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Form 990

## Return of Organization Exempt From Income Tax

2013

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

Open to Public Inspection

► Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

► Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

## A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

|  |  |            |  |
|--|--|------------|--|
| B Check if applicable                        | C Name of organization<br>JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA                |            | D Employer identification number<br>13-5599486 |
| <input type="checkbox"/> Address change      | Doing Business As  |            |  |
| <input type="checkbox"/> Name change         |  |            |  |
| <input type="checkbox"/> Initial return      | Number and street (or P O box if mail is not delivered to street address)<br>520 EIGHTH AVENUE | Room/suite | E Telephone number<br>(212) 786-5141           |
| <input type="checkbox"/> Terminated          |  |            |  |
| <input type="checkbox"/> Amended return      | City or town, state or province, country, and ZIP or foreign postal code<br>NEW YORK, NY 10018 |            |  |
| <input type="checkbox"/> Application pending |  |            | G Gross receipts \$ 18,384,996                 |

|   |  |
|---|--|
| F Name and address of principal officer<br>ALLAN FINKELSTEIN<br>520 EIGHTH AVENUE<br>NEW YORK, NY 10018 | H(a) Is this a group return for subordinates?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|   | H(b) Are all subordinates included?<br>If "No," attach a list (see instructions)                                     |
|   | H(c) Group exemption number ►  |

|   |                          |                              |
|---|--------------------------|------------------------------|
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | L Year of formation 1917 | M State of legal domicile NY |
|---|--------------------------|------------------------------|

## Part I Summary

|   |    |    |
|---|----|----|
| 1 Briefly describe the organization's mission or most significant activities<br>JCC ASSOCIATION STRENGTHENS JEWISH LIFE IN NORTH AMERICA THROUGH DIRECT SERVICE TO AFFILIATE JCCS, YM/YWHA'S AND CAMPS, BY PROVIDING LEADERSHIP AND GUIDANCE TO THE JCC MOVEMENT. IN ADDITION, THE JCC ASSOCIATION SERVES JEWISH PERSONNEL IN THE ARMED FORCES THROUGH THE JEWISH WELFARE BOARD |    |    |
| 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets   |    |    |
| 3 Number of voting members of the governing body (Part VI, line 1a) . . . . .   | 3  | 92 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .   | 4  | 92 |
| 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) . . . . .  | 5  | 66 |
| 6 Total number of volunteers (estimate if necessary) . . . . .  | 6  | 0  |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .   | 7a | 0  |
| b Net unrelated business taxable income from Form 990-T, line 34 . . . . .  | 7b | 0  |

|   |                      |                        |
|---|----------------------|------------------------|
| 8 Contributions and grants (Part VIII, line 1h) . . . . .                                     | Prior Year 8,501,236 | Current Year 9,171,464 |
| 9 Program service revenue (Part VIII, line 2g) . . . . .                                      | 2,544,229            | 2,881,738              |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .                    | 368,014              | 1,386,594              |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                   | 1,067,953            | 7,801                  |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . | 12,481,432           | 13,447,597             |

|  |            |            |
|--|------------|------------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .        | 218,482    | 318,700    |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .           | 0          | 0          |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 7,751,488  | 8,083,862  |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .          | 0          | 0          |
| b Total fundraising expenses (Part IX, column (D), line 25) ► 875,525                |            |            |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .            | 4,603,741  | 5,444,222  |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)          | 12,573,711 | 13,846,784 |
| 19 Revenue less expenses Subtract line 18 from line 12 . . . . .                     | -92,279    | -399,187   |

|  |                                      |                        |
|--|--------------------------------------|------------------------|
| 20 Total assets (Part X, line 16) . . . . .                            | Beginning of Current Year 22,303,461 | End of Year 24,115,753 |
| 21 Total liabilities (Part X, line 26) . . . . .                       | 7,287,957                            | 7,709,607              |
| 22 Net assets or fund balances Subtract line 21 from line 20 . . . . . | 15,015,504                           | 16,406,146             |

## Part II Signature Block

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

|           |   |                    |
|-----------|---|--------------------|
| Sign Here | Signature of officer<br>ROBERT D KIMBAL CFO<br>Type or print name and title | 2014-05-14<br>Date |
|-----------|---|--------------------|

|                        |   |                      |      |   |                |
|------------------------|---|----------------------|------|---|----------------|
| Paid Preparer Use Only | Print/Type preparer's name<br>ROBERT R LYONS CPA        | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P00227472 |
|                        | Firm's name ► MARKS PANETH LLP                          |                      |      | Firm's EIN ► 11-3518842                         |                |
|                        | Firm's address ► 685 THIRD AVENUE<br>NEW YORK, NY 10017 |                      |      | Phone no (212) 503-8800                         |                |

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

JCC ASSOCIATION STRENGTHENS JEWISH LIFE IN NORTH AMERICA THROUGH DIRECT SERVICE TO AFFILIATE JCCS, YM/YMHA'S AND CAMPS AND BY PROVIDING LEADERSHIP AND GUIDANCE TO THE JCC MOVEMENT IN ADDITION, WE SERVE JEWISH PERSONNEL IN THE ARMED FORCES THROUGH THE JEWISH WELFARE BOARD

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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  No

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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 3,724,494 including grants of \$ 218,700 ) (Revenue \$ 1,715,286 )  
 PROGRAM ENRICHMENT SERVICES- THIS PROGRAM DEVELOPS SIGNATURE PROGRAMS FOR MEMBER JCCS AND PROVIDES CONSULTING ON THE PROGRAMMING NEEDS OF THE JCCS

**4b** (Code ) (Expenses \$ 3,325,087 including grants of \$ ) (Revenue \$ 9,600 )  
 COMMUNITY CONSULTATION SERVICES - THIS PROGRAM PROVIDES CONSULTING SERVICES TO JCCS IN THE AREA OF GENERAL MANAGEMENT, FINANCIAL MANAGEMENT AND GOVERNANCE IN ADDITION, THE MANDEL CENTER FOR EXCELLENCE IN LEADERSHIP AND MANAGEMENT HAS BEEN INVOLVED IN DEVELOPING OPERATIONAL BENCHMARKS FOR JCCS

**4c** (Code ) (Expenses \$ 2,374,223 including grants of \$ 20,000 ) (Revenue \$ 826,025 )  
 JEWISH EDUCATION SERVICES- THIS PROGRAM DEVELOPS PROGRAMS FOR JCCS TO OPERATE THAT HAVE SIGNIFICANT JEWISH CONTENT IN ADDITION, SEMINARS IN ISRAEL FOR PROFESSIONAL STAFF AND LAY LEADERS OF JCCS ARE PERFORMED THROUGH THIS PROGRAM

(Code ) (Expenses \$ 1,145,146 including grants of \$ 80,000 ) (Revenue \$ 326,761 )  
 PERSONNEL SERVICES- THIS PROGRAM DEALS WITH ALL MATTERS RELATED TO THE 3,000 PROFESSIONALS WORKING IN JEWISH COMMUNITY CENTERS THROUGHOUT NORTH AMERICA THE PROGRAM INCLUDES RECRUITING QUALITY PROFESSIONALS TO FILL VACANCIES IN JCCS, ENHANCING A JCC'S STAFF RETENTION POTENTIAL, MONITORING AND LEADING CHANGES IN PERSONNEL PRACTICE, STUDYING AND PUBLICATION OF TRENDS, INCLUDING SALARIES

(Code ) (Expenses \$ 508,941 including grants of \$ ) (Revenue \$ 4,066 )  
 DIRECT SERVICE TO THE MILITARY - THIS PROGRAM WORKS WITH ALL BRANCHES OF THE US MILITARY TO ENDORSE JEWISH CHAPLAINS AND PROVIDES SERVICES TO ACTIVATE DUTY PERSONNEL, THEIR FAMILIES AND THOSE IN VETERANS HOSPITALS

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

(Expenses \$ 1,654,087 including grants of \$ 80,000 ) (Revenue \$ 330,827 )

