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|------|---|---|---|
| Form | J | J | U |

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

OMB No 1545-0047

2014

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

Open to Public Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. December 31 For the 2014 calendar year, or tax year beginning January 1 2014, and ending , 20 14 D Employer identification number В C Name of organization The Jerusalem Foundation Check if applicable Address change Doing business as 31 1529945 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 11 Rivka Street POB 10185 972-2-6751711 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ Amended return F Name and address of principal officer H(a) Is this a group return for subordinates? Yes Vo Application pending H(b) Are all subordinates included? Yes No If "No," attach a list (see instructions) Tax-exempt status 501(c)(3) √ 501(c) ( ) ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527 H(c) Group exemption number ▶ Website: ▶ Form of organization Corporation Trust ☐ Association ✓ Other ► L Year of formation 1982 M State of legal domicile Part I Briefly describe the organization's mission or most significant activities: Improve the cultural and community of the inhabitants of Jerusalem, promote co-existance and tolerance, restore and preserve its Check this box ▶☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 16 Number of independent voting members of the governing body (Part VI, line 1b) 16 Total number of individuals employed in calendar year 2014 (Part V. line 2a) 5 0 Total number of volunteers (estimate if necessary) . . . . . . 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990- Cline 34 F.D. 7b 0 Pnor Year **Current Year** Contributions and grants (Part VIII, line 1h) 8 43,377,259 34,868,813 Program service revenue (Part VIII, line 2g) 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,616,932 1,642,065 Other revenue (Part VIII, column (A), lines 5, 6d, 8p, 90, 10p, and 11 5,259,110 (4,010,170)12 Total revenue - add lines 8 through 11 (must equal Part) 53,253,301 32,500,708 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3), 43,242,885 28,537,669 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,360,064 3,336,351 16a Professional fundraising fees (Part IX, column (A), line 11e) . 239,024 426,122 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,034,522 953,378 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 47,876,495 33,253,520 19 Revenue less expenses. Subtract line 18 from line 12 5,376,806 (752,812)Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 128,452,935 125,598,863 21 Total liabilities (Part X, line 26) . 9,479,232 7,377,972 22 Net assets or fund balances. Subtract line 21 from line 20 118,973,703 118,220,891 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge UNI Sign Signature of officer Hedi Here Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Paid Check I if self-employed Preparer Firm's name Firm's EIN ▶ Use Only Firm's address ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Yes No

Form 990 (2014)

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|-------|---|--------------|
| Part  |   |              |
|       | Check if Schedule O contains a response or note to any line in this Part III  | · · · 🗹      |
| 1     | Briefly describe the organization's mission: Improve the cultural and community of the inhabitants of Jerusalem, promote co-existance and tolerance, restore and pres                           | erve its     |
|       | unique character.   |              |
|       |   |              |
|       |   |              |
| 2     | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  | . [7] N.     |
|       | If "Yes," describe these new services on Schedule O.  | es           |
| 3     | Did the organization cease conducting, or make significant changes in how it conducts, any program  |              |
|       |   | es 🗹 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 m  |              |
|       | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported. | s to others, |
|       | the total expenses, and revenue, it any, for each program service reported.   |              |
| 4a    | (Code: ) (Expenses \$ 2,532,390 including grants of \$ 0) (Revenue \$   | 0)           |
| 74    | Gazelle Valley Park - Construction & maintenance  |              |
|       |   |              |
|       |   |              |
|       | ***************************************   |              |
|       |   |              |
|       |   |              |
|       |   |              |
|       |   |              |
|       |   |              |
|       |   |              |
|       |   |              |
| 4b    | (Code: ) (Expenses \$ 2,049,972 including grants of \$ 0) (Revenue \$   | 0)           |
|       | Micha Jerusalem Center - Construction , equipment & maintenance   |              |
|       | - General support   |              |
|       |   |              |
|       |   |              |
|       |   |              |
|       |   |              |
|       |   |              |
|       |   |              |
|       | ***************************************   |              |
|       |   |              |
| 4c    | (Code:) (Expenses \$1,822,333 including grants of \$0) (Revenue \$  | 0)           |
|       | Mishkenot Sha'ananim International Center - General support of seminars & conferences   |              |
|       | - General support of Press Club   |              |
|       |   |              |
|       | ***************************************   |              |
|       |   |              |
|       |   |              |
|       |   |              |
|       |   |              |
|       |   |              |
|       |   |              |
| 4d    | Other program services (Describe in Schedule O.)  |              |
|       | (Expenses \$ 23,290,797 including grants of \$ 285,716) (Revenue \$ 0)  |              |
| 4e    | Total program service expenses ▶ 29,695,492   |              |

