

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



### Form 990

### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2014

Open to Public

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

▶ Do not enter social security numbers on this form as it may be made public.

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

<del>Č.</del>	and Neve			about Form 990 and its			OW IOI III 330.			
<u>A</u>	For the		ndar year, or tax year begi			d ending			, 20	
В,	Check is	f applicable	C Name of organization Yehu	da <u>&amp; Anne Neuberger Fo</u>	undation, Inc		D	Employe	er identification number	
∄	Address	s change	Doing business as		_		27	-10407	96	
	Name c	hange	Number and street (or P O b	ox if mail is not delivered to s	treet address)	Room/suite	ET	E Telephone number		
13	Initial re	tum	101 West Mount Royal Av	renue			41	0-727-	4828	
ŽĮ		ım/terminated	City or town, state or provinc	e, country, and ZIP or foreign	postal code					
19		ed return	Baltimore, MD 21201				l G (	Gross re	ceipts \$ 306,009	
				al officer			_		subordinates? Yes No	
्रिक	Applica									
3	_		∇ D.			7			s included? Yes No list (see instructions)	
<u> </u>		mpt status	X 501(c)(3)	01(c) ( ) ◀ (insert no )	4947(a)(1) or	<u> 1</u> 527	╡			
<u>, , , , , , , , , , , , , , , , , , , </u>	Website		<del> </del>		- 1		H(c) Group exe			
K			<del></del>	Association	L Year	of formation	2009	VI State	of legal domicile MD	
L	art I	Summ		<del></del>						
	1	Briefly de	escribe the organization's	mission or most signif	icant activities.	The Foun	dation was cre	ated to	carry out the	
Governance	1	charitable,	educational and religious p	urposes of The Associate	d Jewish Commu	nity Feder	ation of Baltin	nore, In	nc. (The Associated).	
ğ	1	The Found	lation makes grants to publi	c charitable organization:	s in furtherance of	the missic	n of The Asso	cıated.		
Ver	2	Check th	is box ▶ 🗌 if the organiz	ation discontinued its o	perations or disp	oosed of	more than 25	% of i	its net assets	
Ó	3	Number of	of voting members of the	governing body (Part '	√l, line 1a)			3	6	
	4		of independent voting me		•	ine 1b)		4	3	
ies (	5		nber of individuals emplo	_	•	•		5	0	
Activities &	6		nber of volunteers (estima	•		,	. ,	6	<u>~</u>	
S to	7a		elated business revenue	• • •	(C) line 12	•		7a		
2	b		ated business taxable in		• •	•	•	7b		
] ]	<del>                                     </del>	INCL UITE	ated business taxable int	Joine Holli Follii 990-1	, III 6 34	i	Prior Year	70	Current Year	
)	8	Contribut	ions and grants (Part VIII	line 1h)				0.000		
Revenue	9		29	0,000	265,000					
ě é	40	Program		4.500	0					
<b>∌</b>	10		nt income (Part VIII, colui					4,599	41,009	
₹.	11		renue (Part VIII, column (A enue—add lines 8 through			40°			0	
<b>—</b>	12			4,599	306,009					
á	13		nd similar amounts paid (			<u></u>	31	0,119	450,760	
	14		paid to or for members (F			<u> </u>			0	
S	15	Salaries, o	other compensation, empl			0				
JS.	16a	Professio	nal fundraising fees (Parl	IX, column (A), line 11	le)	.			0	
Expenses	b	Total fund	draising expenses (Part I)	K, column (D), line 25)	<b>&gt;</b>		*	\$		
ú	17	Other exp	oenses (Part IX, column (	A), lines 11a-11d, 11f-	24e)			1,188	692	
	18		enses Add lines 13-17 (			ā H		1,307	451,452	
	19		less expenses Subtract		WERRE LA CONTRACTOR LA CONTRAC	oi		3,292	(145,443)	
<u>_</u>						163	ginning of Curren	t Year	End of Year	
Net Assets or	20	Total ass	ets (Part X, line 16)	8	AUG 0 8 20	15 0		8,252	400,242	
Asse	21		ilities (Part X, line 26)		_	<u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		0,232	400,242	
ž	22		ts or fund balances Subt	ract line 21 from line 2	DARGENI I		5.1	8,252	400 242	
	art II		ure Block	ract line 21 non inte 2	ORGINS 16 "	٠١/ ١٠-	<u>j</u> 34	0,232	400,242	
			ry, I declare that I have examine ete. Declaration of preparer (oth						ny knowledge and belief, it is	
		TA						7/5	011	
e:	an	<u></u>			····		D-4-	112	414	
	gn	[	ature of officer				Date		•	
пе	ere			President						
		_ <del></del>	of print name and title			τ				
Pá	aid	Print/Ty	pe preparer's name	Preparer's signature		Date	(	Check [	_ ıf PTIN	
	epare	er 🗀				<u> </u>		elf-emp		
	se On		ame 🕨				Firm's E	IN ►		
_			ddress ▶				Phone r			
Ma	v the II	RS discuss	s this return with the prep	arer shown above? (se	e instructions)				. Yes No	

Form **990** (2014)

For Paperwork Reduction Act Notice, see the separate instructions.

Part	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:	<u>·                                     </u>
-	The Foundation was created to carry out the charitable, educational and religious purposes of The Associated: Jewish Community	
	Federation of Baltimore, Inc. (The Associated). The Foundation makes grants to public charitable organizations in furtherance of the	 he
	mission of The Associated.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X 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	
		X 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 mea	asured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	to others,
	the total expenses, and revenue, if any, for each program service reported	
4a	(Code. ) (Expenses \$ 450,760 including grants of \$ 450,760 ) (Revenue \$	)
	Provide grants to public charitable organizations in furtherance of the mission of The Associated: Jewish Community Federation	
	of Baltimore, Inc.	
4b	(Code) (Expenses \$including grants of \$) (Revenue \$	)
4c	(Code) (Expenses \$including grants of \$) (Revenue \$	)
		<b></b>
		<b></b>
		<b></b>
4d	F = 9 (= 000 0 0	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses > 450.760	

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			1
_	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	├
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			X
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	Ė	- 1	
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			1
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		l
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	<u> </u>		X
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	3.	3.7	Ŋ,
	VII, VIII, IX, or X as applicable.		~~~~	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	,,	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110	X	$\vdash$
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII .	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_ x_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		,,
<b>h</b>	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a	<del>                                     </del>	<u>X</u>
D	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\frac{\lambda}{X}$
	•	14a		X
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ .	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del>  '''</del>	1	X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	·•		<u> </u>
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Щ.
		For	m <b>99</b> 0	(2014)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	242		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		
-	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	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			- 71
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
	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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).	, , , , , , , , , , , , , , , , , , ,	***	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
· 32	Part I	31		X
JZ	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		-	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	555		
37	related organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			<u> </u>
	19? Note. All Form 990 filers are required to complete Schedule O	38_	x	