**4e** Total program service expenses ► 11,077,891

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

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

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

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

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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 XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

|     | Yes | No |
|-----|-----|----|
| 1   | Yes |    |
| 2   | Yes |    |
| 3   |     | No |
| 4   |     | No |
| 5   |     | No |
| 6   |     | No |
| 7   |     | No |
| 8   |     | No |
| 9   |     | No |
| 10  | Yes |    |
| 11a | Yes |    |
| 11b | Yes |    |
| 11c |     | No |
| 11d |     | No |
| 11e | Yes |    |
| 11f | Yes |    |
| 12a | Yes |    |
| 12b |     | No |
| 13  |     | No |
| 14a | Yes |    |
| 14b | Yes |    |
| 15  |     | No |
| 16  |     | No |
| 17  |     | No |
| 18  |     | No |
| 19  |     | No |
| 20a |     | No |
| 20b |     |    |

**Part IV Checklist of Required Schedules (continued)**

|     |   |                          |     |     |  |
|-----|---|--------------------------|-----|-----|--|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | <input type="checkbox"/> | 21  | Yes |  |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | <input type="checkbox"/> | 22  | Yes |  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  | <input type="checkbox"/> | 23  | Yes |  |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a                            | <input type="checkbox"/> | 24a | No  |  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | <input type="checkbox"/> | 24b |     |  |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | <input type="checkbox"/> | 24c |     |  |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | <input type="checkbox"/> | 24d |     |  |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | <input type="checkbox"/> | 25a | No  |  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                                       | <input type="checkbox"/> | 25b | No  |  |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II                                    | <input type="checkbox"/> | 26  | Yes |  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | <input type="checkbox"/> | 27  | No  |  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  |                          |     |     |  |
| a   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | <input type="checkbox"/> | 28a | No  |  |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | <input type="checkbox"/> | 28b | No  |  |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | <input type="checkbox"/> | 28c | No  |  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | <input type="checkbox"/> | 29  | No  |  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | <input type="checkbox"/> | 30  | No  |  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | <input type="checkbox"/> | 31  | No  |  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | <input type="checkbox"/> | 32  | No  |  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  | <input type="checkbox"/> | 33  | No  |  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | <input type="checkbox"/> | 34  | Yes |  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |                          | 35a | No  |  |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | <input type="checkbox"/> | 35b |     |  |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | <input type="checkbox"/> | 36  | No  |  |
| 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   | <input type="checkbox"/> | 37  | No  |  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | <input type="checkbox"/> | 38  | Yes |  |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|  |            | Yes | No            |
|--|------------|-----|---------------|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .  | <b>1a</b>  | 61  |               |
| <b>1b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . .   | <b>1b</b>  | 0   |               |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .  |            |     | <b>1c</b>     |
| <b>2a</b> 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>2a</b>  | 66  |               |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |            |     | <b>2b</b> Yes |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .  |            |     | <b>3a</b> No  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .   |            |     | <b>3b</b>     |
| <b>4a</b> 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)? . . .                           |            |     | <b>4a</b> Yes |
| <b>b</b> If "Yes," enter the name of the foreign country <b>IS, CJ</b><br>See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  |            |     |               |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .  |            |     | <b>5a</b> No  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . .  |            |     | <b>5b</b> No  |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .  |            |     | <b>5c</b>     |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .  |            |     | <b>6a</b> No  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .   |            |     | <b>6b</b>     |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   |            |     |               |
| <b>a</b> 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? . . .   |            |     | <b>7a</b> No  |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .   |            |     | <b>7b</b>     |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .  |            |     | <b>7c</b> No  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . .   | <b>7d</b>  |     |               |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .   |            |     | <b>7e</b> No  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .  |            |     | <b>7f</b> No  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .  |            |     | <b>7g</b>     |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .  |            |     | <b>7h</b>     |
| <b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . |            |     | <b>8</b>      |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>   |            |     |               |
| <b>a</b> Did the organization make any taxable distributions under section 4966? . . .   |            |     | <b>9a</b>     |
| <b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . .  |            |     | <b>9b</b>     |
| <b>10 Section 501(c)(7) organizations.</b> Enter   |            |     |               |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . .  | <b>10a</b> |     |               |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | <b>10b</b> |     |               |
| <b>11 Section 501(c)(12) organizations.</b> Enter  |            |     |               |
| <b>a</b> Gross income from members or shareholders . . .   | <b>11a</b> |     |               |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .   | <b>11b</b> |     |               |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . .  |            |     | <b>12a</b>    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .   | <b>12b</b> |     |               |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |            |     |               |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O   |            |     | <b>13a</b>    |
| <b>b</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 . . .   | <b>13b</b> |     |               |
| <b>c</b> Enter the amount of reserves on hand . . .  | <b>13c</b> |     |               |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . .  |            |     | <b>14a</b> No |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .   |            |     | <b>14b</b>    |

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

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

### Section A. Governing Body and Management

|  |           |     | Yes | No |
|--|-----------|-----|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year  | <b>1a</b> | 92  |     |    |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O             |           |     |     |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent  | <b>1b</b> | 92  |     |    |
| <b>2</b> 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?   | <b>2</b>  | Yes |     |    |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | <b>3</b>  | No  |     |    |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | <b>4</b>  | No  |     |    |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?  | <b>5</b>  | No  |     |    |
| <b>6</b> Did the organization have members or stockholders?  | <b>6</b>  | Yes |     |    |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | <b>7a</b> | No  |     |    |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | <b>7b</b> | No  |     |    |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  | <b>8a</b> | Yes |     |    |
| <b>a</b> The governing body?   | <b>8b</b> | Yes |     |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?   | <b>9</b>  | No  |     |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        |           |     |     |    |

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

|   |            | Yes | No |
|---|------------|-----|----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?   | <b>10a</b> | No  |    |
| <b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | <b>10b</b> |     |    |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | <b>11a</b> | Yes |    |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990   |            |     |    |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13  | <b>12a</b> | Yes |    |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | <b>12b</b> | Yes |    |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | <b>12c</b> | Yes |    |
| <b>13</b> Did the organization have a written whistleblower policy?   | <b>13</b>  | Yes |    |
| <b>14</b> Did the organization have a written document retention and destruction policy?  | <b>14</b>  | Yes |    |
| <b>15</b> 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?  | <b>15a</b> | Yes |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official   | <b>15b</b> | No  |    |
| <b>b</b> Other officers or key employees of the organization  |            |     |    |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  |            |     |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | <b>16a</b> | No  |    |
| <b>b</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? | <b>16b</b> |     |    |

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed  NY
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 ROBERT KIMSAI 520 8TH AVENUE  
 NEW YORK, NY 10018 (212) 786-5141

## **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 VI

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

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

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

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

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **20**

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

## **Section B. Independent Contractors**

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

|  |  | (A)<br>Total revenue    | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |
|--|--|-------------------------|--|---|---|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>  | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b> 1,066,544     |  |   |   |
|  | <b>b</b> Membership dues . . . . .   | <b>1b</b> 5,206,540     |  |   |   |
|  | <b>c</b> Fundraising events . . . . .  | <b>1c</b>               |  |   |   |
|  | <b>d</b> Related organizations . . . . .   | <b>1d</b>               |  |   |   |
|  | <b>e</b> Government grants (contributions)   | <b>1e</b>               |  |   |   |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above         | <b>1f</b> 2,898,380     |  |   |   |
|  | <b>g</b> Noncash contributions included in lines<br>1a-1f \$                                       |                         |  |   |   |
|  | <b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .   |                         | 9,171,464  |   |   |
| <b>Program Service Revenue</b>   | <b>2a</b> PROGRAM & SEMINAR FEES   | Business Code<br>900099 | 2,881,738  | 2,881,738                               |   |
|  | <b>b</b>   |                         |  |   |   |
|  | <b>c</b>   |                         |  |   |   |
|  | <b>d</b>   |                         |  |   |   |
|  | <b>e</b>   |                         |  |   |   |
|  | <b>f</b> All other program service revenue   |                         |  |   |   |
|  | <b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .   |                         | 2,881,738  |   |   |
|  | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts) . . . . . |                         | 412,994  |   | 412,994   |
| <b>4</b> Income from investment of tax-exempt bond proceeds  |  |                         |  |   |   |
| <b>5</b> Royalties . . . . .   | (I) Real (II) Personal   |                         |  |   |   |
| <b>6a</b> Gross rents  |  |                         |  |   |   |
| <b>b</b> Less rental expenses  |  |                         |  |   |   |
| <b>c</b> Rental income or (loss)   |  |                         |  |   |   |
| <b>d</b> Net rental income or (loss) . . . . .   |  |                         |  |   |   |
| <b>7a</b> Gross amount from sales of assets other than inventory   | (I) Securities (II) Other  |                         |  |   |   |
| <b>b</b> Less cost or other basis and sales expenses   | 5,910,999  |                         |  |   |   |
| <b>c</b> Gain or (loss)  | 4,937,399  |                         |  |   |   |
| <b>d</b> Net gain or (loss) . . . . .  | 973,600  |                         |  | 973,600                                 |   |
| <b>8a</b> Gross income from fundraising events (not including<br>\$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | a  |                         |  |   |   |
| <b>b</b> Less direct expenses . . . . .  | b  |                         |  |   |   |
| <b>c</b> Net income or (loss) from fundraising events . . . . .  |  |                         |  |   |   |
| <b>9a</b> Gross income from gaming activities<br>See Part IV, line 19 . . . . .  | a  |                         |  |   |   |
| <b>b</b> Less direct expenses . . . . .  | b  |                         |  |   |   |
| <b>c</b> Net income or (loss) from gaming activities . . . . .   |  |                         |  |   |   |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .  | a  |                         |  |   |   |
| <b>b</b> Less cost of goods sold . . . . .   | b  |                         |  |   |   |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .  |  |                         |  |   |   |
| <b>Miscellaneous Revenue</b>   | Business Code  |                         |  |   |   |
| <b>11a</b> OTHER INCOME  | 900099   | 7,801                   |  | 7,801                                   |   |
| <b>b</b>   |  |                         |  |   |   |
| <b>c</b>   |  |                         |  |   |   |
| <b>d</b> All other revenue . . . . .   |  |                         |  |   |   |
| <b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .   |  | 7,801                   |  |   |   |
| <b>12</b> <b>Total revenue.</b> See Instructions . . . . .   |  | 13,447,597              | 2,881,738  | 0                                       | 1,394,395   |

