Form **8879-TE** 

# **IRS E-file Signature Authorization** for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning  $\,$  JUL  $\,$  1  $\,$  , 2023, and ending  $\,$  JUN  $\,$  30  $\,$  , 20 24

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. JEWISH SERVICE FOR THE DEVELOPMENTALLY

EIN or SSN

Carbon State		DISABLED OF :	${ t METROWEST}$ ,	INC.		22-3479872
Part   Type of Return and Return Information   Check the box or the return for which you are sign piths Form \$870-T5 and enter the applicable amount, if any, from the return. Form \$009-CP and form \$500 filters may enter dollars and cents. For all other forms, enter whole dollars only, if you check the box on line 1s, 2s, 3s, 4s, 5s, 6s, 7s, 8s, 9s, 7s, 8s, 8s, 8s, 8s, 8s, 7s, 8s, 9s, 7s, 8s, 8s, 8s, 8s, 8s, 7s, 8s, 9s, 7s, 8s, 8s, 8s, 8s, 8s, 8s, 8s, 8s, 8s, 8	Name an	d title of officer or person subject t	to tax LINDA	PRESS		
Check the box for the return for which you are using this Form 879.TE and enter the applicable amount, if any, from the return, Form 8009.CP and form 8039 flores may enter dollars and dente. For a cit where whole dollars only, if you check the box on line 1 a.A., 3a. 4a. 5a. 6a. 7a. 8a. 99 or 10a below, and the amount on that line for the citum being filed with this form was blank, then leave line 1, 2b. 3b. 4b. 5b. 8b. 7b. 3b. 9b. or 10a. below, and the amount on that line for the citum being filed with this form was blank, then leave line 1, 2b. 3b. 4b. 5b. 8b. 7b. 3b. 9b. or 10a. below, and the amount on that line for the citum being filed with this form was blank, then leave line 1, 2b. 3b. 4b. 5b. 8b. 7b. 3b. 9b. or 10a. below, and the amount on that line for the citum being filed with this form was blank, then leave line 1, 2b. 3b. 4b. 3b. 4b. 3b. 4b. 3b. 9b. or 10a. below on the citum being filed with this form was blank, then leave line 1, 2b. 3b. 4b. 3b. 3b. 3b. 3b. 3b. 3b. 3b. 3b. 3b. 3						
Form 5330 fliers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 6a, 7a, 6a, 9a, 7a, 7a, 7a, 7a, 7a, 7a, 7a, 7a, 7a, 7	Part I	Type of Return ar	d Return Infor	mation		
a Form 990-EZ check here   b Total tax (Form 1120-POL, line 2)   2b   3b   4a   Form 990-PF check here   b Total tax (Form 1120-POL, line 22)   3b   4b   5a   Form 890-PF check here   b Total tax (Form 1120-POL, line 22)   4b   5a   Form 890-PF check here   b Total tax (Form 990-PF, Part V, line 5)   4b   5a   Form 890-PF check here   b Total tax (Form 990-PF, Part III, line 4)   6b   7a   Form 4720 check here   b Total tax (Form 990-PF, Part III, line 1)   7b   8a   Form 5330 check here   b Total tax (Form 990-PF, Part III, line 1)   7b   8a   Form 5330 check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 5330 check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 8038-CP, check here   b Total tax (Form 8038-CP, check here   b Total tax (Form 8038-CP, check her	Form 53 or <b>10a</b> b whichev	30 filers may enter dollars and below, and the amount on that er is applicable, blank (do not	cents. For all other line for the return b	forms, enter whole dollars eing filed with this form wa	only. If you check the box on shank, then leave line 1b, 2	n line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,
a Form 990-EZ check here   b Total tax (Form 1120-POL, line 2)   2b   3b   4a   Form 990-PF check here   b Total tax (Form 1120-POL, line 22)   3b   4b   5a   Form 890-PF check here   b Total tax (Form 1120-POL, line 22)   4b   5a   Form 890-PF check here   b Total tax (Form 990-PF, Part V, line 5)   4b   5a   Form 890-PF check here   b Total tax (Form 990-PF, Part III, line 4)   6b   7a   Form 4720 check here   b Total tax (Form 990-PF, Part III, line 1)   7b   8a   Form 5330 check here   b Total tax (Form 990-PF, Part III, line 1)   7b   8a   Form 5330 check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 5330 check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 530, Part III, line 1)   9b   5a   Form 8038-CP, check here   b Total tax (Form 8038-CP, check here   b Total tax (Form 8038-CP, check here   b Total tax (Form 8038-CP, check her	1a	Form 990 check here	X b Total r	evenue, if any (Form 990.	Part VIII. column (A). line 12)	ıы11,616,830 <b>.</b>
A Form 1920-PIC check here						
a Form 990-PF check here		•••	b Total t	ax (Form 1120-POL, line 2	2)	
Form 8868 check here	4a	Form 990-PF check here				
Form 990-T check here	5a	Form 8868 check here				
Form 4720 check here			b Total t	ax (Form 990-T, Part III, lin	e 4)	6b
Ba Form 5227 check here			b Total t	ax (Form 4720, Part III, line	e 1)	
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax  Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity)  Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity)  Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity)  Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity)  Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity)  Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity)  Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity)  Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity)  Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity)  Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity)  I authorize that the event of the leader of the person to the above entity of the federal taxes owed on this return, and the financial institution to debit the entry to this entour, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Teasury Financial Agent at 1-888 x353-4537 no ater than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electron			b FMV o	f assets at end of tax yea	r (Form 5227, Item D)	8b
De Form 8038-CP check here			b Tax dı	ie (Form 5330, Part II, line	19)	9b
Declaration and Signature Authorization of Officer or Person Subject to Tax  Under penalties of perjury, I declare that \( \tilde{\text{X}} \) I am an officer of the above entity or \( \tilde{\text{LP}} \) I am a person subject to tax with respect to (name of entity) \( \text{, (EIN)} \) and that I have examined a copy of the electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I coensent to allow my returned late service provider, transmitter, or electronic return originator (ERO) to send the return of the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or returnd, and (c) the date of any refund, if applicable, authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debt) entitly to the financial institution account indicated in the tax preparation software for payment of the federal traces over on this return, and the trace of the electronic funds withdrawal (direct debt) entitly to the financial institution account indicated in the tax preparations of ware for payment of the federal traces over on the return is direct than a substitution fund on the return is direct than a substitution fund on the return is direct than a substitution fund on the return is direct than a substitution fund on the return is direct to a substitution fund on the return is direct to a substitution fund on the return is direct to a substitution fund on the return is direct to a substitution fund on the return is direct to a substitution fund on the return is direct to the payment. I have selected a between the return is direct to the return in the return is direct to the return in the return is						
per entity)	Part I	Declaration and S				ax
per entity)	Under p	enalties of periury. I declare th	at X Lam an off	icer of the above entity or	Lam a person subject to	o tax with respect to (name
2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my netermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS. (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the dederal taxes owed on this return, and the inancial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-453 n n and inancial institution to debit the entry to this account. To revoke a payment, in the U.S. Treasury Financial Agent at 1-888-353-453 n n and the financial institutions to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-453 n n and the financial institutions to debit the entry of the payment. I have selected a bersonal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.  PIN: check one box only  I authorize SAX LLP  FRO firm name  FRO firm name  FRO firm name  The electronic funds with a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN						
as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.  Signature of officer or person subject to the entity, I will enter my PIN on the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.  Signature of officer or person subject to the entity, I will enter my PIN on the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return is disclosure consent screen.  Signature of officer or person subject to the entity, I will enter my PIN as my signature on set state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return is disclosure consent screen.  Signature of officer or person subject to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	acknown of any resentry to financial later that paymen persona	ledgement of receipt or reason sfund. If applicable, I authorize the financial institution accour institution to debit the entry to n 2 business days prior to the t of taxes to receive confidenti I identification number (PIN) as leck one box only	of for rejection of the the U.S. Treasury and indicated in the table this account. To repayment (settlemental information necessor)	transmission, (b) the reas and its designated Financia ax preparation software for evoke a payment, I must c at) date. I also authorize th ssary to answer inquiries a	on for any delay in processin Il Agent to initiate an electror payment of the federal taxes ontact the U.S. Treasury Fina e financial institutions involve nd resolve issues related to t applicable, the consent to ele	ig the return or refund, and (c) the date not funds withdrawal (direct debit) so owed on this return, and the ancial Agent at 1-888-353-4537 no ed in the processing of the electronic the payment. I have selected a ectronic funds withdrawal.
as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.  Signature of officer or person subject to tax  Part III Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit electronic filing identification  number (EFIN) followed by your five-digit self-selected PIN.  Do not enter all zeros  certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.		Tadifionize DIIII DDI		EDO firm name		,
with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen.  Signature of officer or person subject to the Part III Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  Do not enter all zeros  certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.				Litto iiiiii iiaiiic		
Part III Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  Do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.		with a state agency(ies) regu on the return's disclosure co As an officer or person subje- return. If I have indicated with	ulating charities as ponsent screen.  ect to tax with respection that	part of the IRS Fed/State p ect to the entity, I will enter a copy of the return is beir	rogram, I also authorize the a my PIN as my signature on t g filed with a state agency(ie	aforementioned ERO to enter my PIN the tax year 2023 electronically filed
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  Do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.			A			Dat
number (EFIN) followed by your five-digit self-selected PIN.  Do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	Part	Certification and	Authentication			
submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.						
ERO's signature MARQUS WHITE Date 01/08/25	submitti	ng this return in accordance w				
<u> </u>	ERO's sid	nature MARQUS WH	ITE		Date 01	1/08/25
	1					·
		Do N	vot Submit Thi	s Form to the IRS Ur	iless Requested To Do	0 80