Form **990** (2014)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
	Check in Contradic C Contains a response of factors any line in this Factor		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .   1a   0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			ļi
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	-		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Χ_
b	If "Yes," enter the name of the foreign country ▶	^ `~	`	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
<b>.</b> .	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b	-	X
b C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions? .	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		74"	1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
	·	7a 7b		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year   7d	13.7	\$14°	», ,
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		 
0	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organization have excess business holdings at any time during the year:  Sponsoring organizations maintaining donor advised funds.	-	. \$	. 1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<b>_</b>
L	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes" has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response or note to any line in this Part VI		uucu	VIIS X
Section	on A. Governing Body and Management	<del></del>	<u> </u>	4-51
	on a continue of the continue	T	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	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			* 1
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 3	}-	,	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u> </u>		
	stockholders, or persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	11778	¥, ĭ	71.04
	the year by the following			. 2
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co		-
	m to the state of	40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
. b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		لذ_	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	Χ_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	x	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 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 in financial statements available to the public during the tax year.	lerest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: ▶	
	Marilyn Louis 101 West Mount Royal Avenue Baltimore MD 21201 410-727-4828			

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

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

X

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

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

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

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

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

Check this box if fictifier the organization in	or arry rollars	Joing	Q1112		C)	<u> cinpe</u>		Ted drift carrer	lt Gilloci, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Marc B. Terrill	.25									
President and Public Director	40 0	X		X				0	618,142	81,967
(2) Yehuda Neuberger	25	]								
Vice President and Donor Director		X		X				0	0	0
(3) Anne Neuberger	.25									
Secretary/Treasurer and Donor Director		X		X				0	0	0
(4) Bruce Sholk	25									
Public Director		X						0	0	00
(5) Genine Macks Fidler	.25							l		
Public Director		X						0	0	0
(6) Laurence Katz	.25								,	
Public Director	<del></del>	X		_	_			0	0	0
_(7)										
(8)										<del>.</del>
(9)										
(10)										
(11)							-			
(12)										<u> </u>
(13)	-									
(14)										<u> </u>

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees	s, aı	nd F	lighe	st C	ompensated E	mployees	(continue	ed)		rage C
	(A) Name and title		Position (do not check more that box, unless person is both officer and a director/tn					an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from related		(F) Estimated amount of other		
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-N	ons	comp fro orga and	ensation the nization related	n t
(15)														
(16)														
(17)														
(18)						İ								
(19)														
(20)							_							
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Sub-total	VII, Sectio	 n A					<b>&gt;</b>	0	61	8,142		{	81,967
d	Total (add lines 1b and 1c)  Total number of individuals (including but			086	liet	ed :		> w (e	bo received me		8,142	of		81,967
	reportable compensation from the organi		1 10 111	030	1130	.cu				Jie than wi	00,000		Van	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	loyee, or high	est compe	ensated		Yes	
4	For any individual listed on line 1a, is the	sum of re	portal	ole (	com	per	nsatio					3		X
	organization and related organizations individual	greater the	an \$1	50,		17	f "Ye	S, "	complete Sch	edule J fo	or such	4	X	
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or inc	dividual	5		X
Section	on B. Independent Contractors	-												1
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	Iress	·						(B) Description of s	ervices	C	(C) compens		
None								_						
		<del>.</del>	·,					-						
	Total number of independent and the contract	oro Garate			<u> </u>	i	- A - A -							
2	Total number of independent contractor received more than \$100,000 of compensations.							י נח	iose listed abo	ove) wno				

EIL	VIII	Check if Schedule C		a ree	nonse or note t	o any line in this	s Part VIII		П
		Officer if Octredule C	Contains	<u>a 103</u>	ponse of note t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns		1a					
3rai iour	b	Membership dues	•	1b		]			
ts, ( Am	С	Fundraising events .	•	1c		_			
Gif	d	Related organizations		1d		1			
Contributions, Gifts, Grants and Other Similar Amounts	e f	Government grants (con All other contributions, gi		1e		-			
utic	'	and similar amounts not inc		1f	265,000				
trib Otl	g	Noncash contributions includ			265,000	-			
Con	_	Total. Add lines 1a-1		π. Ψ	. •	265,000	•		
			·		Business Code				
ven	2a								
Re	b								
vice	С								
Ser	d								
ram	e	A.U							
Program Service Revenue	t ~	All other program sen						1	1 ;
	<u>g</u> 3	Total. Add lines 2a–2 Investment income				0			
		and other similar amo			>	33,096			33,096
	4	Income from investment	t of tax-exe	npt bo	ond proceeds ▶	33,070			33,070
	5	Royalties			<b>•</b>				
			(i) Real		(ii) Personal			£2.	*****
	6a	Gross rents							1
	b	Less rental expenses							****
	C	Rental income or (loss)	1\	0	0				
	d 7a	Net rental income or ( Gross amount from sales of	(i) Secunt	Ies	(ii) Other	0			<del> </del>
		assets other than inventory	.,	7,913		-		}	
	b	Less cost or other basis		7,713		1			
		and sales expenses .							
	С	Gain or (loss)		7,913	0	<u>`</u>			
	d	Net gain or (loss) .			<b>•</b>	7,913			7,913
nue	8a	Gross income from fu	ındraısıng						
ve		events (not including \$							1
Other Revenue		of contributions reported See Part IV, line 18		c) <b>a</b>					
ŏ		Less direct expenses		. b	L				
		Net income or (loss) for Gross income from ga			events <b>&gt;</b>	0			-
	Ja	See Part IV, line 19 .				1			
	ь	Less direct expenses		. b		1			
		Net income or (loss) f			vities . ►	0			
		Gross sales of in	_	-					
		returns and allowance	es .	а					
	b	Less cost of goods s		. b					
	С	Net income or (loss) f		of inve		0		ļ	
	44	Miscellaneous R	evenue		Business Code				
	11a								
	b c					<del>                                     </del>		-	-
	q q	All other revenue				<del> </del>		-	<del></del>
	e	Total. Add lines 11a-	11d .		·	0			
	12	Total revenue. See in			<u> </u> . ▶	306,009	<del></del>	1	41,009