| 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,"   | }    |          |              |
|      | complete Schedule A   | 1_1_ | <b>✓</b> |              |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2    | ✓        |              |
| 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    |          | 1            |
| 4    | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4    |          | 1            |
| 5    | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5    |          | 1            |
| 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    |          | <b>√</b>     |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7    |          | 1            |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8    |          | 1            |
| 9    | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9    |          | 1            |
| 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   | 1        |              |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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  | 1        |              |
| b    | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b  |          | 1            |
| C    | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c  |          | 1            |
| 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  |          | 1            |
|      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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. | 11e  | ✓        | <b>✓</b>     |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a  | 1        |              |
| þ    | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b  |          | ✓            |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13   |          | ✓            |
| 14 a |   | 14a  | <b>\</b> |              |
| b    | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV   | 14b  | <b>√</b> |              |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15   | <b>√</b> |              |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.   | 16   | <b>√</b> |              |
| 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   | <b>√</b> |              |
| 18   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18   |          | 1            |
| 19   | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III   | 19   |          | <u> </u>     |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a  |          | <del>-</del> |
|      | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .  | 20b  |          | <del></del>  |

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| Part     | 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         |              | 1              |
| 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 27 If "Yes," complete Schedule I, Parts I and III  | 22         |              | 1              |
| 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         | <b>\</b>     |                |
| 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                                     | 24a        |              | 1              |
|          | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24b<br>24c |              |                |
| d<br>25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 | 24d<br>25a |              | 1              |
| b        | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | 25b        |              | 1              |
| 26       | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  | 26         | <b>√</b>     |                |
| 27       | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III          | 27         |              | 1              |
| 28       | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |            |              |                |
| a<br>b   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a<br>28b |              | 1              |
| 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        |              | 1              |
| 29<br>30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M                                  | 29<br>30   |              | 1              |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31         |              | 1              |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 32         |              | /              |
| 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         | 1            | - <del></del>  |
| 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         |              | 1              |
| 35a<br>b | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a        |              | 1              |
|          | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b        |              | 1              |
| 36       | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 36         |              | 1              |
| 37       | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 27         |              | 1              |
| 38       | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O  | 37         | 1            | - <del>-</del> |
|          |  |            | n <b>990</b> | (2014)         |

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|----------|--|------------|----------------|--------------|
| Part     |  |            |                | _            |
|          | Check if Schedule O contains a response or note to any line in this Part V   | <u>· ·</u> | 1 2 -          | . <b>7</b>   |
| 4-       | For the control of Decorate Control of Contr | _          | Yes            | No           |
| 1a       |  | 1          | }              | }            |
| b        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | ł          | l              | l            |
| U        | reportable gaming (gambling) winnings to prize winners?  | 1c         |                |              |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  | <u></u>    |                |              |
|          | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0   | 1          | ļ              | ĺ            |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .   | 2b         |                |              |
|          | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |            |                |              |
| 3a       | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a         |                | 1            |
| b        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b         |                |              |
| 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority  |            |                | l            |
|          | over, a financial account in a foreign country (such as a bank account, securities account, or other financial   | }          | ,              | 4            |
|          | account)?  | 4a         | 1              | <b> </b>     |
| þ        | If "Yes," enter the name of the foreign country: ISRAEL / SWITZERLAND / SPAIN  | 1          | ]              | 1            |
|          | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts  | ł          | }              | ĺ            |
| E o      | (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a         |                | 1            |
| 5a<br>b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b         | <del> </del> - | 1            |
| C        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c         |                | \ <u> </u>   |
| 6a       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   |            |                |              |
|          | organization solicit any contributions that were not tax deductible as charitable contributions?   | 6a         |                | 1            |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contributions or   |            |                | 1            |
|          | gifts were not tax deductible?   | 6b         | ĺ              | 1            |
| 7        | Organizations that may receive deductible contributions under section 170(c).  |            |                |              |
| а        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods  | 3          |                | \            |
|          | and services provided to the payor? ,  | 7a         | L              | L            |
| b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b         |                | <b> </b>     |
| C        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 1_         |                |              |
|          | ·  | 7c         | <u> </u>       |              |
| d<br>e   | If "Yes," indicate the number of Forms 8282 filed during the year  | 7e         |                |              |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.  | 75         |                | }            |
| g        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g         |                | <u> </u>     |
| ĥ        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h         |                |              |
| 8        | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |            | l              |              |
|          | sponsoring organization have excess business holdings at any time during the year?   | 8          | A              | 1            |
| 9        | Sponsoring organizations maintaining donor advised funds.  | a          |                |              |
| а        | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a         |                | <u> </u>     |
| b        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b         |                | ļ            |
| 10       | Section 501(c)(7) organizations. Enter:  |            | }              |              |
| a        | Initiation fees and capital contributions included on Part VIII, line 12   | -          | ŀ              |              |
| ь<br>11  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]  Section 501(c)(12) organizations. Enter:  | -          | l              | 1            |
| ''a      | Gross income from members or shareholders  | Į.         | )              | 1            |
| b        | Gross income from other sources (Do not net amounts due or paid to other sources   | 1          |                | 1            |
|          | 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   12b  |            |                |              |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.   | L          |                | <u></u>      |
| а        | Is the organization licensed to issue qualified health plans in more than one state?   | 13a        |                |              |
| _        | Note. See the instructions for additional information the organization must report on Schedule O.  | }          |                |              |
| þ        | Enter the amount of reserves the organization is required to maintain by the states in which   | l          |                | 1            |
| _        | the organization is licensed to issue qualified health plans   |            |                |              |
| 140      | Enter the amount of reserves on hand   | -          |                | <del> </del> |
| 14a<br>b | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a<br>14b |                | /            |
| ~        | in 199, has a modian onlines to report these payments in 199, provide an explanation in Schedule O .   | 140        |                |              |