Form **8879-TE** (2023)

LHA 302521 01-05-24

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

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

<u> </u>	or the	2023 calendar year, or tax year beginning $JUL 1, 2023$ and endin	g J	<u>UN 30,</u>	2024					
<b>В</b> с	heck if oplicable	JEWISH SERVICE FOR THE DEVELOPMENTALLY		D Employe	er identific	cation number				
	Addres change	DISABLED OF METROWEST, INC.								
	Name change Initial	Doing business as		22-3479872						
	_lreturn _Final _return/	Number and street (or P.O. box if mail is not delivered to street address)  Room/ Room/	/suite	E Telephor		2-7148				
	termin- ated	<b>1</b>		<b>G</b> Gross recei	pts\$	11,616,830.				
	Ameno	LIVINGSION, NO 07039		H(a) Is this	a group re					
	Application pendin	F Name and address of principal officer: LINDA FRESS		l	for subordinates? Yes X No					
		SAME AS C ABOVE	7	1		cluded? Yes No				
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527	1		list. See instructions				
_	Vebsit		V	H(c) Group						
		organization: X Corporation Trust Association Other L Summary	year (	of formation;	1990 N	1 State of legal domicile: NJ				
		Briefly describe the organization's mission or most significant activities: JSDD FOU	JND	ATION V	VAS ES	STABLISHED				
ဥ		FOR THE SOLE PURPOSE OF RECEIVING AND ADMINI								
Activities & Governance		Check this box if the organization discontinued its operations or disposed of								
Ş Ş	3	Number of voting members of the governing body (Part VI, line 1a)			з	31				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	31				
es s	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5	202				
ξį		Total number of volunteers (estimate if necessary)				42				
뒿		Total unrelated business revenue from Part VIII, column (C), line 12			7а	0.				
$\dashv$	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<del></del>	<u> </u>	7b	0.				
				Prior Ye		Current Year				
e e		Contributions and grants (Part VIII, line 1h)		1,087		2,014,281.				
Revenue		Program service revenue (Part VIII, line 2g)		7,660	, 392.	9,338,750.				
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		96	0.	31,784.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,846		11,616,830.				
$\dashv$		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			,541.	62,544.				
		S 51 11 5 1 (S 11) (S 11) (A) 11 (A)		, -	0.	0.				
	45	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,842		8,709,357.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		,,	0.	0.				
e l	b	Total fundraising expenses (Part IX, column (D), line 25)								
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,946	,457.	2,526,383.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,863	,175.	11,298,284.				
	19	Revenue less expenses. Subtract line 18 from line 12		-1,017	,062.	318,546.				
Net Assets or Fund Balances			Beg	ginning of Cur		End of Year				
sets	20	Total assets (Part X, line 16)		5,847		7,508,972.				
Eggs Britan	21	Total liabilities (Part X, line 26)		1,554		2,725,673.				
		Net assets or fund balances. Subtract line 21 from line 20		4,293	,127.	4,783,299.				
	rt II	Signature Block	tatama	nto and to the	haat of mu	knowledge and helief it is				
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st t, and complete. Declaration of preparer (other than officer) is based on all information of which pre			-	knowledge and belief, it is				
ii uo,	001100	gand complete. Becommend of property (care man officer) is bessed on an information of which pro-	ραιοι	III KIIOWI	ougo.					
Sigr	,	Signature of officer		Date	e					
Here		LINDA PRESS, EXECUTIVE DIRECTOR								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature		ate	Check	PTIN				
Paid		MARQUS WHITE MARQUS WHITE	0	1/08/2						
Prep	arer	Firm's name SAX LLP		Firn	n's EIN 8	1-2950760				
Use	Only	Firm's address 389 INTERPACE PARKWAY; STE 3								
		PARSIPPANY, NJ 07054		Pho	ne no. 97	3-472-6250				
May	the IF	S discuss this return with the preparer shown above? See instructions				X Yes No				

DISABLED OF METROWEST, INC.

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  A MULTI-PURPOSE AGENCY PROVIDING AN INTERGRATED PROGRAM OF COMMUNITY
	EDUCATION, ADVOCACY, AND SERVICES FOR INDIVIDUALS WITH DEVELOPMENTAL
	DISABILITIES AND THEIR FAMILIES. DEDICATED TO MAXIMIZING THE
	POTENTIAL OF INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES AND PROMOTES
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	
	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.
4a	(Code:) (Expenses \$
	THE RESIDENTIAL PROGRAMS PROVIDE KOSHER SUPPORTIVE RESIDENTIAL SERVICES
	TO INDIVIDUALS REQUIRING ASSISTANCE AND SUPPORT TO ALLOW THEM TO LIVE
	IN THE COMMUNITY.
4b	(Code: ) (Expenses \$ 1,570,748 · including grants of \$ ) (Revenue \$ 1,708,149 · )
	THE WELLNESS, ARTS AND ENRICHMENT CENTER PROVIDES FOR EXPLORATION AND
	OPPORTUNITIES FOR LEARNING, PERSONAL AND SPIRITUAL GROWTH AND THE
	SHARING OF BELIEFS AND IDEAS RESPECTFULLY, SAFELY AND IN AN ATMOSPHERE
	OF UNCONDITIONAL ACCEPTANCE BETWEEN PARTICIPANTS AND THE FACILITATORS.
	F70 770
4c	(Code:) (Expenses \$
	LIFE HOME TECH PROGRAM
	LIFE   HOME   TECH USES TECHNOLOGY SOLUTIONS TO SUPPORT INDIVIDUALS IN
	ACHIEVING GOALS. AND OPTIMIZING DAILY ROUTINES. THIS ALLOWS FOR A
	GREATER LEVEL OF INDEPENDENCE AND AN IMPROVED QUALITY OF LIFE. USING A
	PERSON-CENTERED APPROACH WITH A FOCUS ON THE SPECIFIC NEEDS AND WANTS
	OF EACH INDIVIDUAL, THIS TECHNOLOGY IS BEING INTEGRATED INTO
	RESIDENTIAL SETTINGS.
4d	Other program services (Describe on Schedule O.)
-ru	
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 9,668,601.
<u>4e</u>	Total program service expenses 9,668,601.
	FOITI 666 (2023)