Part IX Statement of Functional Expense
---

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				olumn (A)
	Check if Schedule O contains a respon				<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	450,760	450,760	,	
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign			* *	
	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members		- ···		Win A
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified				<u>-</u>
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	,			
7	Other salaries and wages .				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c d	Accounting				
e	Professional fundraising services See Part IV, line 17			*	
f	Investment management fees	692	200 200 200000	692	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				•
12	Advertising and promotion				
13	Office expenses		· 		7.0
14	Information technology .				
15	Royalties				
16	Occupancy				
17 18	Travel				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest  Payments to affiliates				
21 22	Payments to affiliates  Depreciation, depletion, and amortization				
23	Insurance				
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					
b	•				
c d		-		-	
e	All other expenses				-
25	Total functional expenses. Add lines 1 through 24e	451,452	450,760	692	
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here    following SOP 98-2 (ASC 958-720)   if				

Form 990 (2014)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1 Cash-non-interest-bearing 2 2 Savings and temporary cash investments . 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . 5 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 6 7 Notes and loans receivable, net 7 Inventories for sale or use . 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a **b** Less accumulated depreciation 10b 10c Investments—publicly traded securities 11 11 12 12 Investments—other securities See Part IV, line 11 548,252 400,242 Investments—program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 . . . 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 400,242 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue . . . . . . 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔯 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 548,252 400,242 Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund ... 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances . . . 548,252 33 400,242 Total liabilities and net assets/fund balances 548.252 400.242

Page	e 1	12

Part	XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI		. <u>.</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		30	6,009
2	Total expenses (must equal Part IX, column (A), line 25)	2		45	1,452
3		3		(14	5,443
4		4		54	8,252
5		5		(	2,567
6		6			
7		7			
8		8			
9	Cities and good in that decode or failed ballations (explain in contocal co.)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
		10		40	0,242
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	•		•	
	A	Г		Yes	No
1	Accounting method used to prepare the Form 990 🖾 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," expla Schedule O.	aliri iri			i i
0-		-			
Za	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compile	<u> </u>	2a		X
	reviewed on a separate basis, consolidated basis, or both	20 0			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?	<u>-</u>	2b		X
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited		20		
	separate basis, consolidated basis, or both		) 1~~ k	Š.,	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	ľ	×	ĺ .	1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	siaht			IJ
	of the audit, review, or compilation of its financial statements and selection of an independent accounts	7.	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain				
	Schedule O			× .	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in 📙		*	
	the Single Audit Act and OMB Circular A-133?	i	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	ıts.	3b		
			Form	n <b>990</b>	(2014)

### **ŞCHEDULE A** (Form 990 or 990-EZ)

### **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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Employer identification number

ehι	uda & Anne Neuberger Foi	ındatıon, İnc.					27-1040796		
			ty Status (All	organizations must	complet	e this p	art ) See instructio	ns	
he	organization is not a priv	vate foundati	on because it is	s (For lines 1 through	11, chec	k only on	e box.)		
1	A church, convention	on of church	es, or association	on of churches descri	bed ın <b>se</b>	ction 17	0(b)(1)(A)(i).		
2							· · · · · ·		
3	<b>—</b>			•	n <b>section</b>	170(b)(1	)(A)(iii).		
4								iii). Enter	the
	hospital's name, city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
5	☐ An organization op section 170(b)(1)(A			college or university	owned or	operate	d by a government	al unit de	escribed in
6 7	☐ A federal, state, or ☐ An organization that described in <b>sectio</b>	at normally re	eceives a subst	tantial part of its supp				the gen	eral public
8	☐ A community trust	described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)				
9	receipts from activ	ities related s investmen	to its exempt to income and	re than 331/3% of its functions—subject to unrelated business to 5. See section 509(a	certain e taxable in	exception come (le	ns, and (2) no more ess section 511 tax	than 33	1/3% of its
10 11	An organization org	anızed and o y supported	perated exclusivorganizations de	•	to perform 09(a)(1) or	n the fun section	ctions of, or to carry 509(a)(2). See secti	on 509(a)	(3). Check
â		ganization(s)	the power to re	supervised, or control egularly appoint or elece ections A and B.					
t	control or manage	ement of the	supporting org	d or controlled in conr anization vested in th Sections A and C.					
C				ig organization operat s) You must complet				/ integrat	ed with,
(	that is not functio	nally integrat	ted. The organiz	oorting organization o zation generally must mplete Part IV, Secti	satisfy a	distribution	on requirement and		
•	e Check this box if	the organiza	tion received a	written determination onally integrated supp	from the	IRS that	ıt is a Type I, Type I	l, Type III	
f	f Enter the number of	supported or	ganizations					Г	1
g			•	orted organization(s).					
	(i) Name of supported organ	1	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the or listed in you docum	r governing	(v) Amount of monetary support (see instructions)	other su	nount of pport (see ictions)
					Yes	No			
Δ) ΄	The Associated: Jewish								
<u>''</u>	Community Federation of I	Baltimore	52-0607957	9	X		105,000		0
В)									
C)									
D)	_								
E)									
ota	al						105,000		0

instructions .

Şchedu	e A (Form 990 or 990-EZ) 2014						Page <b>2</b>
Part	• • • • • • • • • • • • • • • • • • • •						
	(Complete only if you checked the						alify under
Secti	Part III. If the organization fails to on A. Public Support	3 quality unde	er the tests iis	sted below, p	lease comple	ete Part III )	
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and	(4) 2010	(2) 2011	(0) 2012	(4) 2010	(6) 2011	(1) 1 014.
	membership fees received (Do not						
	ınclude any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid	ľ					
_	to or expended on its behalf			-			
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge .						
4	Total. Add lines 1 through 3						
-	<del>-</del>	1.3	. K #287 A F	1 41 <b>9,4% 1</b> 1 1 7 1			<u></u>
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				د نده الله		
	shown on line 11, column (f)		1842		A Marie	X	
6	Public support. Subtract line 5 from line 4			Latin Hard		5	
	on B. Total Support	(-) 2010	(h) 0044	(-) 2012	(4) 2042	(-) 2044	(6) T-4-1
Jaien 7	dar year (or fiscal year beginning in)  Amounts from line 4	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d</b> ) 2013	(e) 2014	(f) Total
8							
0	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income Do not include gain or	}					
	loss from the sale of capital assets (Explain in Part VI.)						
44		Santo Alivor	40 c . 52			1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 #	
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction				12	
13	First five years. If the Form 990 is for the	•	•	d. third. fourth	. or fifth tax v		n 501(c)(3)
	organization, check this box and stop he	•	·		•	•	` <b>`</b>
Secti	on C. Computation of Public Suppo	rt Percentag	е				
14	Public support percentage for 2014 (line	,,,	-	1, column (f))		14	%
15	Public support percentage from 2013 Sc					15	%
16a	331/3% support test—2014. If the organi				d line 14 is 33¹	13% or more, c	
_	box and stop here. The organization qua	-		=	16a and line	. 15 io 221:-0/	<b>▶</b> □
b	331/3% support test—2013. If the organ check this box and stop here. The organ						or more, ► □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization						. <b>▶</b> □
b	10%-facts-and-circumstances test—2	013. If the ora:	anization did n	ot check a box	on line 13. 16	6a. 16b. or 17a	· ·
-	15 is 10% or more, and if the organiza						