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | <b>(A)<br/>Total expenses</b> | <b>(B)<br/>Program service<br/>expenses</b> | <b>(C)<br/>Management and<br/>general expenses</b> | <b>(D)<br/>Fundraising<br/>expenses</b> |
|--|-------------------------------|---|--|---|
| 1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21   | 238,700                       | 238,700                                     |  |   |
| 2 Grants and other assistance to individuals in the United States See Part IV, line 22   | 80,000                        | 80,000                                      |  |   |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16  |                               |   |  |   |
| 4 Benefits paid to or for members  |                               |   |  |   |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 2,235,229                     | 1,550,988                                   | 437,420  | 246,821                                 |
| 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   | 4,230,255                     | 3,607,627                                   | 307,480  | 315,148                                 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 214,480                       | 168,311                                     | 26,094   | 20,075                                  |
| 9 Other employee benefits . . . . .  | 1,046,442                     | 839,873                                     | 118,916  | 87,653                                  |
| 10 Payroll taxes . . . . .   | 357,456                       | 274,872                                     | 54,559   | 28,025                                  |
| 11 Fees for services (non-employees)   |                               |   |  |   |
| a Management . . . . .   |                               |   |  |   |
| b Legal . . . . .  | 18,300                        |   | 18,300   |   |
| c Accounting . . . . .   | 47,527                        |   | 47,527   |   |
| d Lobbying . . . . .   |                               |   |  |   |
| e Professional fundraising services See Part IV, line 17   |                               |   |  |   |
| f Investment management fees . . . . .   |                               |   |  |   |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .   | 515,737                       | 473,005                                     | 6,147  | 36,585                                  |
| 12 Advertising and promotion . . . . .   |                               |   |  |   |
| 13 Office expenses . . . . .   | 241,004                       | 215,363                                     | 14,600   | 11,041                                  |
| 14 Information technology . . . . .  | 88,543                        | 60,097                                      | 26,721   | 1,725                                   |
| 15 Royalties . . . . .   |                               |   |  |   |
| 16 Occupancy . . . . .   | 865,772                       | 692,981                                     | 109,521  | 63,270                                  |
| 17 Travel . . . . .  | 510,041                       | 464,680                                     | 34,808   | 10,553                                  |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                               |   |  |   |
| 19 Conferences, conventions, and meetings . . . . .  | 2,096,138                     | 2,058,860                                   | 31,404   | 5,874                                   |
| 20 Interest . . . . .  |                               |   |  |   |
| 21 Payments to affiliates . . . . .  |                               |   |  |   |
| 22 Depreciation, depletion, and amortization . . . . .   | 167,765                       | 138,296                                     | 18,678   | 10,791                                  |
| 23 Insurance . . . . .   | 92,279                        | 75,931                                      | 10,362   | 5,986                                   |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )                       |                               |   |  |   |
| a BAD DEBT EXPENSE   | 532,667                       |   | 532,667  |   |
| b OTHER  | 62,059                        | 36,955                                      | 21,981   | 3,123                                   |
| c POSTAGE AND SHIPPING   | 59,388                        | 22,490                                      | 16,599   | 20,299                                  |
| d MEMBERSHIP DUES  | 55,175                        | 8,980                                       | 40,215   | 5,980                                   |
| e All other expenses   | 91,827                        | 69,882                                      | 19,369   | 2,576                                   |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | 13,846,784                    | 11,077,891                                  | 1,893,368  | 875,525                                 |
| <b>26 Joint costs.</b> 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) |                               |   |  |   |

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

|                                    |  | <b>(A)</b><br>Beginning of year | <b>(B)</b><br>End of year |
|------------------------------------|--|---------------------------------|---------------------------|
| <b>Assets</b>                      |  |                                 |                           |
| 1                                  | Cash—non-interest-bearing  | 1                               | 52,879                    |
| 2                                  | Savings and temporary cash investments   | 2                               | 544,726                   |
| 3                                  | Pledges and grants receivable, net   | 3                               | 771,323                   |
| 4                                  | Accounts receivable, net   | 4                               | 563,344                   |
| 5                                  | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L   |                                 |                           |
|                                    |  | 110,000                         | 90,000                    |
| 6                                  | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L |                                 |                           |
| 7                                  | Notes and loans receivable, net  | 6                               |                           |
| 8                                  | Inventories for sale or use  | 7                               |                           |
| 9                                  | Prepaid expenses and deferred charges  | 8                               |                           |
| 10a                                | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | 9                               | 494,265                   |
| b                                  | Less accumulated depreciation  | 10a                             | 3,125,834                 |
|                                    |  | 10b                             | 1,779,657                 |
|                                    |  | 1,411,870                       | 1,346,177                 |
| 11                                 | Investments—publicly traded securities   | 11                              | 19,337,279                |
| 12                                 | Investments—other securities See Part IV, line 11  | 12                              | 915,760                   |
| 13                                 | Investments—program-related See Part IV, line 11   | 13                              |                           |
| 14                                 | Intangible assets  | 14                              |                           |
| 15                                 | Other assets See Part IV, line 11  | 15                              |                           |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)   | 16                              | 24,115,753                |
| <b>Liabilities</b>                 |  |                                 |                           |
| 17                                 | Accounts payable and accrued expenses  | 17                              | 878,381                   |
| 18                                 | Grants payable   | 18                              |                           |
| 19                                 | Deferred revenue   | 19                              | 1,637,579                 |
| 20                                 | Tax-exempt bond liabilities  | 20                              |                           |
| 21                                 | Escrow or custodial account liability Complete Part IV of Schedule D   | 21                              |                           |
| 22                                 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L  |                                 |                           |
|                                    |  | 22                              |                           |
| 23                                 | Secured mortgages and notes payable to unrelated third parties   | 23                              |                           |
| 24                                 | Unsecured notes and loans payable to unrelated third parties   | 24                              |                           |
| 25                                 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D   |                                 |                           |
|                                    |  | 25                              | 5,193,647                 |
| 26                                 | <b>Total liabilities.</b> Add lines 17 through 25  | 26                              | 7,709,607                 |
| <b>Net Assets or Fund Balances</b> |  |                                 |                           |
|                                    | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                                 |                           |
| 27                                 | Unrestricted net assets  | 27                              | -6,404,282                |
| 28                                 | Temporarily restricted net assets  | 28                              | 5,923,946                 |
| 29                                 | Permanently restricted net assets  | 29                              | 16,886,482                |
|                                    | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                                 |                           |
| 30                                 | Capital stock or trust principal, or current funds   | 30                              |                           |
| 31                                 | Paid-in or capital surplus, or land, building or equipment fund  | 31                              |                           |
| 32                                 | Retained earnings, endowment, accumulated income, or other funds   | 32                              |                           |
| 33                                 | Total net assets or fund balances  | 33                              | 16,406,146                |
| 34                                 | <b>Total liabilities and net assets/fund balances</b>  | 34                              | 24,115,753                |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

|    |   |    |            |
|----|---|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1  | 13,447,597 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2  | 13,846,784 |
| 3  | Revenue less expenses Subtract line 2 from line 1   | 3  | -399,187   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 15,015,504 |
| 5  | Net unrealized gains (losses) on investments  | 5  | 1,197,596  |
| 6  | Donated services and use of facilities  | 6  |            |
| 7  | Investment expenses   | 7  |            |
| 8  | Prior period adjustments  | 8  | -798,541   |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)  | 9  | 1,390,774  |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 16,406,146 |