332002 12-21-23

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			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		77	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	4-		Х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
47	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,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
40	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,"	4.0		v
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4	Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	22	

Form **990** (2023) 332003 12-21-23

Form 990 (2023) DISABLED OF METROWEST,

Part IV | Checklist of Required Schedules (continued)

I ai	TIV Offeckinst of Required Schedules (continued)				
				Yes	<u>No</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individu				v
	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 dispeture trustees like ampleuses and highest compensated employees.				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yo	•	23	x	
24 2	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		23	-25	
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24c				
	Schedule K. If "No," go to line 25a	•	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during th				
	any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year		24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? /	f "Yes," complete			
	Schedule L, Part I		25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any	current			
	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		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trust	ee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member,				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete		27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Sch	nedule 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 contribu				37
			28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		Λ_
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?				v
00	"Yes," complete Schedule L, Part IV		28c		X X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedu		29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualific		20		Х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule Sched		30 31		X
32	Did the organization required, terminate, or dissolve and cease operations: If Yes, complete screen		31		
32	Schedule N, Part II	complete	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regi	ılations	- 02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Par				
٠.	Part V, line 1		34	х	
35 a	5111		35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	•	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitab				
	If "Yes," complete Schedule R, Part V, line 2		36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines	11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O		38	X	
Pai					
	Check if Schedule O contains a response or note to any line in this Part V				
		l I		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 42			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming		v	
	(gambling) winnings to prize winners?		1c	X QQO	,0000,
332004	· 12-21-23		⊢orm	990 (	2023)

22-3479872 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
<b>2</b> a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
	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 authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
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 Accounts (FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		Х
h	any contributions that were not tax deductible as charitable contributions?	6a		
Ü	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	JU		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
·	to file Form 8282?	7c		Х
d	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 contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)  Continue 4047(a)(1) non-exempt charitable truste. In the exemptation filing Form 200 in liquid Form 10412	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	IOa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	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 income?	16		<u> </u>
	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 activities			
	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

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a   31			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
·	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the appearing house resembles an attack holds and	6		X
_	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	٣		
<i>1</i> u		7a		х
h	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	/ a		- 21
b	and the settle of the section is a least of	7b		Х
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		21
8		8a	X	
_	The governing body?  Each committee with authority to act on behalf of the governing body?	8b	X	
ь		OD	-22	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		21
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	Na
100	Did the examination have lead chapters branches or efficience?	10a	162	No X
	Did the organization have local chapters, branches, or affiliates?	IUa		- 25
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NJ			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LINDA PRESS, EXECUTIVE DIRECTOR - (973) 272-7148			
	310 EISENHOWER PKWY, LIVINGSTON, NJ 07039			

22-3479872

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related o					con	nper	sate	ed any current officer, c	lirector, or trustee.	·		
(A)	(B)				<b>C</b> )			(D)	(E)	(F)		
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Estimated		
	hours per	box	, unless person is both an cer and a director/trustee)				an	compensation	compensation	amount of		
	week					1 1		from	from related	other		
	(list any hours for	director				_		the organization	organizations (W-2/1099-MISC/	compensation from the		
	related	5	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	trustee	ıal tru		oyee	adwo		1099-NEC)	,	and related		
	below	Individual 1	nstitutional trustee	Ser	Key employee	Highest compensated employee	ner			organizations		
	line)	lndi	Inst	Officer	Key	Emg	Former					
(1) LARRY REIN	0.50											
PRESIDENT	2.00	Х		Х				0.	0.	0.		
(2) REBECCA GOLD	0.25											
VICE PRESIDENT	1.00	X		X	4			0.	0.	0.		
(3) MATTHEW JARMEL	0.25					1						
VICE PRESIDENT	1.00	X		Х				0.	0.	0.		
(4) ROBIN POLSON	0.25	37		,,						_		
VICE PRESIDENT	1.00	Х		Х				0.	0.	0.		
(5) CRAIG GROSSWALD	0.25	37		7.7						_		
TREASURER (C) LORD GOLOMON	1.50	Х		Х				0.	0.	0.		
(6) LORI SOLOMON SECRETARY	1.75	х		х				0.	0.	0.		
(7) ELLEN GOLDNER	0.25	^		Δ.				0.	0.	0.		
PAST PRESIDENT	0.75	Х						0.	0.	0.		
(8) LOIS ROSE	0.25											
PAST PRESIDENT	0.75	х						0.	0.	0.		
(9) LYNDA WACHSTETER	0.25											
PAST PRESIDENT	0.75	Х						0.	0.	0.		
(10) JAY ROGER WEISSGLASS	0.25											
PAST PRESIDENT	0.75	Х						0.	0.	0.		
(11) BARRY GOLDBERG	0.25											
PAST PRESIDENT	0.75	Х						0.	0.	0.		
(12) CLAIRE AKSELRAD	0.25											
BOARD MEMBER	0.75	Х						0.	0.	0.		
(13) KENNETH ALTER	0.25											
BOARD MEMBER	0.75	Х						0.	0.	0.		
(14) FRAN BEINHAKER	0.25											
BOARD MEMBER		Х						0.	0.	0.		
(15) HOWARD CHARISH	0.25									_		
BOARD MEMBER	0.75	Х						0.	0.	0.		
(16) LARRY CHODOR	0.25											
BOARD MEMBER	0.75	Х			_	_		0.	0.	0.		
(17) SELMA DANER	0.25											
BOARD MEMBER	0.75	Х						0.	0.	0.		