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

### 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.)

0 - 11	if the organization falls to qualify	under the te	sis listed bei	ow, piease co	implete Part	II.)	
	on A. Public Support	1 1 25:5				- , . <del></del>	1 45 = 1 .
_	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received (Do not include any "unusual grants") Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				,		
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf .						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5.		ļ				
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		ļ			<u> </u>	
	Add lines 7a and 7b			A Company of the			
8	<b>Public support</b> (Subtract line 7c from line 6.)						
Sacti	on B. Total Support	<u> </u>			[	<u> </u>	24
	dar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	(a) 2010	(6) 2011	(0) 2012	(u) 2013	(6) 2014	(i) Total
10a	Gross income from interest, dividends,						<del>                                     </del>
···u	payments received on securities loans, rents,						
	royalties and income from similar sources						
ь	Unrelated business taxable income (less				_		
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						-
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carned on			[			
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12) .						
14	First five years. If the Form 990 is for t	_	n's first, secon	id, third, fourth	, or fifth tax ye	ear as a sec	tion 501(c)(3)
	organization, check this box and stop he						. 🕨 🗆
	on C. Computation of Public Suppo					<del> </del>	
15	Public support percentage for 2014 (line		-	13, column (f))		15	<u>%</u>
16 Saati	Public support percentage from 2013 Sc			•		16	<u>%</u>
	on D. Computation of Investment Ir		-		(0)	14=1	0:
17	Investment income percentage for 2014			•		17	<u>%</u>
18	Investment income percentage from 201					18	%
19a	331/3% support tests—2014. If the organ						
	17 is not more than 331/3%, check this box		=			_	_
b	331/3% support tests—2013. If the organi						
20	line 18 is not more than 331/3%, check this <b>Private foundation</b> . If the organization of		_				
_20	Tivate roundation. If the organization of	na not check a	איי איי דון איי איי דון	, 13a, UL 13U, C	PURCH THIS DOX	and see mist	iuctions 🚩 📙

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P	art V	.)	
Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
_	class or purpose, describe the designation. If historic and continuing relationship, explain.	1_	X	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	1	ļ	
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a	- 4	X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	<u> </u>	
С	Did the organization support any foreign supported organization that does not have an IRS determination	40		
ŭ	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	į.		2
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	:	; <b>(</b> ()	
	was accomplished (such as by amendment to the organizing document).	5a	<del></del>	X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.			
_		6	X	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent contributor and the contributor of			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)	8		Х
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		X
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.			
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	9b		X
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		X
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below	10a		X
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

10b

·	1677( SIII 330 SI 330-122) 2017			aye •
Part	Supporting Organizations (continued)			
44	Her the assessmentian accounted a gift or contribution from any of the following account		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	X	
Secti	on C. Type II Supporting Organizations	· <del>-</del> -	ΙΛ.	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	in the second	
Secti	on D. All Type III Supporting Organizations	<u>'</u>		
	71 11		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<b>*</b>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	ajiŠ	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	űn	
Secti	on E. Type III Functionally-Integrated Supporting Organizations		<b></b>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s)
a b c	☐ The organization satisfied the Activities Test. Complete line 2 below ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (so			
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			<u> </u>
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	1	<del>                                     </del>	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		L

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con-			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	· · · · · · · · · · · · · · · · · · ·	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7   Check here if the current year is the organization's first as a non-functionall instructions)	y-in	tegrated Type III support	ing organization (see

Part	7	) Supporting Organ	izations (continued)				
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish						
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted				
	organizations, in excess of income from activity						
3_	Administrative expenses paid to accomplish exempt purp						
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to whic	h the organization is res	sponsive				
	(provide details in Part VI) See instructions.						
9	Distributable amount for 2014 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
Se	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014			
1	Distributable amount for 2014 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2014						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2014.						
<u>a</u>	1		·				
<u>b</u>	A Comment of the Comm			%c ,};			
С	<u>.</u>			, ***			
<u>d</u>		, ,	i*	* \$ **			
е	From 2013						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years		2000				
h	Applied to 2014 distributable amount		<b>*</b>	2 .00 00.000			
i_	Carryover from 2009 not applied (see instructions)						
<u>j_</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.	,					
4	Distributions for 2014 from Section	,	, i				
	D, line 7 \$			······································			
a	Applied to underdistributions of prior years						
b_	Applied to 2014 distributable amount		, <u>,</u>				
<u> </u>	Remainder Subtract lines 4a and 4b from 4.		į ′ *	· · · · · · · · · · · · · · · · · · ·			
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)						
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).						
7	Excess distributions carryover to 2015. Add lines 3j and 4c						
8	Breakdown of line 7						
а							
b							
С							
d	Excess from 2013 .						
е	Excess from 2014 .						

Part VI 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.)
Part IV, Section B, Line 2 -
Grants to organizations, other than the Supported Organization, are made at the discretion of the Board of the Supporting
Organization and are made in furtherance of the mission of the Supported Organization to support Jewish, cultural, educational
and social justice work.
Part IV, Section B, Line 6 -
The Supported Organization works to preserve and enhance Jewish life  It addresses charitable, educational, religious
humanitarian, health, cultural and social service needs of the Jewish community locally, nationally in Israel and throughout
the world. In furtherance of that mission, the Supported Organization encourages families to establish supporting
organizations in partnership with it, in order to engage interested donors and succeeding generations in philanthropic
pursuits and enhance both the Jewish and general communities in keeping with the Jewish tradition of repairing
the world All grants are made to tax-exempt charitable organizations registered with the Internal Revenue Service.

### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2014

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2014

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.