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 13-5599486  
**Name:** JEWISH COMMUNITY CENTERS ASSOCIATION OF  
 NORTH AMERICA

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

| (A)<br>Name and Title                  | (B)<br>Average<br>hours per<br>week (list<br>any hours<br>for related<br>organizations<br>below<br>dotted line) | (C)<br>Position (do not check<br>more than one box, unless<br>person is both an officer<br>and a director/trustee) |                       |         |              |                                 | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations (W-<br>2/1099-MISC) | (F)<br>Estimated amount<br>of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|--|---|--|-----------------------|---------|--------------|---------------------------------|---|--|---|
|  |   | Individual trustee<br>or director  | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee |   |  |   |
| PAULA SIDMAN<br>CHAIR                  | 5 00  | X  |                       | X       |              |                                 | 0   | 0  | 0   |
| DONALD BRODSKY<br>VICE-CHAIR           | 2 00  | X  |                       | X       |              |                                 | 0   | 0  | 0   |
| RUTH FLETCHER<br>VICE-CHAIR            | 2 00  | X  |                       | X       |              |                                 | 0   | 0  | 0   |
| BRIAN KRIFTCHER<br>VICE-CHAIR          | 3 00  | X  |                       | X       |              |                                 | 0   | 0  | 0   |
| J VICTOR SAMUELS<br>VICE-CHAIR         | 3 00  | X  |                       | X       |              |                                 | 0   | 0  | 0   |
| PHILIP SCHATTEN<br>VICE-CHAIR          | 2 00  | X  |                       | X       |              |                                 | 0   | 0  | 0   |
| STEPHEN SEIDEN<br>VICE-CHAIR           | 3 00  | X  |                       | X       |              |                                 | 0   | 0  | 0   |
| ROBIN FREDERICK<br>ASSOCIATE-SECRETARY | 3 00  | X  |                       | X       |              |                                 | 0   | 0  | 0   |
| LINDA RUSSIN<br>ASSOCIATE-SECRETARY    | 2 00  | X  |                       | X       |              |                                 | 0   | 0  | 0   |
| MERYL AINSMAN<br>DIRECTOR              | 3 00  | X  |                       |         |              |                                 | 0   | 0  | 0   |
| ARTHUR ALLEN<br>DIRECTOR               | 2 00  | X  |                       |         |              |                                 | 0   | 0  | 0   |
| JACK BAUM<br>DIRECTOR                  | 2 00  | X  |                       |         |              |                                 | 0   | 0  | 0   |
| STEPHEN BAYER<br>DIRECTOR              | 2 00  | X  |                       |         |              |                                 | 0   | 0  | 0   |
| ALVIN BERKUN<br>DIRECTOR               | 2 00  | X  |                       |         |              |                                 | 0   | 0  | 0   |
| DANIEL BERNSTEIN<br>DIRECTOR           | 2 00  | X  |                       |         |              |                                 | 0   | 0  | 0   |
| KARA BIERMAN<br>DIRECTOR               | 2 00  | X  |                       |         |              |                                 | 0   | 0  | 0   |
| HARRIET BLANK<br>DIRECTOR              | 3 00  | X  |                       |         |              |                                 | 0   | 0  | 0   |
| STEPHEN BODZIN<br>DIRECTOR             | 3 00  | X  |                       |         |              |                                 | 0   | 0  | 0   |
| LISA BRILL<br>DIRECTOR                 | 2 00  | X  |                       |         |              |                                 | 0   | 0  | 0   |
| SUSAN DIAMOND<br>DIRECTOR              | 3 00  | X  |                       |         |              |                                 | 0   | 0  | 0   |
| ANDREW EISENBERG<br>DIRECTOR           | 3 00  | X  |                       |         |              |                                 | 0   | 0  | 0   |
| MARTIN ENGLISHER<br>DIRECTOR           | 2 00  | X  |                       |         |              |                                 | 0   | 0  | 0   |
| DAVID EVERETT<br>DIRECTOR              | 2 00  | X  |                       |         |              |                                 | 0   | 0  | 0   |
| ARLENE FICKLER<br>DIRECTOR             | 2 00  | X  |                       |         |              |                                 | 0   | 0  | 0   |

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

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

| Compensated Employees, and Independent Contractors |          |  |   |                       |         |              |  |   |   |
|--|----------|--|---|-----------------------|---------|--------------|--|---|---|
| (A)<br>Name and Title                              |          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|  |          |  | Individual trustee  | Institutional Trustee | Officer | Key employee | Highest compensated employee   | Former  |   |
| RONALD LEIBOW                                      | DIRECTOR | 2 00   | X   |                       |         |              |  | 0   | 0   |
| JACK LEVY  | DIRECTOR | 2 00   | X   |                       |         |              |  | 0   | 0   |
| JUDITH LIEBERMAN                                   | DIRECTOR | 2 00   | X   |                       |         |              |  | 0   | 0   |
| MARK LIT   | DIRECTOR | 2 00   | X   |                       |         |              |  | 0   | 0   |
| LAWRENCE MAGID                                     | DIRECTOR | 2 00   | X   |                       |         |              |  | 0   | 0   |
| JEROME MAKOWSKY                                    | DIRECTOR | 2 00   | X   |                       |         |              |  | 0   | 0   |
| MORTON MANDEL                                      | DIRECTOR | 2 00   | X   |                       |         |              |  | 0   | 0   |
| THOMAS MANDEL                                      | DIRECTOR | 3 00   | X   |                       |         |              |  | 0   | 0   |
| JOYCE MANDELL                                      | DIRECTOR | 2 00   | X   |                       |         |              |  | 0   | 0   |
| MARC MERKLIN                                       | DIRECTOR | 3 00   | X   |                       |         |              |  | 0   | 0   |
| SIDNEY MILLER                                      | DIRECTOR | 2 00   | X   |                       |         |              |  | 0   | 0   |
| ERIC NISLOW  | DIRECTOR | 3 00   | X   |                       |         |              |  | 0   | 0   |
| MARVIN PERTZIK                                     | DIRECTOR | 2 00   | X   |                       |         |              |  | 0   | 0   |
| GERI POLLACK                                       | DIRECTOR | 2 00   | X   |                       |         |              |  | 0   | 0   |
| LESTER POLLACK                                     | DIRECTOR | 2 00   | X   |                       |         |              |  | 0   | 0   |
| RON PROSSERMAN                                     | DIRECTOR | 2 00   | X   |                       |         |              |  | 0   | 0   |
| STUART RAYNOR                                      | DIRECTOR | 2 00   | X   |                       |         |              |  | 0   | 0   |
| STEVE REINER                                       | DIRECTOR | 2 00   | X   |                       |         |              |  | 0   | 0   |
| DANIEL ROSE  | DIRECTOR | 2 00   | X   |                       |         |              |  | 0   | 0   |
| LAWRENCE ROSENBERG                                 | DIRECTOR | 2 00   | X   |                       |         |              |  | 0   | 0   |
| STEVEN RUBIN                                       | DIRECTOR | 2 00   | X   |                       |         |              |  | 0   | 0   |
| ALAN SATALOFF                                      | DIRECTOR | 3 00   | X   |                       |         |              |  | 0   | 0   |
| ANNETTE SAXON                                      | DIRECTOR | 2 00   | X   |                       |         |              |  | 0   | 0   |
| BRIAN SCHREIBER                                    | DIRECTOR | 2 00   | X   |                       |         |              |  | 0   | 0   |
| GERALD SCHWARTZ ESQ                                | DIRECTOR | 2 00   | X   |                       |         |              |  | 0   | 0   |