DISABLED OF METROWEST, INC.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) (B) (C) (D) (E) (F)										
Name and title	Average Position							Reportable	Reportable	Estimated
, value and the	hours per			neck n				compensation	compensation	amount of
	week			d a dir				from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	direc				- E		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,	and related
	below	idual	ution	ъ	Key employee	est c	ıer			organizations
	line)	Indiv	Insti	Offlicer	Key 6	High	Former			
(18) TEDDI DOLPH	0.25									
BOARD MEMBER	0.75	Х						0.	0.	0.
(19) RISA GOLDBERG	0.25									
BOARD MEMBER	0.75	х						0.	0.	0.
(20) ANDREA GROVER	0.25									
BOARD MEMBER	0.75	х						0.	0.	0.
(21) ETA LEVENSON	0.25	- 22						0.	0 •	0.
BOARD MEMBER	0.75	v						_	0	_
		Х						0.	0.	0.
(22) JON MANN	0.25								_	
BOARD MEMBER	0.75	Х	Щ					0.	0.	0.
(23) MICHAEL MILLER	0.25							_	_	_
BOARD MEMBER	0.75	Х	Ш					0.	0.	0.
(24) HARRIS NYDICK	0.25									
BOARD MEMBER	0.75	Х						0.	0.	0.
(25) MARK PERWIEN	0.25								4	
BOARD MEMBER	0.75	Х						0.1	0.	0.
(26) BETH S. ROSE, ESQ.	0.25									
BOARD MEMBER	0.75	X						0.	0.	0.
1b Subtotal								0.	0.	0.
	A							173,032.	0.	0.
c Total from continuation sheets to Part VII	, Section A							173,032.	0.	0.
d Total (add lines 1b and 1c)					•					<u> </u>
2 Total number of individuals (including but no	ot limited to th	ose	liste	a ab	ove	) wn	o re	eceived more than \$100,	UUU of reportable	1
compensation from the organization										
										Yes No
<b>3</b> Did the organization list any <b>former</b> officer,	director, truste	ee, k	еу е	mplo	oye	e, or	hig	hest compensated empl	oyee on	
line 1a? If "Yes," complete Schedule J for su	uch individual									3 X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	nsat	tion	and	oth	er compensation from the	ne organization	
and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	che	dule	J fo	or such individual		4 X
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om a	any	unre	elate	ed organization or individ	lual for services	
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ch p	ers	on .				5 X
Section B. Independent Contractors										
Complete this table for your five highest cor	mpensated ind	epe	nder	nt co	ntra	acto	s th	nat received more than \$	100.000 of compensa	tion from
the organization. Report compensation for t										
(A)	, , , , , , , , , , , , , , , , , , , ,			<u> </u>			T	(B)		(C)
Name and business	address	NO	ONE	7.				Description of s	ervices (	Compensation
-							$\dashv$	· · · · · · · · · · · · · · · · · · ·		
							$\dashv$			
							$\dashv$			
							$\dashv$			
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	to t	hos	e lis	ted	above) who received mo	ore than	
\$100,000 of compensation from the organiz	· ·				C			•		
SEE PART VII, SECTION		ΤN	TΤΔ	TTC	ЭM	S	HE	ETS		Form <b>990</b> (2023)

332008 12-21-23

Form 990 DISABLED	22-3479872									
Part VII   Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est	Compensated Employe	ees (continued)	
(A)	(D)	(E)	(F)							
Name and title	Average	(e Pos			ition	ı		Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other 
	Week (list any	week				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(***2/1099****130)	organization
	related	ee or	stee			nsate		(** 2, 1000 111100)		and related
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				organizations
	below	vidua	itutio	Leo	Key employee	hest c	Former			
	line)	lpul	lust	Officer	Key	Hig	For			
(27) MIRIAM SEIDEN	0.25									
BOARD MEMBER		Х						0.	0.	0.
(28) MIMI SOCHOR	0.25									
BOARD MEMBER	0.75	Х						0.	0.	0.
(29) SHARI-BETH SUSSKIND	0.25								_	_
BOARD MEMBER	0.75	Х						0.	0.	0.
(30) ELLEN WEINSTOCK	0.25								_	_
BOARD MEMBER	0.75	Х						0.	0.	0.
(31) JERI KIMOWITZ	0.25									_
EX-OFFICIO	0.75	Х						0.	0.	0.
(32) BRIAN SALTZMAN	0.00									
BOARD MEMBER		Х						0.	0.	0.
(33) LINDA PRESS	39.00	ł		l				450 000		•
EXECUTIVE DIRECTOR	1.00			Х				173,032.	0.	0.
			$\vdash$	-						
								172 020		
Total to Part VII, Section A, line 1c	173,032.									

DISABLED OF METROWEST

22-3479872 Page 9

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenuè excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 57,500 Contributions, Gifts, Grants and Other Similar Amounts **1 a** Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 817,132. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 1,139,649 1f g Noncash contributions included in lines 1a-1f 2,014,281. h Total. Add lines 1a-1f **Business Code** 7,630,601 2 a RESIDENTIAL CARE PROGRAM 621610 7,630,601. Program Service Revenue b HOUSING ASSISTANCE PAYMENTS 1,238,234 531110 1,238,234 WAE CENTER 621400 469,915. 469,915. f All other program service revenue ..... 9,338,750 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 128,553 128,553 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses **c** Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other **7 a** Gross amount from sales of 103,462, assets other than inventory b Less: cost or other basis Other Revenue and sales expenses 7с 103,462. c Gain or (loss) 103,462. 103,462. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 11 a OTHER SUPPORT 900099 31,784 31,784. b d All other revenue 31,784. e Total. Add lines 11a-11d 11,616,830. 9,338,750. 263,799. Total revenue. See instructions

332009 12-21-23

# Part IX | Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respor	(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	62,544.	62,544.		
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,				
	trustees, and key employees	155,000.	136,324.	18,676.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,125,434.	6,266,905.	858,529.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	123,647.	117,346.	6,301.	
9	Other employee benefits	766,646.	727,579.	39,067.	
10	Payroll taxes	538,630.	511,182.	27,448.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	66,708.		66,708.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	594,374.	542,794.	51,580.	
12	Advertising and promotion	5,448.	871.	4,577.	
13	Office expenses	79,498.	27,786.	51,712.	
14	Information technology				
15	Royalties				
16	Occupancy	274,363.	129,756.	144,607.	
17	Travel	311,885.	288,853.	23,032.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	60,213.	4,284.	55,929.	
20	Interest	819.		819.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	70,383.		70,383.	
23	Insurance	186,344.	177,483.	8,861.	
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.)	276 444	227 000	10 256	
		376,444.	327,088.	49,356.	
		193,794.	192,295.	1,499.	
С	DUES & SUBSCRIPSTION	150,191.	9,880.	140,311.	
d	TELEPHONE AND COMMUNICA	81,575.	71,540.	10,035.	
	All other expenses	74,344.	74,091.	253.	
<u>25</u>	Total functional expenses. Add lines 1 through 24e	11,298,284.	9,668,601.	1,629,683.	0
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

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 924,802. 798,079. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 669,737. 331,518. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 3,335. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 3,413,563. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation 10b 1,743,694. 1,648,070. 1,669,869. 10c 11 Investments - publicly traded securities 11 1,189,343. 3,608,027. Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 1,412,305. 1,101,479. 15 15 Other assets. See Part IV, line 11 5,847,592. 7,508,972. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 312,882. 541,885. 17 Accounts payable and accrued expenses 17 Grants payable 18 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 491,007. 827,851. Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties ..... Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 750,576. 1,355,937. of Schedule D 1,554,465. 2,725,673. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 4,293,127. 4,783,299. 27 27 Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 4,783,299. 4,293,127. 32 Total net assets or fund balances 32 5.847.592. 7,508,972. 33 Total liabilities and net assets/fund balances .

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,61	.6,8	<u>30.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,29	8,2	84.
3	Revenue less expenses. Subtract line 2 from line 1	3	31	.8,5	46.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,29	3,1	27.
5	Net unrealized gains (losses) on investments	5	22	1,6	26.
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	- 5	0,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,78	3,2	99.
Pa	rt XII Financial Statements and Reporting	•	-		
	Check if Schedule O contains a response or note to any line in this Part XII				
	•			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	,			
	Separate basis X 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	audit.			
_	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	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?		За		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	<u>Ju</u>		
-	or audits, explain why on Schedule Q and describe any steps taken to undergo such audits		3h		

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

JEWISH SERVICE FOR THE DEVELOPMENTALLY

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

OMB No. 1545-0047

**Employer identification number** 

Open to Public Inspection

DISABLED OF METROWEST, 22-3479872 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

DISABLED OF METROWEST, INC.