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

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	ection 501(c)(4), (5), or (6) orga	nizations: Complete Part III			
Name	of organization			Employer ider	ntification number
	la & Anne Neuberger Four	ndation, Inc.		27-1040796	
Part		e organization is exempt und			organization.
1	•	he organization's direct and indir			
2	•				} 
3	Volunteer hours				
Part		e organization is exempt und	•		
1		excise tax incurred by the organiz			} 
2	_	excise tax incurred by organization	•		) <del></del>
3		ed a section 4955 tax, did it file Fo			. Yes No
4a	Was a correction made?		· · · · ·		Yes No
b	If "Yes," describe in Part		l 504/	-\	(-)(0)
		e organization is exempt und ly expended by the filing organi			(C)(3).
1				•	
2		filing organization's funds contri			
-		vities			
3		expenditures. Add lines 1 and 2			
•					
4		file Form 1120-POL for this yea			. Yes No
5	Enter the names, address	ses and employer identification nu	ımber (EIN) of all s	ection 527 political organi	zations to which the filing
		ents. For each organization listed,			
		ontributions received that were pro			
	as a separate segregated	fund or a political action commit	ee (PAC). If addition	nai space is needed, prov	ride information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
					delivered to a separate
					political organization If none, enter -0-
(1)					
\''' ——					
(2)					
(3)			-		
					<u> </u>
(4)			<u>.</u>	<u> </u>	
(5)					
(6)					
. /			1	1	1

Total lobbying expenditures to influence public opinion (grass roots lobbying)	
name, address, EIN, expenses, and share of excess lobbying expenditures).  B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.  Limits on Lobbying Expenditures  (The term "expenditures" means amounts paid or incurred.)  1a Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures	(b) Affiliated
B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  1a Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures	` '
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  1a Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)	` '
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  1a Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)	` '
Total lobbying expenditures to influence public opinion (grass roots lobbying)	group totals
b Total lobbying expenditures to influence a legislative body (direct lobbying) 87,000  c Total lobbying expenditures (add lines 1a and 1b)	
c         Total lobbying expenditures (add lines 1a and 1b)	
d Other exempt purpose expenditures	
e Total exempt purpose expenditures (add lines 1c and 1d)	
f Lobbying nontaxable amount. Enter the amount from the following table in both	
columns. 90,152	
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:  Not over \$500,000 20% of the amount on line 1e.	1:14/1/
Not over \$500,000 20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000	,
Over \$17,000,000 \$1,000,000	`
g Grassroots nontaxable amount (enter 25% of line 1f)	
h Subtract line 1g from line 1a. If zero or less, enter -0-	
i Subtract line 1f from line 1c. If zero or less, enter -0	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720	
reporting section 4911 tax for this year?	$oxed{Yes} oxed{X}$ No
4-Year Averaging Period Under section 501(h)	
(Some organizations that made a section 501(h) election do not have to complete all of the five columns b	below.
See the separate instructions for lines 2a through 2f.)	

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d) 2014	(e) Total				
2a	Lobbying nontaxable amount		75,000	62,024	90,152	227,176				
b	Lobbying ceiling amount (150% of line 2a, column (e))					340,764				
С	Total lobbying expenditures		75,000	59,999	87,000	221,999				
d	Grassroots nontaxable amount		18,750	15,506	22,538	56,794				
е	Grassroots ceiling amount (150% of line 2d, column (e))		,	,		85,191				
f	Grassroots lobbying expenditures		0	0	0	0				

Schedule C (Form 990 or 990-EZ) 2014

art	I-B Complete if the organization is exempt under section 501(c)(3) and has NOT find (election under section 501(h)).	ilea i	rorm	5/08
·o- o		(a	)	(b)
	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed ption of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
9	Direct contact with legislators, their staffs, government officials, or a legislative body?		-	
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .			
i :	Other activities?	કુ છ		
J 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912		$\dashv$	
c		d <sup>i</sup> te		
ď	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	4448		
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), c	r se	ction
	501(c)(6).	,		
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .	· ·	•	3
art	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes."			
1	Dues, assessments and similar amounts from members	.	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of	***************************************	
а	Current year		2a	
b	Carryover from last year		2b	
С	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?	-		
5	Taxable amount of lobbying and political expenditures (see instructions)		5	<del></del>
Pari	<u> </u>	•	<b>5</b>	
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground	ın lıst	∖. Par	t II-A lines 1 and
	separate instructions); and Part II-B, line 1. Also, complete this part for any additional information.	.po.	.,, . <del>.</del>	t ii 71, iii loo 1 arta
,				

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

Supplemental Financial Statements

► 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Yehud	a & Anne Neuberger Foundation, Inc.		27-1040796
Par		vised Funds or Other Similar Fun	ds 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 value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene conferring impermissible private benefit?		
Dor	Conservation Easements.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Гаг	Complete if the organization answered	"Ves" to Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
ı	Preservation of land for public use (e.g., recrea		a historically important land area
	Protection of natural habitat	·	a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contributio	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	ts	. 2b
C	Number of conservation easements on a certified		
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not	on a
	historic structure listed in the National Register .		· · 2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or term	ninated by the organization during the
_	tax year ►	tion account in Incated N	
4 5	Number of states where property subject to conse Does the organization have a written policy re		pection handling of
3	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, in		
U	Land volunteer riodis devoted to monitoring,	inspecting, and emoreing conservation	casements during the year
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing conservation ease	ments during the year
' <b>-</b> '	<b>▶</b> \$	g,g	,
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · ·
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		ancial statements that describes the
	organization's accounting for conservation easem		
Par	III Organizations Maintaining Collection		Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other simila		
	public service, provide, in Part XIII, the text of the		
<b>.</b>	If the organization elected, as permitted under \$		
b	works of art, historical treasures, or other similar		
	public service, provide the following amounts relati		double, or research in factionalist s.
	(i) Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of an		
	following amounts required to be reported under S		
а	Revenue included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		