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|----------|--|---------|-------------|--|
| 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   | ee ins  | truct       | ions.  |
| Secti    | on A. Governing Body and Management  | <u></u> |             | · [¥]  |
| Occii    | on A. doverning body and management  |         | Yes         | No   |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year   1a 16  | Γ       |             |  |
|          | If there are material differences in voting rights among members of the governing body, or   |         |             | j  |
|          | if the governing body delegated broad authority to an executive committee or similar   |         |             | } ;  |
|          | committee, explain in Schedule O.  |         |             |  |
| b        | Enter the number of voting members included in line 1a, above, who are independent . 1b 16   |         |             | 1 :  |
| 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       | 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       |             | 1  |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4       |             | 1  |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5       |             | 1  |
| 6        | Did the organization have members or stockholders?   | 6       | ✓           | ļ  |
| 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      | 1           | }  |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members,  |         | ,           | -  |
|          | stockholders, or persons other than the governing body?  | 7b      | <b>✓</b>    | <u> </u>   |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |         |             |  |
| а        | The governing body?  | 8a      | 1           |  |
| b        | Each committee with authority to act on behalf of the governing body?  | 8b      | ✓           |  |
| 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       | L           | <b>✓</b>   |
| Secti    | on B. Policies (This Section B requests information about policies not required by the Internal Reven  | ue C    |             |  |
| 40-      | Distance and the second |         | Yes         | No   |
| 10a<br>b | Did the organization have local chapters, branches, or affiliates?   | 10a     | ļ           | 1  |
| 5        | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b     |             | 1  |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a     |             | 1  |
| b        | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |         |             | <del>                                     </del> |
| 12a      | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a     | ··· • PLC.X | 1  |
| b        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b     |             |  |
| 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     |             |  |
| 13       | Did the organization have a written whistleblower policy?  | 13      |             | 1  |
| 14       | Did the organization have a written document retention and destruction policy?   | 14      |             | 1  |
| 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?  |         | <br>        | -  |
| а        | The organization's CEO, Executive Director, or top management official   | 15a     | ✓           |  |
| þ        | Other officers or key employees of the organization  | 15b     | <b>✓</b>    | <del>  </del>                                    |
| 10-      | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |         |             | (  |
|          | 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     | * *****     | 1  |
| 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     |             | 1-2  |
| Secti    | on C. Disclosure   | .00     | <u> </u>    | <b></b>  |
| 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 available for public inspection. Indicate how you made these available. Check all that apply.  | 501(    | c)(3)s      | only)  |
|          | ☐ 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 interinancial statements available to the public during the tax year.   | erest ( | policy      | , and  |
| 20       | State the name, address, and telephone number of the person who possesses the organization's books and rec   | cords   | <b>.</b>    |  |
|          | Hedva Foguel or David Kindler, 11 Rivka Street Jerusalem 91101 Israel , Tel: 972-2-6751711   |         |             |  |