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

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	718,744.	2168480.	5619703.	1087432.	2014281.	11608640.	
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	718,744.	2168480.	5619703.	1087432.	2014281.	11608640.	
	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						11608640.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	718,744.	2168480.	5619703.	1087432.	2014281.	11608640.	
	Gross income from interest,		)					
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	7,548.	4,931.	3,168.	93,438.	128,553.	237,638.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)		1,000.			31,784.	32,784.	
11	<b>Total support.</b> Add lines 7 through 10						11879062.	
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 34	<u>,389,477.</u>	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)		
	organization, check this box and stop	here						
	tion C. Computation of Publi							
	Public support percentage for 2023 (li					14	97.72 %	
	Public support percentage from 2022					15	98.73 %	
16a	16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization							
17a	10% -facts-and-circumstances test							
	and if the organization meets the facts		•	•	•	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				•			
	organization meets the facts-and-circu							
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 1/a, or 17b	o, cneck this box ar		(Farm 000) 2003	

Schedule A (Form 990) 2023

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

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

Sed	ction A. Public Support	siow, piease comp	nete i art ii.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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 business under section 513						
4							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	<u> </u>					
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)	_			_		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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						
_	Add lines 10a and 10b						
	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 the	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
_	check this box and stop here		<u></u>				
	tion C. Computation of Publi						
	Public support percentage for 2023 (li		- ·	column (f))		15	<u>%</u>
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					Г. <u>.</u> Г	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2023. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	organization did n	ot check a box or	n line 14 or line 19	a, and line 16 is mo	re than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, check		-	· ·		-	
20	Private foundation. If the organization	n did not check a '	box on line 14 19	a or 19b check th	nis box and see inst	tructions	

332023 12-21-23

Schedule A (Form 990) 2023

### 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.)

	Yes	No
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2		
3a		
3b		
3c		
4a		
4b		
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5c		
6		
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9b		
35		
9с		
10a		
10b		

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11 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  b A family member of a person described on line 11a above?  c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization other than the supported organization organization operated, supervised, or controlled the supporting organization of the than the supported organization organization of the supporting organization.  2 Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization's upporting organizations.	Pai	t IV   Supporting Organizations (continued)			
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1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test. Complete line 2 below.		supported organizations played in this regard.	3		
a The organization satisfied the Activities Test. Complete line 2 below.	Sec	tion E. Type III Functionally Integrated Supporting Organizations			
			•		
<b>b</b> The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .	а				
	b				
c Interpretation supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			struction	, ,	
	2			Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	а				
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			0-		
that these activities constituted substantially all of its activities.		•	2a		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	D				
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			01-		
these activities but for the organization's involvement.  2b	_	•	20		
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	а		2-		
trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b> 8  9  10  11  13  13  14  15  15  16  17  18  18  18  18  18  18  18  18  18	h	·	Jd		
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.	D		2h		

15000108 795584 60259.00

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	izations	_ <u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	Nov. 20, 1970 ( explain in <b>P</b>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion 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	ion 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	ion 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			

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

emergency temporary reduction (see instructions).

DISABLED OF METROWEST, Schedule A (Form 990) 2023

Part V | Type III Non 22-3479872 Page 7 INC.

Par	t v   Type III Non-Functionally integrated 509	(a)(3) Supporting Organ	nizations (continu	<u>ied)                                    </u>	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	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		3	
	Amounts paid to acquire exempt-use assets	· · · · · ·		4	
	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.	orrac actano ni		6	
	Total annual distributions. Add lines 1 through 6.			7	
	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
	Distributable amount for 2023 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ıs	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			ı	
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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	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.				
	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
<del></del>	Evenes from 2002				

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

21

# Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

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

OMB No. 1545-0047

**2023** 

Name of the organization

JEWISH SERVICE FOR THE DEVELOPMENTALLY DISABLED OF METROWEST, INC.

Employer identification number

22-3479872

Organization type (check one):						
Filers of:		Section:				
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> 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				
Note: Onl	y a section 501(c)(7	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a <b>Special</b> Rule. See instructions.				
	For an organization property) from any	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
5	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.					
c I	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 "N/A" in column (b) instead of the contributor name and address), II, and III.					
i )	vear, contributions s checked, enter ho ourpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively expect, contributions totaling \$5,000 or more during the year \$				
answer "N	lo" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 requirements of Schedule B (Form 990).				

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2** 

Name of organization

JEWISH SERVICE FOR THE DEVELOPMENTALLY
DISABLED OF METROWEST, INC.

Employer identification number

22-3479872

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ELLEN AND JONAH ZIMILES  25 MOUNTAIN AVENUE  MAPLEWOOD, NJ 07040	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LORI SOLOMON  26 MAYWOOD CT  NORTH CALDWELL, NJ 07006	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NJ HOUSING & MORTGAGE FINANCE AGENCY  101 SOUTH BROAD ST, POB 051  TRENTON, NJ 07625	s 196,534.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	US DEPARTMENT OF HEALTH AND HUMAN SERVICES  200 INDEPENDENCE AVE SW  WASHINGTON, DC 20201	\$620,598.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Tallo, addition, and Eli TT	\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization **Employer identification number** JEWISH SERVICE FOR THE DEVELOPMENTALLY DISABLED OF METROWEST, INC.

22-3479872

TOADI	LED OF METROWEST, INC.		22-34/98/2
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. From Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. From Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

**Employer identification number** Name of organization JEWISH SERVICE FOR THE DEVELOPMENTALLY DISABLED OF METROWEST, 22-3479872 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

JEWISH SERVICE FOR THE DEVELOPMENTALLY DISABLED OF METROWEST, INC.

**Employer identification number** 22-3479872

Total number at end of year   2 Aggregate value of contributions to (during year)   3 Aggregate value of contributions to (during year)   4 Aggregate value at and of year   5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimisate purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimisate purpose and to for the benefit of the donor or donor advisor, or for any other purpose conferring imperimisate purpose problem in the properties of the purpose conferring imperimisate purpose problem in the properties of the purpose conferring imperimisate purpose problem in the properties of the purpose conferring imperimisate purpose on the purpose conferring imperimisate purpose of seasonates. Complete in the properties of purpose conferring imperimentation of a conservation easement and a qualified conservation conservation of a conservation easement in the properties of the purpose of the purpose of the purpose of the properties of the purpose of	Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
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year	3		eased, extinguished, or terminated by the	e organization during the tax
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  (i) Revenue included on Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to t				
violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Boes each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1  \$    If the organization received or held works of art, historical treasures, or other	4	Number of states where property subject to conservation eas	ement is located	
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?  I yes No  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  Revenue included on Form 990, Part XIII, line 1  Signature of the part XIII to the service of the provided on Form 990, Part XIII, line 1	5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii)		violations, and enforcement of the conservation easements it	holds?	Yes No
B Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X   \$  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1  \$  [In the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1	6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing cons	servation easements during the year
and section 170(h)(4)(B)(iii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  Ia If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  If the organization received on Form 990, Part VIII, line 1  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  Revenue included on Form 990, Part VIII, line 1  Revenue included on Form 990, Part VIII, line 1	7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part X \$  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1 \$  Revenue included on Form 990, Part VIII, line 1 \$  Revenue included on Form 990, Part VIII, line 1 \$  Revenue included on Form 990, Part VIII, line 1 \$  Revenue included on Form 990, Part VIII, line 1 \$  Revenue included on Form 990, Part VIII, line 1 \$  Revenue included on Form 990, Part VIII, line 1 \$  Revenue included on Form 990, Part VIII, line 1 \$  Revenue included on Form 990, Part VIII, line 1	8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	)(4)(B)(i)
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1  \$		and section 170(h)(4)(B)(ii)?		Yes No
organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1	9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1  \$			ote to the organization's financial statem	ents that describes the
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If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  S  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1  \$  [Insert ASB ASC 958 relating to these items:  [Insert ASB ASC 958 relating to the service items:  [Insert ASB ASC 958 relating to the service items:  [Insert ASB ASC 958 relating to the service items:  [Insert ASB ASC 958 relating to the service items:  [In	Pa			ther Similar Assets.
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  \$  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1  \$				and halance sheet works
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1 \$  (ii) Assets included in Form 990, Part X \$  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1 \$	та	, ,	,	
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provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ь			
(i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1  \$			exhibition, education, or research in furti	lerance of public service,
<ul> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> </ul>				\$
<ul> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> </ul>		(m) A		
the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1 \$	2			 Laain provide
a Revenue included on Form 990, Part VIII, line 1	_			a gan, provide
	a		-	\$
<b>b</b> Assets included in Form 990, Part X \$				

