CARS FROM THE DONOR AND SELLS AT AUCTION. THE
DONOR IS NOTIFIED PRIOR TO THE AUCTION, AND THE AUCTION HOUSE FEE IS
DEDUCTED FROM THE PROCEEDS FROM THE DONATED VEHICLE THAT ARE REMITTED TO
THE FILING ORGANIZATION.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

JEWISH SOCIAL SERVICE AGENCY

53-0196598

FORM 990, PART VI, SECTION A, LINE 2

BOARD MEMBERS SOLOMON AND SUZANNE LEVY ARE HUSBAND AND WIFE.

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

THE BOARD OF DIRECTORS REVIEWS FORM 990 BEFORE IT IS FILED.

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

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO BOARD MEMBERS AT NEW
BOARD MEMBER ORIENTATION AND AGAIN ANNUALLY. AN ACKNOWLEDGEMENT IS
RECEIVED.

FORM 990, PART VI, SECTION B, LINE 15

THE COMPENSATION COMMITTEE (A SUB-COMMITTEE OF THE BOARD) GATHERS
COMPARATIVE DATA, PERFORMS COMPENSATION STUDIES AND APPROVES THE
COMPENSATION. NONE OF THESE COMPENSATED EMPLOYEES ARE ON THE BOARD OR
COMPENSATION COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC
UPON REQUEST. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE ON THEIR WEBSITE, AND ARE ALSO MADE
AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization JEWISH SOCIAL SERVICE AGENCY	Employer identification number 53-0196598
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ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

FOR MORE THAN 120 YEARS THE JEWISH SOCIAL SERVICE AGENCY (JSSA) HAS BEEN HELPING INDIVIDUALS AND FAMILIES OF ALL FAITHS ACROSS THE METRO DC AREA MEET EMOTIONAL, SOCIAL, AND PHYSICAL CHALLENGES AND PROMOTE RESILIENCE, PRESERVE DIGNITY AND REKINDLE HOPE. JSSA PROVIDES SERVICES AND SUPPORT TO MORE THAN 31,500 INDIVIDUALS ANNUALLY THROUGH A WIDE RANGE OF COUNSELING, EDUCATIONAL, SPECIAL NEEDS SERVICES, IN-HOME SUPPORT, HOSPICE AND NURSING CARE, AND SOCIAL SERVICES.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CHILD, ADULT FAMILY AND SPECIAL NEEDS SERVICES:

LAST YEAR, THE JEWISH SOCIAL SERVICE AGENCY (JSSA) SERVED AND SUPPORTED OVER 31,500 INDIVIDUALS, FAMILIES, COMMUNITY MEMBERS, AND COLLABORATIVE PROFESSIONALS. JSSA'S MENTAL HEALTH DEPARTMENT - SPECIFICALLY OUR CHILDREN AND FAMILY SERVICES (CFS) AND SPECIAL NEEDS AND DISABILITIES SERVICES (SNDS) PROGRAMS - PROVIDED EXCEPTIONAL SERVICE AND SUPPORT TO OVER 8,400 CHILDREN AND FAMILIES, COMMUNITY MEMBERS AND COLLABORATIVE PROFESSIONALS, TO INCLUDE INDIVIDUALS WITH SPECIAL NEEDS AND THEIR FAMILIES. OUR CARE AND SUPPORT ENCOMPASSES INDIVIDUAL, FAMILY, GROUP AND COUPLES THERAPY; SERVICE SYNCHRONIZATION, COLLABORATION, AND CARE MANAGEMENT; AND, ASSISTANCE WITH THE APPROPRIATE PURCHASING OF NECESSARY SERVICES AND GOODS. FURTHERMORE, CFS AND SNDS DELIVERED SERVICES AND SUPPORT TO ANOTHER 1,394 INDIVIDUALS, FAMILY MEMBERS, COMMUNITY MEMBERS AND COLLABORATIVE PARTNERSHIPS THROUGH CLUBS,

Name of the organization JEWISH SOCIAL SERVICE AGENCY	Employer identification number 53-0196598
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ATTACHMENT 2 (CONT'D)

CAMPS, PRESENTATIONS, WORKSHOPS, TRAININGS, CONSULTATIONS AND
OVERALL EXPERT LEADERSHIP ON VARIOUS CLINICAL SUBJECTS.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4C

SENIOR AND HOLOCAUST SURVIVOR SERVICES:

THROUGH THE AGING DEPARTMENT, JSSA'S SKILLED STAFF AND
PROFICIENTLY TRAINED VOLUNTEERS SERVED AND SUPPORTED OVER 9,200
SENIORS AND THEIR FAMILIES, INCLUDING MORE THAN 450 HOLOCAUST
SURVIVORS, THROUGH COMPREHENSIVE IN-HOME AND IN-OFFICE
ASSESSMENTS; ADVOCACY, INFORMATION AND REFERRAL; INDIVIDUAL,
FAMILY AND GROUP COUNSELING; CAREGIVER CONSULTATIONS; WORKSHOPS,
PRESENTATIONS, AND SUPPORT GROUPS; SERVICE COORDINATION AND CASE
MANAGEMENT; AND OTHER ESSENTIAL SUPPORT SERVICES. THESE INCLUDE,
BUT ARE NOT LIMITED TO THE FOLLOWING: NURSING ASSESSMENTS, HOME
DELIVERED MEALS, IN-HOME PERSONAL CARE AND HOMEMAKER SERVICES,
FRIENDLY VISITORS AND SHOPPERS, ESCORTED TRANSPORTATION, LEGAL
SERVICES, SOCIAL/RECREATIONAL OPPORTUNITIES, AND VISITS TO NURSING
HOMES AND OTHER SENIOR LIVING RESIDENCES.

ATTACHMENT 4FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
COMMUNITY SUPPORT SERVICES	59,469.	200,256.	0.
OTHER HOMECARE SERVICES	3,553.	960,356.	631,705.

Name of the organization JEWISH SOCIAL SERVICE AGENCY	Employer identification number 53-0196598
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ATTACHMENT 4 (CONT'D)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
TOTALS	63,022.	1,160,612.	631,705.

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
OPTIMAL NETWORKS 15201 DIAMONDBACK DRIVE, SUITE 220 ROCKVILLE, MD 20850	IT SERVICES	233,006.
XO COMMUNICATIONS 13865 SUNRISE VALLEY DR. HERNDON, VA 20171	TELECOMMUNICATIONS	131,591.
NTIVA, INC. 7900 WESTPARK DRIVE, SUITE A-100 MCLEAN, VA 22102	IT SERVICES	321,703.
CLEANLINK USA 9918 SHELburne TERRACE, SUITE 208 GAITHERSBURG, MD 20878	CLEANING SERVICES	152,274.
CIRCLE OF FRIENDS, LLC 17830 NEW HAMPSHIRE AVE., SUITE 302 ASHTON, MD 20861	HOME HEALTH SERVICES	105,623.

ATTACHMENT 6FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
FUNDRAISING EVENTS	453,170.
TOTAL	453,170.

Name of the organization JEWISH SOCIAL SERVICE AGENCY	Employer identification number 53-0196598
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ATTACHMENT 7

FORM 990, PART VIII - FUNDRAISING EVENTSDESCRIPTION

FUNDRAISING EVENTS

TOTALS

ATTACHMENT 8FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
MEDICAL PROVIDERS	2,056,190.	2,058,190.		
TEMPORARY STAFF	42,503.	39,910.	2,593.	
INTERPRETER	22,995.	22,041.	248.	706.
CUSTODIAL	137,228.	118,059.	18,087.	1,082.
PAYROLL FEES	35,733.	32,036.	2,907.	790.
PENSION SERVICE FEES	10,587.	4,487.	6,100.	
OTHER PROFESSIONAL FEES	954,211.	801,794.	127,746.	24,671.
TOTALS	<u>3,261,447.</u>	<u>3,076,517.</u>	<u>157,681.</u>	<u>27,249.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

JEWISH SOCIAL SERVICE AGENCY

Employer identification number

53-0196598

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

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	ROUTE 28 ASSOCIATES 6123 MONTROSE ROAD ROCKVILLE, MD 20852	HOLD PROPERTY	MD	0.	2,512,911.	JSSA
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	FRISBEE HOME CARE, INC. 6123 MONTROSE ROAD ROCKVILLE, MD 20852	HOME CARE	MD	501(C)3	9	JSSA		X
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2015

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(1) Name, address, and EIN of related organization	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Direct controlling entity	(5) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(6) Share of total income	(7) Share of end-of-year assets	(8) Partnership election		(9) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(10) General or managing partner?		(11) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(1) Name, address, and EIN of related organization	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Direct controlling entity	(5) Type of entity (C corp, S corp, or trust)	(6) Share of total income	(7) Share of end-of-year assets	(8) Section 512(b)(13) controlled entity?	
							Yes	No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(1)	(a) Name of related organization	(b) Transaction type (a-e)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(1) Name, address, and EIN of entity	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(5) Are all partners section 501(c)(3) organizations?		(6) Share of total income	(7) Share of end-of-year assets	(8) Disproportionate allocations?		(9) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(10) General or managing partner?		(11) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