Form 990 (2014) Page

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

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 no | r any relate                  | d org                          | aniz                  | atio    | n c                                     | ompe                            | nsa      | ted any currer    | nt officer, director  | r, or trustee.              |
|---|-------------------------------|--------------------------------|-----------------------|---------|---|---------------------------------|----------|-------------------|-----------------------|-----------------------------|
|   |                               |                                |                       | (0      | <del></del>                             |                                 |          |                   |                       |                             |
| (A)   | (B)                           | (B)                            |                       |         | Position<br>(do not check more than one |                                 |          |                   | (E)                   | (F)                         |
| Name and Title                                  | Average                       |                                |                       |         |   | e than e<br>s both              |          | (D)<br>Reportable | Reportable            | Estimated                   |
|   | hours per                     | office                         | er and                |         |   | or/trus                         |          | compensation      | compensation from     | amount of                   |
|   | week (list any<br>hours for   | Individual trustee or director | ins                   | ₽       | 8                                       | 옥포                              | 77       | from<br>the       | related organizations | other<br>compensation       |
|   | related                       | dire                           | thut.                 | Officer | Key employed                            | P S                             | Former   | organization      | (W-2/1099-MISC)       | from the                    |
|   | organizations<br>below dotted | 함                              | Š                     |         | 롱                                       | 88                              | ]        | (W-2/1099-MISC)   | 1                     | organization<br>and related |
|   | line)                         | suri                           | 5                     |         | ) Ye                                    | 를                               | }        | 1                 |                       | organizations               |
|   |                               | 8                              | Institutional trustee |         |   | Highest compensated<br>employee | Ì        | ł                 | [                     |                             |
|   | <del> </del>                  |                                |                       |         |   | 8.                              |          |                   | <del></del>           | <del></del>                 |
| (1) Ruth Cheshin                                | 1                             |                                |                       |         |   | }                               |          |                   |                       |                             |
| Board Member & former President                 |                               | 1                              |                       |         |   | }                               |          | 0                 | O                     | 0                           |
| (2) Salai Meridor                               | 1                             | }                              |                       |         |   | [                               |          |                   |                       |                             |
| Board Member & Foundation Chairman              |                               | 1                              |                       |         |   |                                 |          | 0                 | 0                     | 0                           |
| (3) David Brodet                                | 1                             | 1                              |                       |         | }                                       | }                               | }        | }                 | <b>]</b>              |                             |
| Board Chairman                                  | 1                             | 1                              |                       |         |   |                                 | <u> </u> | 0                 | 0                     | 0                           |
| (4) Zvi Agmon                                   | 0.5                           | }                              |                       |         |   | }                               | }        | †                 | į                     | ı<br>I                      |
| Board Member                                    |                               | 1                              |                       |         | _                                       |                                 | _        | 0                 | 0                     | 0                           |
| (5) Yoram Balizovsky                            | 0.5                           | 1                              |                       |         |   |                                 | {        |                   | }                     |                             |
| Board Member                                    | <b></b>                       | 1                              | _                     |         | L.,                                     | <u> </u>                        | L_       | 0                 | 0                     | 0                           |
| (6) Tamar Ben David                             | 0.5                           | }                              |                       |         |   | }                               | }        | 1                 | }                     |                             |
| Board Member                                    | ļ                             | 1                              |                       |         | <u> </u>                                |                                 | <u> </u> | 0                 | 0                     | 0                           |
| (7) Moshe Vidman                                | 0.5                           | }                              | . :                   |         |   | }                               | }        | 1                 | 1                     |                             |
| Board Member                                    | <del> </del>                  | /                              |                       |         |   |                                 | _        | 0                 | 0                     | 0                           |
| (8) Meir Chet                                   | 11                            | ١.                             |                       |         | }                                       | }                               | ŀ        | }                 | }                     |                             |
| Board Member                                    | \                             | 1                              |                       |         | L_                                      | ļ                               | _        | 0                 | 0                     | 0                           |
| (9) Gari Liblach                                | 1                             | _                              |                       |         | }                                       | }                               | 1        | 1                 |                       |                             |
| Board Member                                    | <b>}</b>                      | /                              |                       |         |   |                                 |          | 0                 | 0                     | 0                           |
| (10) Dan Ziskind                                | 11                            |                                |                       |         |   |                                 | 1        | }                 |                       |                             |
| Board Member                                    | ļ                             | 1                              |                       |         |   |                                 |          | 0                 | 0                     | 0                           |
| (11) Harri Sapir                                | 11                            |                                |                       |         |   | 1                               | 1        | }                 |                       |                             |
| Board Member                                    | ļ                             | /                              |                       |         |   |                                 |          | 0                 | 0                     | 0                           |
| (12) Ronit Abramson                             |                               |                                |                       |         |   | 1                               | {        | {                 |                       |                             |
| Board Member                                    | 0.5                           | <b>/</b>                       |                       |         |   |                                 |          | 0                 | 0                     | 0                           |
| (13) Ruth Diskin                                | ·                             | }                              |                       |         |   | }                               | }        | ļ                 |                       |                             |
| Board Member                                    | 0.5                           | 1                              |                       |         |   |                                 |          | 0                 | 0                     | 0                           |
| (14) Stuart Hershkovitz                         | ļ                             |                                |                       |         |   | }                               | 1        | <b>;</b>          |                       |                             |
| Board Member                                    | 0.5                           | ✓                              |                       |         |   |                                 |          | 0                 | 0                     | 0 000 (2014)                |