332051 09-28-23

Schedule D (Form 990) 2023

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

	t III   Organizations Maintaining Co	ollections of Ar			Other S			19612 Continu		ige Z
3	Using the organization's acquisition, accession		-					(COITHII)	ieu)	
Ū	collection items (check all that apply).	in, and other record	s, criccit arry or th	ic following that i	nake sign	ilicant us	oc or its			
а	Public exhibition	d	I Dan or	exchange progran	n					
b	Scholarly research	e		skonange program						
C	Preservation for future generations	•	otriei _							
4	Provide a description of the organization's co	llections and explain	how they further	r the organization	's evemnt	nurnosa	a in Dart	YIII		
5	During the year, did the organization solicit or						Jiiii ait	AIII.		
3	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang				es" on For					110
	reported an amount on Form 990, Part		te ii tile organiza	don answered Te	53 011101	111 990, 1	art iv, ii	116 3, 01		
12	Is the organization an agent, trustee, custodia		diany for contribut	ions or other asse	ets not inc	luded				
Ia	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII a						∟	_ 1 <del>C</del> S		INO
b	ii res, explain the arrangement in Fart Alli a	ind complete the for	lowing table.					Amount		
_	Beginning balance					1c		7 1110 01110		
						1d				
	Additions during the year					1e				
•	Distributions during the year					1f				
22	Ending balance							Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII.					·		_ 1 <del>C</del> S	$\vdash$	] <b>NO</b>
	t V Endowment Funds Complete if									
1 0.11	= inde in inde dompicte in	(a) Current year	(b) Prior year	(c) Two years		Three ye	ars hack	(e) Four	vears l	hack
1a	Beginning of year balance	(a) carrone your	(b) i noi your	(c) The years	Duon (u)	7 1111 00 90	aro buon	(5) 1 541	y our o	
la h	Contributions									
D	Net investment earnings, gains, and losses									
4										
a	Grants or scholarships Other expanditures for facilities									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance	et was and balance	o (line 1 a column	(a)) hold oo:						
2	Provide the estimated percentage of the curre Board designated or guasi-endowment	ent year end balance	% (iiiie 1g, coluiliii	r(a)) rield as.						
a		%								
D	Permanent endowment	<sup>70</sup>								
С	Term endowment 9 The percentages on lines 2a, 2b, and 2c should be	-								
0-	, ,	•	At a sea Alaca A casa da a la	l and a desirable	-l <b>f t</b>					
Зa	Are there endowment funds not in the posses	ssion of the organiza	ition that are neit	and administered	d for the			Г	Yes	No
	organization by:								163	140
								3a(i)		
								3a(ii)		
	If "Yes" on line 3a(ii), are the related organizat			ጓ?				3b		—
Dar	Describe in Part XIII the intended uses of the total Land, Buildings, and Equipme		wment tunas.							
ı aı	Complete if the organization answered		Dort IV line 11	Soo Form 000 I	Dart V line	. 10				
			í	T T			<del>. T</del>	(-IV P :		
	Description of property	(a) Cost or o	` ' '	ost or other		umulated	'	(d) Book	value	<del>)</del>
		basis (investr		sis (other)	depre	ciation		600		17
	Land			506,607.	1 1 0	1 44	_	606		
	Buildings		4,.	L18,942.	Ι, Ι6	1,44	<del>   -   -                            </del>	957	, 45	<u>, / •  </u>
	Leasehold improvements			167 200	2.0	1 (2	4	1 0 -		
	Equipment			167,399.		$\frac{1,63}{0.61}$		105	, /6	
	Other			220,615.	22	0,61	<del></del>	1 (()	0.7	0.
Total	. Add lines 1a through 1e. (Column (d) must ed	aual Form 990 Part	X line 10c colui	mn (B))				1,669	, ot	<b>)</b> 9 •

Schedule D (Form 990) 2023

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

Schedule D (Form 990) 2023 DISABLED OF	METROWEST, IN	IC. 2	22-3479872 Page 3
Part VII Investments - Other Securities	•		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENT IN JCF			
(B) ENDOWMENT	265,848.	END-OF-YEAR MARKE	T VALUE
(C) INVESTMENT STATE OF			
(D) ISRAEL	40.	END-OF-YEAR MARKE	T VALUE
(E) INVESTMENT EGAN-HIGH			
(F) TOWER 2378	2,343,511.	END-OF-YEAR MARKE	T VALUE
(G) INVESTMENT EGAN-HIGH			
(H) TOWER 4673	599,132.	END-OF-YEAR MARKE	T VALUE
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	3,608,027.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1		
(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 Other Assets			
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) INTANGIBLE ASSETS			80,602.
(2) DUE FROM RELATED PARTY			121,856.
(3) ERC RECEIVABLE	("		19,218.
(4) NET OPERATING LEASE - RIG	HT OF USE ("RO	U") ASSET	879,803.
(5)			
(6)			
(7)			
(8)			
(9)			4 4 9 4 4 7 9
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		1,101,479.
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11t. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes	O.D.		
(2) DUE TO TEWISH FEDERATION	C) P°		i i

1. (a) Description of liability (b) Book value

(1) Federal income taxes
(2) DUE TO JEWISH FEDERATION OF
(3) GREATER MWNJ
(4) MEDICAID RESERVE
(5) OPERATING LEASE OBLIGATION
(6)
(7)
(8)

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

Schedule D (Form 990) 2023

1,355,937.

332053 09-28-23

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

Schedule D (Form 990) 2023

DISABLED OF METROWEST, INC.

22-3479872 Page 4

Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Rever	nue per Return	.go -
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			
Ра	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expe	nses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а		1 1		
-	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
-	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	4b	4c	
b c 5	Other (Describe in Part XIII.)	4b		

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 EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR

INCOME TAXES HAS BEEN RECORDED IN THE COMBINED STATEMENT OF ACTIVITIES AND

CHANGE IN NET ASSETS. BASED ON EVALUATIONS OF THE ORGANIZATION'S TAX

POSITIONS, THE ORGANIZATION BELIEVES ALL POSITIONS TAKEN WOULD MORE LIKELY

THAN NOT BE REALIZED. THERE ARE NO UNCERTAIN TAX POSITIONS THAT HAVE BEEN

RECORDED AT ANY OF THE ORGANIZATIONS AND THERE ARE NO OPEN YEARS SUBJECT

TO EXAMINATION PRIOR TO JUNE 30, 2020. IN ADDITION, THERE ARE NO INCOME

TAX RELATED PENALTIES OR INTEREST FOR THE PERIODS REPORTED IN THESE

COMBINED FINANCIAL STATEMENTS.