Part	Organizations Maintaining								
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	her recor	ds, chec	k any of the	follow	ving that are a	signıfıcant ı	use of its
а	☐ Public exhibition		d	□ Loan	or exchange	e progr	rams		
b	☐ Scholarly research		e l						
С	☐ Preservation for future generations	<b>;</b>							
4	Provide a description of the organizat XIII.	ion's collections a	nd expla	in how t	hey further t	he org	anization's exe	mpt purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rather						•		i □ No
Part	IV Escrow and Custodial Arra	ngements.							
	Complete if the organization	answered "Yes"	to For	n 990, P	art IV, line	9, or r	eported an an	nount on F	orm
	990, Part X, line 21.				<u>.                                    </u>				
1a	Is the organization an agent, trustee, included on Form 990, Part X?								s □ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the fo	llowing ta	able:				
							A	Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amour	nt on Form 990, Pa	art X, line	21, for e	scrow or cu	stodial	account liabilit	y? 🗌 Yes	i □ No
	If "Yes," explain the arrangement in Pa	art XIII. Check here	if the ex	kplanatio	n has been p	provide	ed in Part XIII		
Parl									
	Complete if the organization								
		(a) Current year	<b>(b)</b> Prid	or year	(c) Two years	back	(d) Three years bad	k (e) Four y	ears back
	Beginning of year balance								
	Contributions								
С	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the			e (line 1g	, column (a)	) held a	as:		
а	Board designated or quasi-endowmen	nt ▶	_%						
b	Permanent endowment ▶	%							
C	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2								
3a	Are there endowment funds not in the	e possession of th	e organi:	zation tha	at are held a	ınd adı	ministered for t	_	
	organization by:								'es No
	(i) unrelated organizations							3a(i)	
	`,						· · · · · ·	3a(ii)	$\perp$
b	If "Yes" to 3a(II), are the related organi		•					3b	
4	Describe in Part XIII the intended uses		n's endo	wment to	unds.				
Part	VI Land, Buildings, and Equip Complete if the organization		' to Forr	n 990 P	Part IV line	11a. S	See Form 990	Part X lin	ie 10.
	Description of property	(a) Cost or oth			or other basis		Accumulated	(d) Book	
	Social property	(investme			ther)		epreciation	(4) 555	· a
	Land	.							<del></del>
b	Buildings				+			<del>.</del>	
c	Leasehold improvements				-				
d	Equipment								
e	Other								
	Add lines 1a through 1e. (Column (d) m		90. Part 2	K. columr	n (B). line 10	c.)	•	-	

	Complete if the organization answere	d "Yes" to For	n 990, Part IV <u>,</u> line	11b. See Form 9	90, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		od of valuation f-year market value
(1) Financial	derivatives				
	neld equity interests				
	& T Bank - Consolidated Investments			End-of-year market	
	nent in Limited Partnership		399,053	End-of-year market	/alue
(B)					
(C)					
(D) (E)					
(F)					·-
(G)					
(H)					
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 12.) ▶		400,242	ξ	
Part VIII	Investments-Program Related.		<u>-</u>	<u> </u>	
	Complete if the organization answere	d "Yes" to Forr	n 990, Part IV, line	e 11c. See Form 9	90, Part X, line 13.
	(a) Description of investment		(b) Book value		od of valuation if-year market value
(1)			<del></del>		
(2)	1019				
(3)					
(4)					
(5)					
(6)	···				
(7)					
(8)					
(9) Total. (Column (	b) must equal Form 990, Part X, col (B) line 13.) ▶			34	#?# <b>V</b>
	· · ·			, , , , , , , , , , , , , , , , , , ,	
Part IX	Other Assets.				
Part IX	Complete if the organization answere	d "Yes" to Forr	m 990, Part IV, line	e 11d. See Form 9	90, Part X, line 15.
Part IX			n 990, Part IV, line	e 11d. See Form 9	990, Part X, line 15.
(1)	Complete if the organization answere		n 990, Part IV, line	e 11d. See Form 9	
	Complete if the organization answere		n 990, Part IV, line	e 11d. See Form 9	
(1)	Complete if the organization answere		n 990, Part IV, line	e 11d. See Form 9	
(1) (2) (3) (4)	Complete if the organization answere		n 990, Part IV, line	e 11d. See Form 9	
(1) (2) (3) (4) (5)	Complete if the organization answere		n 990, Part IV, line	e 11d. See Form 9	
(1) (2) (3) (4) (5) (6)	Complete if the organization answere		n 990, Part IV, line	e 11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answere		n 990, Part IV, line	e 11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answere		n 990, Part IV, line	e 11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answere	enption		e 11d. See Form 9	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answere (a) Desc	enption			
(1) (2) (3) (4) (5) (6) (7) (8) (9) <b>Total.</b> (Colu	mn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere	inption		▶	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25.	inption		▶	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	line 15.)		▶	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X	mn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	line 15.)		▶	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the columna	mn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	line 15.)		▶	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Colu Part X  1. (1) Federal II (2) (3) (4)	mn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	line 15.)		▶	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columnation of the columnation of the column	mn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	line 15.)		▶	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columnation of the columnation of the column	mn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	line 15.)		▶	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columeration of the columns of the co	mn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	line 15.)		▶	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columna    1. (1) Federal in (2) (3) (4) (5) (6) (7) (8)	mn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	line 15.)		▶	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Colu Part X  1. (1) Federal II (2) (3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25.  (a) Description of liability	line 15.)		▶	(b) Book value

Part			r Return.	
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•	
а	Net unrealized gains (losses) on investments	2a	_  -	•
b	Donated services and use of facilities	2b	_  :	
С	Recoveries of prior year grants		_	
d	Other (Describe in Part XIII.)			
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line 2e from line 1		3	
, 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<b>-</b>   '	
b	Other (Describe in Part XIII.)	···		
	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part			er keturn.	
	Complete if the organization answered "Yes" to Form 990, F			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما		
a	Donated services and use of facilities	2a	-	
b	Prior year adjustments	2b	-	
C C	Other losses		- 1	
d e	Other (Describe in Part XIII.)		2e	
3			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			<del></del>
-		4.0		
а		1 44 1		
a h	·	4a 4b	-	
b	Other (Describe in Part XIII.)	4b	4c	
b	Other (Describe in Part XIII.)	4b	4c 5	
b c 5	Other (Describe in Part XIII.)	4b		
b c 5 Part	Other (Describe in Part XIII.)	4b	5	e 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 b; Part V, lin	e 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 b; Part V, lin	e 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 b; Part V, lin	e 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 b; Part V, lin	e 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 b; Part V, lin	e 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 b; Part V, lin	e 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 b; Part V, lin	e 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 b; Part V, lin	e 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 b; Part V, lin	e 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 b; Part V, lin	e 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 b; Part V, lin	e 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 b; Part V, lin	e 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 b; Part V, lin	e 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 b; Part V, lin	e 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 b; Part V, lin	e 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 b; Part V, lin	e 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 b; Part V, lin	e 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 b; Part V, lin	e 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 b; Part V, lin	e 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 b; Part V, lin	e 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 b; Part V, lin	e 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 b; Part V, lin	e 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 b; Part V, lin	e 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 b; Part V, lin	e 4; Part X, line

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Vame of the organization Yehuda & Anne Neuberger Foundation, Inc.