Form 990 (2014)

| Part VII Section A. Officers, Directors, Trust   | lage Koy E   | molos          | ·                     |                      | ad L          | liabor   | -+ -        | omnoneated E                                   | mployees (co                              | atinuo   | -n 2go C  |
|--|--|----------------|-----------------------|----------------------|---------------|--|-------------|--|---|----------|---|
| Section A. Officers, Directors, 1705   | lees, Rey L  | inplo          | 1003                  |                      | C)            | igne   | <u> </u>    | ompensated E                                   | inployees (co.                            | 1111000  | <u> </u>  |
| (A)<br>Name and title  | (B)<br>Average<br>hours per  | box, i         | ot ch<br>unles        | Pos<br>leck<br>is pe | ntion<br>more | than out the thick the thi | an          | (D) Reportable compensation                    | (E)<br>Reportable<br>compensation fro     | om       | (F)<br>Estimated<br>amount of   |
|  | week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) |                | Institutional trustee | Officer              | Key employee  | Highest compensated employee   | Former      | from<br>the<br>organization<br>(W-2/1099-MISC) | related<br>organizations<br>(W-2/1099-MIS | D)       | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| (15) Yoni Shimshoni  | 0.5  | 1              |                       |                      |               |  |             |  |   |          |   |
| Board Member (16) Alan Hassenfeld  | 0.5  | <del>  •</del> |                       |                      |               |  |             | 0  | <del> </del>                              | 0        | 0   |
| Board Member   |  | 1              |                       |                      |               |  | }           | 0  |   | o        | 0   |
| (17) Marc Soffer   | 50   |                |                       |                      |               |  |             |  |   | -        | <del></del>   |
| former President   |  |                |                       |                      | _             |  | 1           | 156,823  |   | 0        | 6,107   |
| (18) Daniel Mimran<br>CEO  | 50   |                |                       | 1                    |               |  |             | 171,742  |   | 0        | 7,178   |
| (19) Alan Freeman  | 50   |                |                       | Ť                    | ļ —           |  | -           | 171,742  |   | 1        | 7,170   |
| Vice President   |  |                |                       | ✓                    |               |  | _           | 147,741  |   | 0        | 6,191   |
| (20) David Kindler   | 50   |                |                       | 1                    | }             |  |             |  |   |          |   |
| CFO (21) Hedva Foguel  | 40   |                | -                     | *                    |               |  | -           | 124,511  |   | 0        | 5,122   |
| Legal Advisor  | 79   |                |                       | 1                    |               |  |             | 99,841   |   | 0        | 3,811   |
| (22) Arie Zehavy   | 50   |                |                       |                      |               |  |             |  |   | 1        |   |
| Fund-Raiser Head of Spanish speaking Countries   |  |                |                       |                      |               | 1  | <u> </u>    | 129,754  |   | 0        | 4,617   |
| (23) Haim Barimboim  | 50   |                | }                     |                      |               |  |             |  |   |          |   |
| Project Construction (24) Irene Polak  |  |                | -                     |                      | -             | ✓  | -           | 108,310  |   | 0        | 4,277   |
| Fund-Raiser Head of German speaking Countries  |  |                | 1                     |                      | }             | 1  | ŀ           | 108,092  |   | 0        | 4,367   |
| (25)   |  |                |                       |                      |               |  |             | 100,002  | <del></del>                               | <u> </u> | 4,007   |
|  | l  |                |                       |                      | <u> </u>      |  | Ļ_          | <del> </del>                                   |   |          |   |
| 1b Sub-total   |  | <br>n Δ        |                       |                      |               | -  | <b>&gt;</b> | 1,046,814                                      | <del></del>                               | 0        | 41,670  |
| d Total (add lines 1b and 1c)  |  |                |                       |                      |               |  | <b>&gt;</b> | 1,046,814                                      | <del> </del>                              |          | 41,670  |
| Total number of individuals (including but reportable compensation from the organi                                     | not limited  |                |                       |                      |               |  |             |  |   |          |   |
| 3 Did the organization list any former of employee on line 1a? If "Yes," complete s                                    |  |                |                       |                      |               |  | mp          | loyee, or high                                 | est compens                               | ated     | Yes No  |
| 4 For any individual listed on line 1a, is the organization and related organizations individual                       |  |                |                       |                      |               |  |             |  |   |          | 4 1   |
| 5 Did any person listed on line 1a receive of for services rendered to the organization?                               |  |                |                       |                      |               |  |             |  | ation or indivi                           | dual     | 5   |
| Section B. Independent Contractors   |  |                |                       |                      |               |  |             |  | <del></del>                               |          |   |
| <ol> <li>Complete this table for your five highest of<br/>compensation from the organization. Rep<br/>year.</li> </ol> |  |                |                       |                      |               |  |             |  |   |          |   |
| (A) Name and business add  | ress   |                |                       |                      |               |  |             | (B)<br>Description of s                        | ervices                                   | Co       | (C)<br>impensation  |
|  |  |                |                       |                      |               |  |             |  |   |          |   |
|  |  |                |                       |                      |               |  |             |  |   |          |   |
| 2 Total number of independent contracto  |  |                |                       |                      |               |  | th          | ose listed abo                                 | ove) who                                  |          |   |
| received more than \$100,000 of compens  | sation from  | the or         | gan                   | iizat                | tion          | <b>&gt;</b>  |             | 0  | 1   |          | ,   |