Schedule D (Form 990) 2023

332054 09-28-23

Schedule D (Form 990) 2023

Part XIII | Supplemental Information (continued)

<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
, ,		, , , , , , , , , , , , , , , , , , , ,
VESTMENT EGAN-HIGH TOWER 4674	399,496.	EOY MARKET VALUI
	111	

332421 04-01-23

Schedule D (Form 990) 31

# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

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

JEWISH SERVICE FOR THE DEVELOPMENTALLY

DISABLED OF METROWEST

Open to Public OMB No. 1545-0047

**Employer identification number** 

Inspection

22-3479872

H								
Part I General Information on Grants and Assistance	nd Assistance							
1 Does the organization maintain records to substantiate the amount of	o substantiate the		or assistance, the c	grantees' eligibility	for the grants or assis	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
criteria used to award the grants or assistance?	tance?						Yes	ŝ
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for monit	oring the use of grant f	unds in the United	States.				
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Con recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	<b>Jomestic Organiz</b> 35,000. Part II can	zations and Domestic be duplicated if additic	<b>Domestic Governments.</b> Conditional space is neede	omplete if the orga ed.	nization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ded.	IV, line 21, for any	
1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
JEWISH ASSOCIATION FOR SPECIAL NEEDS, INC - 310 EISENHOWER PKWY - LIVINGSTON, NJ 07039	52-1824345	501 (C) (3)	25,044.	.0			FOR PROGRAM USE	
WHIPPANY JEWISH ASSOCIATION FOR SPECIAL NEEDS, INC 310 EISENHOWER PKWY - LIVINGSTON, NJ 07039	20-8056589	501 (C) (3)	20,000.	.0			FOR PROGRAM USE	
			Τ					
				1				
<ul> <li>Enter total number of section 501(c)(3) and government organizations I</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	nd government org	ions	isted in the line 1 table					
₽	e Instructions for	. Form 990.					Schedule I (Form 990) 2023	ន្ត

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332101 11-01-23

Schedule | (Form 990) 2023 DISABLED OF METROWEST, INC.

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.

Page 2

22-3479872

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
		L			
Part IV   Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	

Schedule I (Form 990) 2023

332102 11-01-23

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### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

JEWISH SERVICE FOR THE DEVELOPMENTALLY

DISABLED OF METROWEST, INC.

Employer identification number 22-3479872

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X 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:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:	_		37
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	-		v
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	_		x
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		$\vdash^{\Lambda}$
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

# JEWISH SERVICE FOR THE DEVELOPMENTALLY

DISABLED OF METROWEST, INC.

Schedule J (Form 990) 2023

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

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Page 2

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.

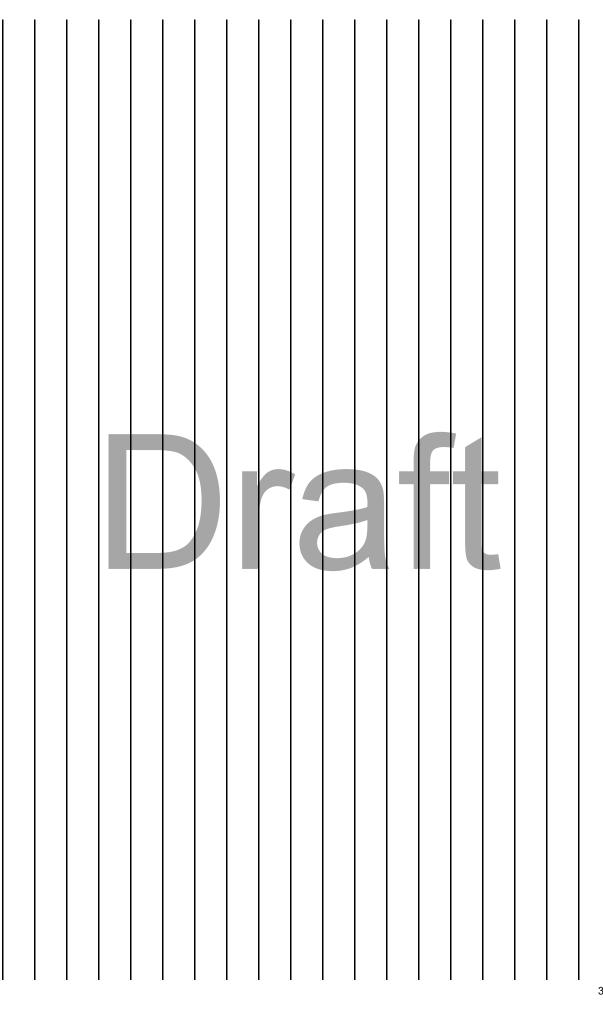
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	-	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	2 and/or 1099-MISC compensation	3 and/or 1099-NEC	(C) Retirement and other deferred	( <b>D</b> ) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 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) LINDA PRESS	(i)	173,032.	0.	• 0	0	0	173,032.	0
EXECUTIVE DIRECTOR	(ii)	• 0	0.	0	• 0	• 0	• 0	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<b>(II)</b>							
	(i)							
	<b>(II)</b>							
	(i)							
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	(i)							
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	Ξ							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
25	Ξ							
	(ii)							
							Schedu	Schedule J (Form 990) 2023

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JEWISH SERVICE FOR THE DEVELOPMENTALLY DISABLED OF METROWEST, INC.

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Part III Supplemental Information Schedule J (Form 990) 2023



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Schedule J (Form 990) 2023

### **SCHEDULE 0** (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

JEWISH SERVICE FOR THE DEVELOPMENTALLY DISABLED OF METROWEST, INC.

**Employer identification number** 22-3479872

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATIONAL AND CHARITABLE PURPOSES IN SUPPORT OF THE ACTIVITIES
CARRIED OUT BY JEWISH SERVICE FOR THE DEVELOPMENTALLY DISABLED OF
METROWEST, INC. THOSE ACTIVITIES INCLUDE BUT ARE NOT LIMITED TO THE
DEVELOPMENT AND IMPLEMENTATION OF JSDD'S COMMUNITY-BASED RESIDENTIAL
SERVICES, JSDD'S WAE CENTER, JSDD'S THERAPEUTIC SERVICES, AND THE HEIDI
GALLERY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OPPORTUNITIES FOR COMMUNITY INTEGRATION.
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
LIFE HOME TECH PROGRAM
LIFE   HOME   TECH USES TECHNOLOGY SOLUTIONS TO SUPPORT INDIVIDUALS IN
ACHIEVING GOALS. AND OPTIMIZING DAILY ROUTINES. THIS ALLOWS FOR A
GREATER LEVEL OF INDEPENDENCE AND AN IMPROVED QUALITY OF LIFE. USING A
PERSON-CENTERED APPROACH WITH A FOCUS ON THE SPECIFIC NEEDS AND WANTS
OF EACH INDIVIDUAL, THIS TECHNOLOGY IS BEING INTEGRATED INTO
RESIDENTIAL SETTINGS.

FORM 990, PART VI, SECTION A, LINE 2:

LOIS ROSE & BETH ROSE HAVE A FAMLIY RELATIONSHIP.

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

WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO

BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS SUBMITTED ELECTRONICALLY

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

Schedule O (Form 990) 2023

332211 11-14-23

<u>Schedule O (Form 990) 2023</u> Page **2** 

Name of the organization JEWISH SERVICE FOR THE DEVELOPMENTALLY
DISABLED OF METROWEST, INC.