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

| Compensated Employees, and Independent Contractors |                                 |  |   |                    |                       |         |              |  |   |   |
|--|---------------------------------|--|---|--------------------|-----------------------|---------|--------------|--|---|---|
| (A)<br>Name and Title                              |                                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                    |                       |         |              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|  |                                 |  | Or director   | Individual trustee | Institutional trustee | Officer | Key employee | Highest compensated employee   | Former  |   |
| MICHAEL SEGAL                                      | DIRECTOR                        | 2 00   |   | X                  |                       |         |              |  | 0   | 0   |
| MARK SHAPIRO                                       | DIRECTOR                        | 2 00   |   | X                  |                       |         |              |  | 0   | 0   |
| STEVEN SHERMAN                                     | DIRECTOR                        | 2 00   |   | X                  |                       |         |              |  | 0   | 0   |
| PHILIP SHIEKMAN                                    | DIRECTOR                        | 2 00   |   | X                  |                       |         |              |  | 0   | 0   |
| MARK SOKOLL  | DIRECTOR                        | 2 00   |   | X                  |                       |         |              |  | 0   | 0   |
| SHIRLEY SOLOMON                                    | DIRECTOR                        | 2 00   |   | X                  |                       |         |              |  | 0   | 0   |
| ALAN SOLOW   | DIRECTOR                        | 2 00   |   | X                  |                       |         |              |  | 0   | 0   |
| JEROME SPITZER                                     | DIRECTOR                        | 2 00   |   | X                  |                       |         |              |  | 0   | 0   |
| KENNETH STEINBERG                                  | DIRECTOR                        | 2 00   |   | X                  |                       |         |              |  | 0   | 0   |
| SUSAN STRAIT                                       | DIRECTOR                        | 2 00   |   | X                  |                       |         |              |  | 0   | 0   |
| FRANCINE ZORN TRACHTENBERG                         | DIRECTOR                        | 3 00   |   | X                  |                       |         |              |  | 0   | 0   |
| JEFFREY TUVLIN                                     | DIRECTOR                        | 2 00   |   | X                  |                       |         |              |  | 0   | 0   |
| JANE TZINBERG RUBIN                                | DIRECTOR                        | 2 00   |   | X                  |                       |         |              |  | 0   | 0   |
| MARY RITA WEISSMAN                                 | DIRECTOR                        | 2 00   |   | X                  |                       |         |              |  | 0   | 0   |
| STEVEN WISHNIA                                     | DIRECTOR                        | 2 00   |   | X                  |                       |         |              |  | 0   | 0   |
| TOBY WOLF  | DIRECTOR                        | 2 00   |   | X                  |                       |         |              |  | 0   | 0   |
| ERIC ZACHS   | DIRECTOR                        | 2 00   |   | X                  |                       |         |              |  | 0   | 0   |
| ALLAN FINKELSTEIN                                  | PRESIDENT                       | 35 00  |   |                    | X                     |         |              | 491,358  | 0   | 41,597  |
| DAVID ACKERMAN                                     | SVP & DIRECTOR OF MCJE          | 35 00  |   |                    | X                     |         |              | 178,189  | 0   | 13,970  |
| ROBIN BALLIN                                       | SVP & CHIEF MARKETING OFFICER   | 35 00  |   |                    | X                     |         |              | 184,519  | 0   | 37,655  |
| SUSAN BENDER                                       | SVP & CHIEF DEVELOPMENT OFFICER | 35 00  |   |                    | X                     |         |              | 224,303  | 0   | 10,248  |
| ROBERT D KIMSAL                                    | SVP & CFO                       | 35 00  |   |                    | X                     |         |              | 187,977  | 0   | 25,810  |
| JORDAN SHENKER                                     | SVP, CONSULTING SERVICES        | 35 00  |   |                    | X                     |         |              | 227,708  | 0   | 27,268  |
| ARNOLD SOHINKI                                     | SVP, PROGRAM SERVICES           | 35 00  |   |                    | X                     |         |              | 216,273  | 0   | 22,729  |
| JEROME WISCHE                                      | CDO/DIR OF MANDEL CENTER        | 35 00  |   |                    | X                     |         |              | 295,962  | 0   | 9,033   |

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

| Compensated Employees and Independent Contractors |   |  |                       |         |              |   |  |   |        |
|---|---|--|-----------------------|---------|--------------|---|--|---|--------|
| (A)<br>Name and Title                             | (B)<br>Average<br>hours per<br>week (list<br>any hours<br>for related<br>organizations<br>below<br>dotted line) | (C)<br>Position (do not check<br>more than one box, unless<br>person is both an officer<br>and a director/trustee) |                       |         |              | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations (W-<br>2/1099-MISC) | (F)<br>Estimated amount<br>of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |        |
|   |   | Individual trustee<br>Or director  | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee   | Former   |   |        |
| ALAN GOLDBERG<br>VICE PRESIDENT                   | 35.00   |  |                       |         | X            |   | 193,791  | 0   | 34,237 |
| DAVID POSNER<br>VICE PRESIDENT                    | 35.00   |  |                       |         | X            |   | 187,823  | 0   | 26,043 |
| DORI DENELLE<br>VP, COMMUNITY CONSULTANT          | 35.00   |  |                       |         | X            |   | 175,112  | 0   | 17,443 |
| JANET ELAM<br>VP, COMMUNITY CONSULTATION          | 35.00   |  |                       |         | X            |   | 172,961  | 0   | 24,335 |
| MARK HOROWITZ<br>VP, ECE & FAMILY ENGAGEMENT      | 35.00   |  |                       |         | X            |   | 159,225  | 0   | 13,331 |

**SCHEDULE A**  
(Form 990 or 990EZ)**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.

**2013****Open to Public  
Inspection**Department of the  
Treasury  
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**Name of the organization**JEWISH COMMUNITY CENTERS ASSOCIATION OF  
NORTH AMERICA**Employer identification number**

13-5599486

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )

6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )

8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9  An 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 )

10  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 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e  a  Type I b  Type II c  Type III - Functionally integrated d  Type III - Non-functionally integrated

f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h  Provide the following information about the supported organization(s)

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---|--|----|---|----|--|----|----------------------------------|
|                                    |          |   | Yes  | No | Yes   | No | Yes  | No |                                  |
|                                    |          |   |  |    |   |    |  |    |                                  |
|                                    |          |   |  |    |   |    |  |    |                                  |
|                                    |          |   |  |    |   |    |  |    |                                  |
| <b>Total</b>                       |          |   |  |    |   |    |  |    |                                  |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2009   | (b) 2010   | (c) 2011  | (d) 2012  | (e) 2013  | (f) Total  |
|---|------------|------------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  | 10,060,908 | 10,034,102 | 8,667,261 | 8,501,236 | 9,171,464 | 46,434,971 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |            |            |           |           |           |            |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge   |            |            |           |           |           |            |
| 4 <b>Total.</b> Add lines 1 through 3   | 10,060,908 | 10,034,102 | 8,667,261 | 8,501,236 | 9,171,464 | 46,434,971 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |            |            |           |           |           |            |
| 6 <b>Public support.</b> Subtract line 5 from line 4  |            |            |           |           |           | 46,434,971 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2009   | (b) 2010   | (c) 2011  | (d) 2012  | (e) 2013  | (f) Total  |
|--|------------|------------|-----------|-----------|-----------|------------|
| 7 Amounts from line 4  | 10,060,908 | 10,034,102 | 8,667,261 | 8,501,236 | 9,171,464 | 46,434,971 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   | 172,719    | 400,067    | 307,342   | 323,728   | 412,994   | 1,616,850  |
| 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 IV)   | 610,819    | 121,475    | 148,139   | 1,067,953 | 1,269,728 | 3,218,114  |
| 11 <b>Total support</b> (Add lines 7 through 10)   |            |            |           |           |           | 51,269,935 |
| 12 Gross receipts from related activities, etc (see instructions)  |            |            |           |           | 12        | 8,903,340  |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► |            |            |           |           |           |            |