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

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

► Attach to Form 990.

Open to Public Inspection

Employer Identification number

27-1040796

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

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, **№** (h) Purpose of grant or assistance X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (P) EIN 1 (a) Name and address of organization or government (1) Attachment #1 Part Part II (2) ~ <u>ල</u> € 3 9 8 6 6 (11) (12)

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

Schedule I (Form 990) (2014)

### Attachment #1

### Yehuda & Anne Neuberger Foundation, Inc. TIN - 27-1040796 Schedule I, Part II December 31, 2014

(a)Name and address of organization	(b)EIN#	(c) IRC section	(d)Amount	(h)Purpose of grant
Ahavas Yısrael Charity Fund 6400 Cross Country Boulevard Baltimore, MD 21215	52-1219478	501 (c)(3)	10,750	General support
American Israel Public Affairs Committee 251 H Street NW Washington, DC 20001	54-1060924	501 (c)(3)	87,000	General support
Bais Yaakov School for Girls 11111 Park Heights Avenue Owings Mills, MD 21117	52-0613700	501 (c)(3)	6,300	General support
Bnaı Jacob Shaarei Zion Congregation 6602 Park Heights Avenue Baltimore, MD 21215	52-0618349	501 (c)(3)	11,750	General support
Chananya Backer Memorial Institute, Inc. 7201 Park Heights Ave. Baltimore, MD 21208	45-1623204	501 (c)(3)	9,600	General support
Computer Sciences for the Blind, Inc. 2132 84th Street Brooklyn, NY 11214	11-3430665	501 (c)(3)	7,500	General support
Jewish Women Entrepreneur, Inc. 2833 Smith Avenue Baltimore, MD 21209	46-2035651	501 (c)(3)	13,000	General support
Maor, Inc. P.O. Box 21412 Pikesville, MD 21208	52-1606782	501 (c)(3)	49,000	General support
Ner Israel Rabbinical College 400 Mount Wilson Lane Pikesville, MD 21208	52-0660881	501 (c)(3)	12,500	General support
Suburban Orthodox Congregation 7504 Seven Mile Lane Baltimore, MD 21208	52-1012261	501 (c)(3)	14,000	General support
Talmudical Academy of Baltimore 4445 Old Court Road Baltimore, MD 21208	52-0591676	501 (c)(3)	28,860	General support
The Associated JCFB 101 W. Mt. Royal Avenue Baltımore, MD 21201	52-0607957	501 (c)(3)	105,000	General support
The Women's Network for Single Parents 224 Avenue J Brooklyn, NY 11230 .	20-5555166	501 (c)(3)	17,500	General support
Union of Orthodox Congregations of America 11 Broadway New York, NY 10004	13-5623717	501 (c)(3)	5,300	General support
Yeshiva University 500 W 185th Street New York, NY 10033	13-1624225	501 (c)(3)	5,000	General support

Schedule I (Form 990) (2014)

Schedule i (Form 990) (2014) (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) The Foundation will request and receive periodic reports and updates from the grantees regarding how grants are utilized, and takes such information (d) Amount of non-cash assistance Grants are reviewed to ensure that they are permissible and in accord with applicable laws and regulations. (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients into account in considering future grant awards. (a) Type of grant or assistance Part III Part IV ~ က S 9 4

### **SCHEDULE J** (Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

	a & Anne Neuberger Foundation, Inc   27-1040796			
Part	Questions Regarding Compensation	<u> </u>		r
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		Yes	No
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee.  Independent compensation consultant.  Compensation survey or study.  Form 990 of other organizations.  Approval by the board or compensation committee.	No.		
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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		-	
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. 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:			
а	The organization?	5a		X
b	Any related organization?	5b	-	Х
	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:			
а	The organization?	6a		Х
Ь	Any related organization?	6b		Х
	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	7		х
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	8		х
_				
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Page · 2

Schedule J (Form 990) 2014

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

(B) Breakdown of W-2 and/or 1099-MISC compensation		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation				
(A) Name and Title	<u> </u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(3)							
1 Marc B. Terrill	<b>E</b>	477,486	75,000	959'59	60,653	22,767	701,562	
	(							
2	€		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				† • • • • • • • • • • • • • • • • • • •	
	€							
m	€		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		**************************************			
	(1)							
4	<b>E</b>							0
	€							
S	€							
	(1)							
9	€							4
	Θ							
7	<b>E</b>							
	(0)							
8	<u>E</u>							
	€							
6	(ii)							
	(e)							
10	<b>E</b>							i
	€							
11	€							
	€							
12	(ii)							
	Θ							
13	(ii)							
	€							
14	(ii)							
	€							
15	<b>E</b>							
	€							
16	€							

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014	
	,
leferred compensation plan are outlined in the contract with The Associated	eferred compensation
new five-year contract was executed for Marc B Terrill beginning January 1, 2013. The terms and conditions of the	new five-year cont
iffy thousand dollars was deferred and is included on Form 990, Part VIII, Column F and Schedule J, Part II, Column C.	ifty thousand dollar
Aarc B. Terrill participates in a nonqualified deferred compensation plan. No amounts were paid out during the year (2014)	farc B. Terrill partic
4b;	'art I, Line 4b:
nd/or Officer of the Foundation.	nd/or Officer of the
All of the compensation and benefits listed are paid by The Associated, none of it is attributed to the service as a Director	Il of the compensat
Directors is employed by the supported entity. The Associated Jewish Community Federation of Baltimore, Inc. (The Associated).	rectors is employe
he Directors of the Yehuda & Anne Neuberger Foundation, Inc. receive no compensation for their services. However one of the	he Directors of the
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 or any additional information.	rovide the infor or any additiona

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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.