Employer identification number 22-3479872

TO THE ORGANIZATION'S BOARD OF TRUSTEES FOR ANY COMMENTS PRIOR TO ITS

SUBMISSION. THE BOARD OF TRUSTEES IS PROVIDED WITH TIME TO REVIEW THE

PREPARED FORM 990 AND PROVIDE THEIR COMMENTS. ONCE ALL COMMENTS ARE

ADDRESSED, THE RETURN IS FINALIZED AND APPROVED FOR FILING.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY. ALL TRUSTEES AND KEY

EMPLOYEES ARE REQUIRED TO DISCLOSE INTERESTS THAT COULD GIVE RISE TO

CONFLICTS. ALL INTERESTS REPORTED ARE REVIEWED BY THE BOARD FOR COMPLIANCE

WITH THE POLICY OR ACTION IF REQUIRED AFTER REVIEW.

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

THE ORGANIZATION HAS COMPENSATION PROCEDURES THAT INCLUDE AN ANNUAL REVIEW
AND APPROVAL FOR KEY EMPLOYEES SALARIES BY THE BOARD OF TRUSTEES THROUGH
THE BUDGET PROCESS. AS PART OF THE BUDGET PROCESS, SALARIES FOR KEY
EMPLOYEES ARE REVIEWED. COMPARABILITY WITH SALARIES FOR POSITIONS WITH
SIMILAR RESPONSIBILITIES, WITHIN LIKE SIZE ORGANIZATIONS, WITHIN THE REGION
ARE MADE ON A REGULAR BASIS. ADDITIONALLY, THERE IS INFORMATION AVAILABLE
ON SALARIES FOR ORGANIZATIONS WITHIN THE STATE THAT PROVIDE THE SAME TYPE
OF SERVICE THAT IS ALSO UTILIZED.

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

THE FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE ON REQUEST. ADDITIONAL GOVERNING DOCUMENTS ARE ALSO AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

MEDICAID RESERVE FOR CONTRACTUAL ADJUSTMENTS

-50,000.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 22-3479872

INC. DISABLED OF METROWEST, Name of the organization

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

Part I

Go to www.irs.gov/Form990 for instructions and the latest information. SERVICE FOR THE DEVELOPMENTALLY JEWISH

Direct controlling End-of-year assets Total income ூ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

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. Part II

(a)	(q)	(c)	(p)	(e)	(J)	(6)	3
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b) controlled	(b)(13) ed
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	No
JEWISH ASSOCIATION FOR SPECIAL NEEDS, INC					JEWISH SERVICE		
52-1824345, 310 EISENHOWER PKWY, LIVINGSTON,					FOR THE		
NJ 07039	GROUP HOME	NEW JERSEY	501(C)(3)	LINE 10	DEVELOPMENTALLY	×	
JEWISH ASSOCIATION FOR SPECIAL NEEDS II,					JEWISH SERVICE		
INC 20-4770305, 310 EISENHOWER PKWY,					FOR THE		
LIVINGSTON, NJ 07039	GROUP HOME	NEW JERSEY	501(C)(3)	LINE 10	DEVELOPMENTALLY	×	
WHIPPANY JEWISH ASSOCIATION FOR SPECIAL					JEWISH SERVICE		
NEEDS, INC 20-8056589, 310 EISENHOWER					FOR THE		
PKWY, LIVINGSTON, NJ 07039	GROUP HOME	NEW JERSEY	501(C)(3)	LINE 10	DEVELOPMENTALLY	×	
JSDD FOUNDATION INC - 83-0766028					JEWISH SERVICE		
310 EISENHOWER PKWY					FOR THE		
LIVINGSTON, NJ 07039	SUPPORTING ORGANIZATION	NEW JERSEY	501(C)(3)	LINE 12B, II	LINE 12B, II DEVELOPMENTALLY	×	
					1		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CONTINUATIONS

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Schedule R (Form 990) 2023

JEWISH SERVICE FOR THE DEVELOPMENTALLY Schedule R (Form 990) 2023

INC. DISABLED OF METROWEST, 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.

Page 2

22-3479872

Part III

(a)	(q)	(၁)	<b>(</b> 0	(e)	Œ	(6)	(F)	<u>(i)</u>	9	(K
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership
		toreign country)		sections 512-514)		dssets	Yes No	K-1 (Form 1065)	Yes	
									-	
				7						
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	anizations Taxable as	s a Corpo	ation or Trust.	omplete if the organizati	ion answered "Yes	s" on Form 990. P	art IV. line 34	I, because it had o	ne or m	ore related

Part IV Identification of Related Organizations I axable as a Corporation of Irust. organizations treated as a corporation or trust during the tax year.

ı	1	1		Ī	Ī		ı		1		ı	
	(i)	Section 512(b)(13) controlled entity?	No									
	- 6	512 cont	Yes									
	(h)	Percentage ownership										
	(6)	Share of end-of-year										
	(f)	Share of total income										
	(e)	ype of entity corp, S corp	OI ti dat)									
	(p)	Legal domicile Direct controlling Ty (C foreign			,							
	(c)	Legal domicile (state or foreign	country)									
	(q)	Primary activity										
	(a)	Name, address, and EIN of related organization									40	

Schedule R (Form 990) 2023

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22-3479872

Page 3

DISABLED OF METROWEST, INC.

Schedule R (Form 990) 2023

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

× Yes ᆵ 2 ٩ 우 ÷ 2 유 ₽ <u>e</u> ¥ Method of determining amount involved = 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 COSI 4,288. ALLOCATED COST 6,110. ALLOCATED COST 3,718. ALLOCATED COST 354,689.ALLOCATED 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? 25,044.CASH 20,000.CASH (c) Amount involved **(b)** Transaction type (a-s) 0 0 ф ф 0 Д Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity INC INC JEWISH ASSOCIATION FOR SPECIAL NEEDS II, WHIPPANY JEWISH ASSOCIATION FOR SPECIAL WHIPPANY JEWISH ASSOCIATION FOR SPECIAL Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) (4) JEWISH ASSOCIATION FOR SPECIAL NEEDS, (2) JEWISH ASSOCIATION FOR SPECIAL NEEDS Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) INC (1) JSDD FOUNDATION, (3) NEEDS, INC. (6) NEEDS, INC. (5) INC Ε a ۵ \_ 6 ۵ Б N 41

Schedule R (Form 990) 2023

JEWISH SERVICE FOR THE DEVELOPMENTALLY DISABLED OF METROWEST, INC.

22-3479872

Schedule R (Form 990) DISABLED OI

Part V | Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

<b>(a)</b> Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) JSDD FOUNDATION, INC	Ж	112,500. CASH	CASH
(8)			
(6)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
( <b>54</b> )			

INC. DISABLED OF METROWEST,

Schedule R (Form 990) 2023

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.

(h)         (i)         (j)         (k)           Dispupor- tionate allocations/2 of Schedule K-1         General or Percentage General or Percentage General or Percentage General or Percentage Ownership Of Schedule K-1           Ves   No         (Form 1065)         Yes   No				Schedule B (Form 990) 2023
				je si
Share of Share of total end-of-year assets				
(d)  (e)  Are all  Predominant income partners sec.  (related, unrelated, 501(c)(3)  excluded from tax under ongs.7  sections 512-514)  Yes No	Г	r	F	
Legal domicile (related (state or foreign sculuded in country)	_			
(b) Primary activity				
(a) Name, address, and EIN of entity				43

Schedule R (Form 990) 2023 332165 09-28-23