| Part   | VIII    |  |                       |                   | 1 - 1 - 1 - 1                          | D-11/11  |   |   |
|--|---------|--|-----------------------|-------------------|--|--|---|---|
| r<br>}   |         | Check if Schedule O                              | contains a re         | sponse or note to | O any line in this  (A)  Total revenue | (B) Related or exempt function   | (C)<br>Unrelated<br>business<br>revenue     | (D)  Revenue excluded from tax under sections       |
| 20 10 I  | 1a      | Federated campaigns                              | 1                     |                   |  | revenue  |   | 512-514   |
| Contributions, Gifts, Grants and Other Similar Amounts | ь       | Membership dues .                                | <del></del> -         |                   | ,                                      |  |   |   |
| وَ ق   | C       | Fundraising events .                             |                       | <del></del>       |  |  |   | j   |
| ar A   | ď       | Related organizations                            | <del></del> -         | <del></del>       |  |  |   | ;   |
| S, E   | e       | Government grants (con                           | <del></del>           | <del></del>       |  |  |   | }   |
| ion  | f       | All other contributions, gi                      |                       | 1 3/33/33         |  |  | !   | ļ   |
| but  |         | and similar amounts not inc                      |                       | 27,957,855        |  |  |   |   |
| Contributions, Gift<br>and Other Similar               | g       | Noncash contributions includ                     | led in lines 1a-1f: S | <del></del>       |  |  |   | Ì   |
| မှု<br>လူ  | h       | Total. Add lines 1a-1                            | f                     | <b>&gt;</b>       | 34,868,813                             |  | <br>  | -   |
| rue  |         |  |                       | Business Code     | / L. L                                 |  |   | 1   |
| ver  | 2a      |  |                       |                   |  |  | <br><del> </del>                            |   |
| a Be   | b       |  |                       | ·                 |  |  |   |   |
| Š  | C       |  |                       |                   |  |  | · · · · · · · · · · · · · · · · · · ·       | <u> </u>  |
| Sel  | d       |  |                       | ·                 |  |  | <br>  | <b> </b>  |
| La l   | е       |  |                       |                   |  |  | <del></del>                                 |   |
| Program Service Revenue                                | f       | All other program sen                            |                       |                   |  |  |   | <u> </u>  |
| <u></u> -  | g       | Total. Add lines 2a-2 Investment income          | T                     | dondo interest    | 0                                      |  |   | <del></del>   |
|  | 3       | and other similar amo                            |                       | <b>•</b>          |  |  |   |   |
|  |         | Income from investment                           | •                     |                   | 2,261,319                              | 2,261,319  | <del></del>                                 | <del> </del>  |
|  | 4<br>5  |  |                       |                   | 447.500                                | 447.500  |   |   |
| Ì  | 3       | noyames  | (i) Real              | (ii) Personal     | 417,506                                | 417,506  |   | <del> </del>  |
|  | 6a      | Gross rents                                      | 735,0                 | 31                |  | :  |   | }   |
| [  | b       | Less: rental expenses                            | 64,89                 | <del></del>       |  |  |   | Į.  |
| - {  | C       | Rental income or (loss)                          | 670,15                |                   |  |  |   | ĺ   |
| j  | d       | Net rental income or (                           |                       | >                 | 670,155                                | 670,155  | ت يورد الحجي ووسا وست بنطقت و مجرحه ستسومين | Lune = 1782   120   110   110   124                 |