**Section C. Computation of Public Support Percentage**

|   |    |          |
|---|----|----------|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))   | 14 | 90 570 % |
| 15 Public support percentage for 2012 Schedule A, Part II, line 14  | 15 | 93 350 % |
| 16a <b>33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►✓  |    |          |
| b <b>33 1/3% support test—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►  |    |          |
| 17a <b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►    |    |          |
| b <b>10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► |    |          |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►  |    |          |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")   |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5  |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons   |          |          |          |          |          |           |
| <b>b</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    |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b   |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6 )  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| <b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )   |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> ► |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |    |
|---|----|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15                      | 16 |

**Section D. Computation of Investment Income Percentage**

|   |    |
|---|----|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))  | 17 |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17   | 18 |
| <b>19a 33 1/3% support tests—2013.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►        |    |
| <b>b 33 1/3% support tests—2012.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► |    |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►  |    |

**Part IV Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).**Facts And Circumstances Test**

Return Reference

Explanation

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

OMB No 1545-0047

**2013**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
 ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**Department of the Treasury  
Internal Revenue Service**Name of the organization**JEWISH COMMUNITY CENTERS ASSOCIATION OF  
NORTH AMERICA**Employer identification number**

13-5599486

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|  | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year              |                         |                              |
| 2 Aggregate contributions to (during year) |                         |                              |
| 3 Aggregate grants from (during year)      |                         |                              |
| 4 Aggregate value at end of year           |                         |                              |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

|  |   |
|--|---|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply)   | <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area |
|  | <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure  |
|  | <input type="checkbox"/> Preservation of open space   |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year |   |
|  |   |
| a Total number of conservation easements   | <b>Held at the End of the Year</b>  |
| b Total acreage restricted by conservation easements   | 2a  |
| c Number of conservation easements on a certified historic structure included in (a)   | 2b  |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register                           | 2c  |
|  | 2d  |

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

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year  
 ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
 ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

|   |   |
|---|---|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange programs |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other                     |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |   |

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table

|           | <b>Amount</b> |
|-----------|---------------|
| <b>1c</b> |               |
| <b>1d</b> |               |
| <b>1e</b> |               |
| <b>1f</b> |               |

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 17,507,550       | 17,058,383     | 17,171,617         | 17,067,328           | 17,971,563          |
| <b>b</b> Contributions . . . . .                                  | 66,203           | 17,940         | 45,692             | 104,289              | 571,121             |
| <b>c</b> Net investment earnings, gains, and losses . . . . .     | 2,584,190        | 994,838        | -158,926           | 1,684,694            | 2,274,841           |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . | 631,226          | 563,611        |                    | 1,684,694            | 2,274,841           |
| <b>f</b> Administrative expenses . . . . .                        | 808,045          |                |                    |                      | 1,475,356           |
| <b>g</b> End of year balance . . . . .                            | 18,718,672       | 17,507,550     | 17,058,383         | 17,171,617           | 17,067,328          |

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

**a** Board designated or quasi-endowment

**b** Permanent endowment  88.500 %

**c** Temporarily restricted endowment  11.500 %

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

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

**(i)** unrelated organizations . . . . .

**(ii)** related organizations . . . . .

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

|               | <b>Yes</b> | <b>No</b> |
|---------------|------------|-----------|
| <b>3a(i)</b>  | Yes        |           |
| <b>3a(ii)</b> |            | No        |
| <b>3b</b>     |            |           |

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

|   | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|-------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .  |                         |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .  |                         | 343,237                              | 264,481                         | 78,756                       |                |
| <b>c</b> Leasehold improvements . . . . .   |                         | 1,686,404                            | 582,400                         | 1,104,004                    |                |
| <b>d</b> Equipment . . . . .  |                         | 1,096,193                            | 932,776                         | 163,417                      |                |
| <b>e</b> Other . . . . .  |                         |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                         |                                      |                                 |                              | 1,346,177      |

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| <b>(a)</b> Description of security or category<br>(including name of security) | <b>(b)</b> Book value | <b>(c)</b> Method of valuation<br>Cost or end-of-year market value |
|--|-----------------------|--|
| (1) Financial derivatives  |                       |  |
| (2) Closely-held equity interests  |                       |  |
| Other  |                       |  |
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**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

**Part IX Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

**Part X Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|   |   |    |            |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .      | 1  | 16,420,945 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12                      |    |            |
| a | Net unrealized gains on investments . . . . .   | 2a | 1,197,596  |
| b | Donated services and use of facilities . . . . .  | 2b |            |
| c | Recoveries of prior year grants . . . . .   | 2c |            |
| d | Other (Describe in Part XIII) . . . . .   | 2d | 1,826,819  |
| e | Add lines 2a through 2d . . . . .   | 2e | 3,024,415  |
| 3 | Subtract line 2e from line 1 . . . . .  | 3  | 13,396,530 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1                     |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .              | 4a | 51,067     |
| b | Other (Describe in Part XIII) . . . . .   | 4b |            |
| c | Add lines 4a and 4b . . . . .   | 4c | 51,067     |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . | 5  | 13,447,597 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|   |  |    |            |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements . . . . .                     | 1  | 14,231,762 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25                         |    |            |
| a | Donated services and use of facilities . . . . .   | 2a |            |
| b | Prior year adjustments . . . . .   | 2b |            |
| c | Other losses . . . . .   | 2c |            |
| d | Other (Describe in Part XIII) . . . . .  | 2d | 436,045    |
| e | Add lines 2a through 2d . . . . .  | 2e | 436,045    |
| 3 | Subtract line 2e from line 1 . . . . .   | 3  | 13,795,717 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                       |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .               | 4a | 51,067     |
| b | Other (Describe in Part XIII) . . . . .  | 4b |            |
| c | Add lines 4a and 4b . . . . .  | 4c | 51,067     |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . | 5  | 13,846,784 |

**Part XIII Supplemental Information**

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

| Return Reference                      | Explanation  |
|---------------------------------------|--|
| PART V, LINE 4                        | INCOME FROM THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED FOR GENERAL AND PROGRAM SUPPORT  |
| PART X, LINE 2                        | THE ASSOCIATION HAD NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2013 AND 2012 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, "INCOME TAXES", WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS. THE ASSOCIATION IS NO LONGER SUBJECT TO FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS ENDED BEFORE DECEMBER 31, 2010 |
| PART XI, LINE 2D - OTHER ADJUSTMENTS  | PENSION CHANGES OTHER THAN NET PERIODIC PENSION COSTS 564,892 RECOVERY OF WRITTEN-OFF INVESTMENTS 1,261,927  |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | TRANSFER/WRITE OFF OF RESTRICTED CONTRIBUTIONS 436,045   |
|                                       |  |
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**Part XIII      Supplemental Information (continued)**

| Return Reference | Explanation |
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Open to Public  
InspectionSCHEDULE F  
(Form 990)

## Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue Service

Name of the organization

JEWISH COMMUNITY CENTERS ASSOCIATION OF  
NORTH AMERICA

Employer identification number

13-5599486

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. Yes  No**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.**3 Activities per Region** (The following Part I, line 3 table can be duplicated if additional space is needed )

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| ISRAEL  | 1                                   | 6  | INITIATES, PLANS AND OPERATES A VARIETY OF PROGRAMS   | PRIMARILY STAFF AND BOARD SEMINARS, AS WELL AS TRIPS FOR TEENS, COLLEGE STUDENTS AND MEMBERS       | 1,905,215  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
| <b>3a</b> Sub-total                               | 1                                   | 6  |   |  | 1,905,215  |
| <b>b</b> Total from continuation sheets to Part I | 0                                   | 0  |   |  | 0  |
| <b>c Totals</b> (add lines 3a and 3b)             | 1                                   | 6  |   |  | 1,905,215  |

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ►

3 Enter total number of other organizations or entities . . . . .

Schedule F (Form 990) 2013

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

**Part IV Foreign Forms**

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

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*  Yes  No

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

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

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

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*  Yes  No

**Part V Supplemental Information**

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

| Return Reference | Explanation   |
|------------------|---|
| PART I, LINE 2   | ALL SUCH GRANTS<br>ARE MONITORED BY<br>REQUIRING<br>SUBMISSION OF<br>PROPOSED BUDGETS<br>WHEN APPLYING FOR<br>GRANTS, AND<br>PROVIDING<br>EVALUATIONS AND<br>ACTUAL<br>EXPENDITURES AT<br>THE COMPLETION OF<br>THE PROGRAM, OR IN<br>THE CASE OF<br>SCHOLARSHIPS<br>PROOF OF<br>ENROLLMENT IN A<br>SPECIFIC DEGREE<br>PROGRAM |
|                  |   |
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2013