Name of the organization Employer identification number 27-1040796 Yehuda & Anne Neuberger Foundation, Inc. Form 990 Part VI, Section A, Line 2 - There are family relationships amont the Donor Members and Directors Yehuda Neuberger and Anne Neuberger have a family relationship. Line 6 - The organization has two members, a Public Member-The Associated: Jewish Community Federation of Baltimore, Inc. and Donor members consisting of Yehuda Neuberger and Anne Neuberger Line 7a -The Members appoint the Board of Directors The Public Member appoints the majority and the Donor Members appoint the remainder Line 7b - Amendments to the Bylaws are subject to change or rescission by the Members before they are adopted. Line 11a - The Form 990 and supporting schedules are distributed to the officers and directors upon completion for review prior to filing. Form 990, Part VI, Section B, Line 12c - The supported organization monitors and enforces the potential of any conflict of interests by regularly reviewing the Board of Directors, its actions and the investment of assets to ensure that it is in compliance with the policy Line 15 - Marc Terrill participates in a nonqualified deferred compensation plan. No amounts were vested during the year (2014), however \$50,000 was deferred and is included on Form 990, Part VII, Column F and Wchedule J, Part II, Column C A new five-year contract was executed beginning January 1, 2013. The terms and conditions of the deferred compensation plan are outlined in the contract with The Associated. Line 19 - The organization makes its governing documents and financial statements available to the public upon request.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

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

Open to Public

2014

Inspection

OMB No 1545-0047

Employer identification number

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2014 (f)
Direct controlling
entity Ŷ × 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. Yes (f)
Direct controlling
entity 27-1040796 (e) End-of-year assets X (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501(c)(3)(c)
Legal domicile (state
or foreign country) MΩ (b) Primary activity Exempt organization (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (1) The Associated Jewish Community Federation of Baltimore, Inc. (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization 101 W. Mt. Royal Avenue Baltimore, MD 21201 Yehuda & Anne Neuberger Foundation, Inc (2) Part I Part II 9 9 9 9 € 9 E 3 <u>ව</u> € 9

Schedule R (Form 990) 2014

line 34	
Part IV,	
rm 990,	
on Fo	
Yes.	
Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34	
rganızatı	izations treated as a partnership during the tax year.
theo	the t
mplete i	p during
ip Co	nersh
rtnersh	is a part
a Pa	ated a
ple as	ns tre
Taxa	nzatio
ations	orgar
ganiz	se it had one or more related ord
ed Or	more
Relat	ne or
ion of	had o
tificat	ecause it
Iden	peca
Part III	

National address, and Black of grounding from the control of gro	(k) Percentage ownership										2(b)(13) led ?	N <sub>o</sub>								) 2014
Nume, address, and EN of related organization of Ralated Organizations Taxable as a Corporation or Trust Complete (Fine organization and EN of related organization and states), and EN of related organizations (Person or Principle)   Principle (Person or Principle)   Principle)   Principle (Person organization)   Principle)   P										art IV,	(I) sction 512( controlle entity?	, se								rm 990
Nume, address, and EN of related organization of Ralated Organizations Taxable as a Corporation or Trust Complete (Fine organization and EN of related organization and states), and EN of related organizations (Person or Principle)   Principle (Person or Principle)   Principle)   Principle (Person organization)   Principle)   P	(j) neral or naging irtner?		_		_					90, P.										R (Fo
Nume, address, and EN of related organization of Ralated Organizations Taxable as a Corporation or Trust Complete (Fine organization and EN of related organization and states), and EN of related organizations (Person or Principle)   Principle (Person or Principle)   Principle)   Principle (Person organization)   Principle)   P		Ϋ́								nu 6	(h) Percenta owners									hedule
Name, a										J "Yes" on Fo								_		Sc
Name, a	(h) sproportionate allocations?									nswered	-									
Name, a		<u> </u>	<u></u>							ion a	(f) Share of Incon									
Name, a	(g) Share of end year asset									organizating the tax										
Name, a	(f) re of total ncome									ete if the	Type (C corp, S									
Name, a	Sha =									ompk n or ti	rolling									
Name, a	(e) Jominant te (related, related, ided from x under is 512-514)									r <b>Trust</b> C	(d) Direct conf entity									
Name, a	Prec incorr un exclu tax									on ol	ile country)									
Name, a	(d) ct controlling entity									a Corporat ns treated a	(c) Legal domk (state or foreign o									
Name, a										e as a	>									
Name, a	(c) Legal domicile (state or foreign country)									<b>s Taxabl</b> ed organi	(b) rimary activit						į		•	
Name, a							i		·	ation relat	ь.									
Name, a	(b) Pnmary activity									Related Organizated one or or or or or or or or or or or or or	d organization									
Name, a	EIN of									ation of Fecause it	(a) 1 EIN of related									
Name, a	(a) Idress, and 1 organizati									dentific ine 34 b	ddress, and									
	Name, ad relate		(1) N/A	(2)	(3)	(4)	(9)	(9)	(7)		Name, a		(1) N/A	(2)	(3)	(4)	(5)	(9)	(7)	

## Part V

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

n 990) 2014	Schedule R (Form 990) 2014			
				(9)
				(9)
				(4)
				(3)
				(2)
				(1)
			type (a–s)	
	(d)	(c)	(b) Transaction	(a) Name of related or name of selections of
splods	iips and transaction thr	uding covered relationsh	nplete this line, inc	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
××				<ul> <li>Contract transfer of cash or property to related organization(s)</li> <li>Other transfer of cash or property from related organization(s)</li> </ul>
×	19			q Reimbursement paid by related organization(s) for expenses
×	1p		•	<b>p</b> Reimbursement paid to related organization(s) for expenses
×				o Sharing of paid employees with related organization(s)
×	-	· · · · · · ·		Sharing of facilities, equipment, mailing lists, or other assets
×	= =			Performance of services or membership or fundraising solicitations for related organization(s)  - Performance of services or membership or fundraising solicitations by related organization(s)
X				k Lease of facilities, equipment, or other assets from related organization(s)
×	11	· · ·	•	j Lease of facilities, equipment, or other assets to related organization(s)
×	: <b>;=</b>			
< >				b Purchase of assets from related organization(s)
<b> </b>	-			
×				f Dividends from related organization(s)
×	1e			e Loans or loan guarantees by related organization(s)
×			•	d Loans or loan guarantees to or for related organization(s)
×				c Gift, grant, or capital contribution from related organization(s)
×	- 1p			Gift, grant, or capital contribution to related organization(s)
×	1a			a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
		nizations listed in Parts II	r more related orga	Note: Complete line I il any entity is listed in raits il, ili, or iv or tilis scriedule.  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
Yes No				Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

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

(a) (b) (c) (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of		(h) Disproportionate	(i) Code V—UBI	(i) General or	(k) Percentage
		(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	total income	end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)		ownership
				Yes No			Yes No		Yes No	
(1)	,									
(2)				-						
(3)										
(4)										
(9)										
(9)					!					
(2)										
(8)										:
(6)										
(10)	·									
(11)										
(12)										
(13)										
(14)										
(16)										
(16)										
								Sche	Schedule R (Form 990) 2014	n 990) 2014