Open to Public  
Inspection

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|--|--|--|--|--|--|--|--|--|
| Schedule I<br>(Form 990)                               | <b>Grants and Other Assistance to Organizations,<br/>Governments and Individuals in the United States</b><br>Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.<br><b>► Attach to Form 990</b><br><b>► Information about Schedule I (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b> |  |  |  |  |  |  | Employer identification number<br>13-5599486 |
|  |  |  |  |  |  |  |  |  |
| Department of the Treasury<br>Internal Revenue Service | Name of the organization<br>JEWISH COMMUNITY CENTERS ASSOCIATION OF<br>NORTH AMERICA   |  |  |  |  |  |  |  |

**Part I General Information on Grants and Assistance**

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

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

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

| (a) Name and address of organization or government                                      | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance  |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| (1) ADOLPH & ROSE LEVIS JCC<br>9801 DONNA KLEIN BLVD<br>BOCA RATON, FL 33428            | 65-1127438 | 501(C)(3)                          | 5,000                    |                                   |   |  | THE GRANTS JCC ASSOCIATION DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE SCHOLARSHIPS, IMPLEMENT PROGRAMS, PROVIDE FOR PROFESSIONAL DEVELOPMENT OR SUPPLEMENT STAFF |
| (2) TAMPA JCC FEDERATION INC<br>13009 COMMUNITY CAMPUS DRIVE<br>TAMPA, FL 33625         | 23-7182057 | 501(C)(3)                          | 5,000                    |                                   |   |  | THE GRANTS JCC ASSOCIATION DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE SCHOLARSHIPS, IMPLEMENT PROGRAMS, PROVIDE FOR PROFESSIONAL DEVELOPMENT OR SUPPLEMENT STAFF |
| (3) MANDEL JCC LORE AND ERIC FROSS BUILDING<br>8500 JOG ROAD<br>BOYNTON BEACH, FL 33472 | 59-1582799 | 501(C)(3)                          | 6,000                    |                                   |   |  | THE GRANTS JCC ASSOCIATION DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE SCHOLARSHIPS, IMPLEMENT PROGRAMS, PROVIDE FOR PROFESSIONAL DEVELOPMENT OR SUPPLEMENT STAFF |
| (4) JEWISH COMMUNITY ALLIANCE<br>8505 SAN JOSE BLVD<br>JACKSONVILLE, FL 32217           | 59-2620208 | 501(C)(3)                          | 6,000                    |                                   |   |  | THE GRANTS JCC ASSOCIATION DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE SCHOLARSHIPS, IMPLEMENT PROGRAMS, PROVIDE FOR PROFESSIONAL DEVELOPMENT OR SUPPLEMENT STAFF |
| (5) MICHAEL-ANN RUSSELL JCC<br>18900 NE 25TH AVENUE<br>NORTH MIAMI BEACH, FL 33180      | 59-2791269 | 501(C)(3)                          | 6,000                    |                                   |   |  | THE GRANTS JCC ASSOCIATION DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE SCHOLARSHIPS, IMPLEMENT PROGRAMS, PROVIDE FOR PROFESSIONAL DEVELOPMENT OR SUPPLEMENT STAFF |
| (6) MERAGE JCC OF ORANGE COUNTY<br>ONE FEDERATION WAY<br>IRVINE, CA 92603               | 33-0016661 | 501(C)(3)                          | 48,842                   |                                   |   |  | THE GRANTS JCC ASSOCIATION DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE SCHOLARSHIPS, IMPLEMENT PROGRAMS, PROVIDE FOR PROFESSIONAL DEVELOPMENT OR SUPPLEMENT STAFF |
| (7) JEWISH COMMUNITY ASSOCIATION OF AUSTIN<br>7300 HART LANE<br>AUSTIN, TX 78731        | 74-1469465 | 501(C)(3)                          | 116,658                  |                                   |   |  | THE GRANTS JCC ASSOCIATION DISTRIBUTES TO JCCS AND CAMPS ARE USED TO PROVIDE SCHOLARSHIPS, IMPLEMENT PROGRAMS, PROVIDE FOR PROFESSIONAL DEVELOPMENT OR SUPPLEMENT STAFF |
|   |            |                                    |                          |                                   |   |  |   |
|   |            |                                    |                          |                                   |   |  |   |
|   |            |                                    |                          |                                   |   |  |   |
|   |            |                                    |                          |                                   |   |  |   |
|   |            |                                    |                          |                                   |   |  |   |

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

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

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| (1) SCHOLARSHIP                 | 5                        | 80,000                   |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

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

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

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

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2013****Open to Public  
Inspection**

Name of the organization

JEWISH COMMUNITY CENTERS ASSOCIATION OF  
NORTH AMERICA

Employer identification number

13-5599486

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

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

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.****5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?**b** Any related organization?

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

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of**a** The organization?**b** Any related organization?

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

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  | Yes |    |
| <b>4a</b> |     | No |
| <b>4b</b> |     | No |
| <b>4c</b> |     | No |
| <b>5a</b> |     | No |
| <b>5b</b> |     | No |
| <b>6a</b> |     | No |
| <b>6b</b> |     | No |
| <b>7</b>  |     | No |
| <b>8</b>  |     | No |
| <b>9</b>  |     |    |

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

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

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

| (A) Name and Title        | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                           | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| See Additional Data Table |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

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

| Return Reference | Explanation  |
|------------------|--|
| PART I, LINE 1A  | ONE PERSON IS ELIGIBLE TO RECEIVE COMPANION TRAVEL |

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 13-5599486  
**Name:** JEWISH COMMUNITY CENTERS ASSOCIATION OF  
 NORTH AMERICA

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A) Name  | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                          | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---|--|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|--|
|   | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other compensation |                           |                         |                                 |  |
| ALLAN FINKELSTEIN<br>PRESIDENT                        | (i) 470,376<br>(ii) 0                              | 0<br>0                              | 20,982<br>0              | 22,950<br>0               | 18,647<br>0             | 532,955<br>0                    | 0<br>0   |
| DAVID ACKERMAN<br>SVP & DIRECTOR OF<br>MCJE           | (i) 177,513<br>(ii) 0                              | 0<br>0                              | 676<br>0                 | 5,412<br>0                | 8,558<br>0              | 192,159<br>0                    | 0<br>0   |
| ROBIN BALLIN SVP &<br>CHIEF MARKETING<br>OFFICER      | (i) 183,776<br>(ii) 0                              | 0<br>0                              | 743<br>0                 | 17,442<br>0               | 20,213<br>0             | 222,174<br>0                    | 0<br>0   |
| SUSAN BENDER SVP<br>& CHIEF<br>DEVELOPMENT<br>OFFICER | (i) 221,924<br>(ii) 0                              | 0<br>0                              | 2,379<br>0               | 1,688<br>0                | 8,560<br>0              | 234,551<br>0                    | 0<br>0   |
| ROBERT D KIMSAL<br>SVP & CFO                          | (i) 177,596<br>(ii) 0                              | 0<br>0                              | 10,381<br>0              | 5,626<br>0                | 20,184<br>0             | 213,787<br>0                    | 0<br>0   |
| JORDAN SHENKER<br>SVP, CONSULTING<br>SERVICES         | (i) 217,384<br>(ii) 0                              | 0<br>0                              | 10,324<br>0              | 6,885<br>0                | 20,383<br>0             | 254,976<br>0                    | 0<br>0   |
| ARNOLD SOHINKI<br>SVP, PROGRAM<br>SERVICES            | (i) 214,903<br>(ii) 0                              | 0<br>0                              | 1,370<br>0               | 6,687<br>0                | 16,042<br>0             | 239,002<br>0                    | 0<br>0   |
| JEROME WISCHE<br>CDO/DIR OF MANDEL<br>CENTER          | (i) 294,108<br>(ii) 0                              | 0<br>0                              | 1,854<br>0               | 7,650<br>0                | 1,383<br>0              | 304,995<br>0                    | 0<br>0   |
| ALAN GOLDBERG<br>VICE PRESIDENT                       | (i) 192,603<br>(ii) 0                              | 0<br>0                              | 1,188<br>0               | 13,996<br>0               | 20,241<br>0             | 228,028<br>0                    | 0<br>0   |
| DAVID POSNER VICE<br>PRESIDENT                        | (i) 187,085<br>(ii) 0                              | 0<br>0                              | 738<br>0                 | 5,835<br>0                | 20,208<br>0             | 213,866<br>0                    | 0<br>0   |
| DORI DENELLE VP,<br>COMMUNITY<br>CONSULTANT           | (i) 174,493<br>(ii) 0                              | 0<br>0                              | 619<br>0                 | 5,289<br>0                | 12,154<br>0             | 192,555<br>0                    | 0<br>0   |
| JANET ELAM VP,<br>COMMUNITY<br>CONSULTATION           | (i) 172,316<br>(ii) 0                              | 0<br>0                              | 645<br>0                 | 5,278<br>0                | 19,057<br>0             | 197,296<br>0                    | 0<br>0   |
| MARK HOROWITZ VP,<br>ECE & FAMILY<br>ENGAGEMENT       | (i) 158,346<br>(ii) 0                              | 0<br>0                              | 879<br>0                 | 4,867<br>0                | 8,464<br>0              | 172,556<br>0                    | 0<br>0   |

## Schedule L (Form 990 or 990-EZ)

## **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.  
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
JEWISH COMMUNITY CENTERS ASSOCIATION OF  
NORTH AMERICA

**Employer identification number**

13-5599486

**Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction |    | (d) Corrected? |  |
|---|---------------------------------|---|--------------------------------|----|----------------|--|
|   |                                 |   | Yes                            | No |                |  |
|   |                                 |   |                                |    |                |  |
|   |                                 |   |                                |    |                |  |
|   |                                 |   |                                |    |                |  |
|   |                                 |   |                                |    |                |  |

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . . ► \$

## **Part II      Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan        | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |     | (i) Written agreement? |    |
|-------------------------------|------------------------------------|----------------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|-----|------------------------|----|
|                               |                                    |                            | To                                    | From |                               |                 | Yes             | No | Yes                                 | No  | Yes                    | No |
| (1) ROBERT D KIMBAL           | SENIOR VP & CFO                    | TO OFFSET RELOCATION COSTS |                                       | X    | 75,000                        | 35,000          | No              |    | No                                  | Yes |                        |    |
| (2) JORDAN SHENKER            | SVP, CONSULTING SERVICES           | TO OFFSET RELOCATION COSTS |                                       | X    | 75,000                        | 55,000          | No              |    | No                                  | Yes |                        |    |
|                               |                                    |                            |                                       |      |                               |                 |                 |    |                                     |     |                        |    |
|                               |                                    |                            |                                       |      |                               |                 |                 |    |                                     |     |                        |    |
|                               |                                    |                            |                                       |      |                               |                 |                 |    |                                     |     |                        |    |
|                               |                                    |                            |                                       |      |                               |                 |                 |    |                                     |     |                        |    |
|                               |                                    |                            |                                       |      |                               |                 |                 |    |                                     |     |                        |    |
|                               |                                    |                            |                                       |      |                               |                 |                 |    |                                     |     |                        |    |
| Total                         |                                    |                            | ►                                     | \$   |                               |                 | 90,000          |    |                                     |     |                        |    |

**Part III Grants or Assistance Benefitting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ****2013****Open to Public  
Inspection**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue Service

Name of the organization

JEWISH COMMUNITY CENTERS ASSOCIATION OF  
NORTH AMERICA

Employer identification number

13-5599486

**990 Schedule O, Supplemental Information**

| Return<br>Reference                             | Explanation   |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 2   | VIRTUALLY ALL OF JCC ASSOCIATION'S BOARD MEMBERS ARE DIRECTORS OR EMPLOYEES OF MEMBER JCCS<br>ADDITIONALLY, 1 STEPHEN KAUFMAN AND ANN KAUFMAN HAVE A FAMILY RELATIONSHIP 2 PHIL SCHATTEN AND<br>CHERYL FISHBEIN HAVE A FAMILY RELATIONSHIP 3 LESTER POLLACK AND GERI POLLACK HAVE A FAMILY<br>RELATIONSHIP 4 MORTON MANDEL AND THOMAS MANDEL HAVE A FAMILY RELATIONSHIP 5 ARNOLD SOHINKI AND<br>MERYL AINSMAN HAVE A FAMILY RELATIONSHIP 6 ANDREW EISENBERG HAS A BUSINESS RELATIONSHIP WITH THE JCC<br>ASSOCIATION 7 LEAH GARBER HAS A FAMILY RELATIONSHIP WITH ONE OF JCC ASSOCIATION'S SUPPLIERS |
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 6   | JCCS ARE MEMBERS  |
| FORM 990,<br>PART VI,<br>SECTION B, LINE<br>11  | AUDIT COMMITTEE REVIEW THE FORM 990 IN DETAIL ON BEHALF OF THE BOARD THEN SENT TO THE BOARD FOR<br>COMMENT IF NONE RECEIVED IN 7 DAYS, THE RETURN IS FILED  |
| FORM 990,<br>PART VI,<br>SECTION B, LINE<br>12C | A CONFLICT OF INTEREST POLICY IS CURRENTLY IN PLACE AND MONITORED ANNUALLY EACH YEAR EVERY MEMBER<br>OF THE GOVERNING BODY COMPLETES AND SIGNS A CONFLICT OF INTEREST STATEMENT, IN WHICH THEY DISCLOSE<br>ANY POSSIBLE CONFLICTS OF INTEREST TO THE ORGANIZATION IF SUCH CONFLICT OF INTEREST EXISTS, THE BOARD<br>MEMBER MAY NOT VOTE ON MATTERS AS TO WHICH THERE IS A CONFLICT, AND MAY BE REQUIRED TO LEAVE THAT<br>PORTION OF A MEETING THAT CONSIDERS THE MATTER AS TO WHICH THERE IS A CONFLICT CONFLICTS OF INTEREST<br>ARE DULY NOTED IN ALL NECESSARY REPORTING REQUIREMENTS             |
| FORM 990,<br>PART VI,<br>SECTION B, LINE<br>15A | THERE IS A COMPENSATION COMMITTEE OF THE BOARD THAT NEGOTIATES WHERE APPROPRIATE OR REQUIRED AND<br>SETS THE COMPENSATION FOR THE PRESIDENT   |
| FORM 990,<br>PART VI,<br>SECTION C, LINE<br>19  | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL<br>STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST   |
| FORM 990,<br>PART XI, LINE 9                    | PENSION CHANGES OTHER THAN NET PERIODIC PENSION COSTS 564,892 TRANSFER/WRITE OFF OF RESTRICTED<br>CONTRIBUTIONS -436,045 RECOVERY OF WRITTEN-OFF INVESTMENTS 1,261,927  |
| FORM 990,<br>PART XII, LINE<br>2C               | THE PROCESS OF OVERSEEING THE AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM<br>THE PRIOR YEAR  |
| SCHEDULE L,<br>PART II                          | (A) NAME OF PERSON ROBERT D KIMBAL (A) PURPOSE OF LOAN OFFSET OF RELOCATION COSTS (A) NAME OF<br>PERSON JORDAN SHENKER (A) PURPOSE OF LOAN OFFSET OF RELOCATION COSTS   |

# **SCHEDULE R (Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

Department of the Treasury  
Internal Revenue Service

- Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
  - Attach to Form 990. ► See separate instructions.
- Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

## Open to Public Inspection

**Name of the organization**  
JEWISH COMMUNITY CENTERS ASSOCIATION OF  
NORTH AMERICA

**Employer identification number**

13-5599486

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

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

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

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

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

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

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

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

|    | Yes | No |
|----|-----|----|
| 1a |     | No |
| 1b |     | No |
| 1c |     | No |
| 1d |     | No |
| 1e |     | No |
| 1f |     | No |
| 1g |     | No |
| 1h |     | No |
| 1i |     | No |
| 1j |     | No |
| 1k |     | No |
| 1l |     | No |
| 1m |     | No |
| 1n |     | No |
| 1o |     | No |
| 1p |     | No |
| 1q |     | No |
| 1r |     | No |
| 1s |     | No |

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

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |

**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.

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule R (Form 990) 2013