| 1  | 7a      | Gross amount from sales of                       | (i) Securities        | (II) Other        |  |  |   |   |
| ł  |         | assets other than inventory                      | 27,205,77             | 9 11,498          |  |  |   | 1   |
| į  | b       | Less: cost or other basis                        |                       |                   |  |  |   | ì   |
| - 1  |         | and sales expenses .                             | 27,553,03             | 1 12,525          |  |  |   | į   |
| j  | С       | Gain or (loss)                                   | (347,25               | 2) (1,027)        | S. E.Fag S. e.m.;                      | MARIN CONTRACTOR OF THE CONTRA | 2 W   | www.co.line.co.co.co.co.co.co.co.co.co.co.co.co.co. |
|  | d       | Net gain or (loss) .                             |                       | _ الحسنيني        | (348,279)                              | (348,279)  |   |   |
| a l  | _       |  |                       | }                 |  |  |   | }   |
| evenue   | 8a      | Gross income from fu                             | indraising            | 1                 |  |  |   | !   |
| ě  |         | events (not including \$                         | ad on line 1e)        |                   |  |  |   | ļ   |
| Other R  |         | of contributions reported See Part IV, line 18 . |                       |                   |  |  |   | }   |
| Ę.   |         | Less: direct expenses                            |                       | a <br>b           |  | !<br>  |   |   |
| 0  |         | Net income or (loss) for                         |                       | ·                 |  |  |   | 11  |
| }  |         | Gross income from ga                             |                       |                   |  |  |   | <del> </del>  |
| ſ  |         | See Part IV, line 19 .                           |                       |                   |  | !  |   |   |
| }  | b       | Less: direct expenses                            |                       | Ь                 |  |  |   | Ì   |
| ſ  |         | Net income or (loss) fi                          |                       | tivities >        |  |  |   |   |
|  | 10a     | Gross sales of in                                | ventory, less         |                   |  |  |   |   |
| ļ  |         | returns and allowance                            | es                    | a                 |  |  |   | ]   |
| ļ  | b       | Less: cost of goods s                            |                       | b                 | ا ساده و ما العام                      | E 3  |   |   |
| ļ  | С       |  |                       |                   | <u> </u>                               |  |   |   |
| ļ  |         | Miscellaneous R                                  | evenue                | Business Code     |  | موسوع سنفروه موسوس الاعتداد  |   | **************************************              |
| ł  | 11a     | unrealized gain investr                          | nents                 | 900099            | (5,368,806)                            | (5,368,806)  |   | <u> </u>  |
| Ì  | b       |  |                       |                   |  |  | <del></del>                                 | <b></b>   |
| }  | C       | Λ!! -they y                                      |                       |                   |  |  |   | <u> </u>  |
| Į  | d       | All other revenue .  Total. Add lines 11a-       |                       |                   | /F 000 05 11                           |  | <del></del>                                 | <del> </del>  |
| ļ  | e<br>12 | Total revenue. See in                            |                       |                   | (5,368,806)                            | /0.000.000   |   | <del></del>   |
|  |         |  |                       |                   | 32,500,708                             | (2,368,105)  |   | <u> </u>  |

fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) . . . .

Form 990 (2014) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (D) Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses (C) Management and 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 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 . . . 28,537,669 28,537,669 Benefits paid to or for members . . . . Compensation of current officers, directors, trustees, and key employees . . . . . 1,139,563 276,093 220,333 643,137 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,091,553 435,434 270,825 385,294 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 157,918 62,362 41,425 54,131 Other employee benefits . . . . . . . 261,480 657,531 197,711 198,340 10 Payroll taxes . . . . . . . 289,786 95,871 67,614 126,301 11 Fees for services (non-employees): Management . . . . . . Legal . . . . . . . . . . . . Accounting . . . . . . 34,201 34,201 Lobbying . . . . . . . . . . Professional fundraising services. See Part IV, line 17 426,122 426,122 Investment management fees . . . . . 5,011 5,011 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12 Advertising and promotion . . . . 180,160 26,583 153,577 13 Office expenses . . . . 135,187 125,480 9,707 Information technology . . . 14 62,175 62,175 Royalties . . . . . . . . 15 Occupancy . . . . . . . 16 92,654 92,654 17 242,680 34,873 207,807 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 45,895 45,895 20 Interest . . . . . . . . . . . Payments to affiliates . . . . . . . 21 22 Depreciation, depletion, and amortization . 130,982 130,982 23 18,528 18,528 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.) other miscellaneous а 5,905 5,905 b C d All other expenses Total functional expenses. Add lines 1 through 24e 25 33,253,520 29,695,492 1,307,717 2,250,311 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X  $\square$ (A) (B) Beginning of year End of year 1 2,287,832 2,955,199 2 Savings and temporary cash investments . . . . . 4,395,466 2 2,413,329 3 Pledges and grants receivable, net . . . . . . . . . 33,309,967 3 35,316,570 4 714,483 1,109,469 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 1,541 0 Loans and other receivables from other disqualified persons (as defined under section 6 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 . . . . . . . . . . . . O 0 7 2,579,880 7 3,216,092 8 Inventories for sale or use . . . . . . . . . 8 0 0 Prepaid expenses and deferred charges 7,780 7,760 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 7,542,009 **b** Less: accumulated depreciation . . . . 10b 5,495,288 10c 2,123,181 5,418,828 Investments—publicly traded securities . . . . . 11 11 75,122,823 70,882,822 646,499 12 12 Investments-other securities. See Part IV, line 11 . 387,378 13 Investments—program-related. See Part IV, line 11. 13 0 0 14 14 0 0 Other assets. See Part IV, line 11 . . . . . . . . . . . . 15 15 3,891,396 3,891,396 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 128,452,935 125,598,863 17 5,340,668 17 3,690,059 18 18 2,579,880 2,206,330 19 19 0 0 20 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 0 0 Loans and other pavables to current and former officers, directors, 22 iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 0 24 Unsecured notes and loans payable to unrelated third parties . . . 24 o 0 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 1,558,684 1,481,583 Total liabilities. Add lines 17 through 25 . . 26 9,479,232 26 7,377,972 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Balances complete lines 27 through 29, and lines 33 and 34. 27 27 38,609,817 35,741,019 28 28 46,963,200 51,386,047 Fund 29 33,400,686 31,093,825 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and 9 complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . . . . Net Assets 30 0 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 0 0 32 Retained earnings, endowment, accumulated income, or other funds . 32 0 0 33 33 118,973,703 118,220,891 Total liabilities and net assets/fund balances . . . . . . . . . . . 128,452,935 125,598,863

| orm 99 | 0 (2014)   |          |       | Pa       | ıge 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        |       | 32,50    | 00,708    |
| 2      | Total expenses (must equal Part IX, column (A), line 25)   | 2        |       | 33,25    | 53,520    |
| 3      | Revenue less expenses. Subtract line 2 from line 1   | 3        |       | (75      | 2,812     |
| 4      | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                | 4        |       | 118,97   | 73,703    |
| 5      | Net unrealized gains (losses) on investments   | 5        |       |          |           |
| 6      | Donated services and use of facilities   | 6        |       |          |           |
| 7      | Investment expenses  | 7        |       |          |           |
| 8      | Prior period adjustments   | 8        |       |          | (         |
| 9      | Other changes in net assets or fund balances (explain in Schedule O)                                     | 9        |       |          | (         |
| 10     | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line           |          |       |          |           |
|        | 33, column (B))  | 10       |       | 118,22   | 20,891    |
| Part   | XII Financial Statements and Reporting   |          |       |          |           |
|        | Check if Schedule O contains a response or note to any line in this Part XII                             |          |       |          |           |
|        |  |          |       | Yes      | No        |
| 1      | Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other                                 |          | F     |          |           |
|        | If the organization changed its method of accounting from a prior year or checked "Other," ex            | plain in | 1     | 1        | }         |
|        | Schedule O.  |          | l     |          |           |
| 2a     | Were the organization's financial statements compiled or reviewed by an independent accountant?          |          | 2a    |          | 1         |
|        | If "Yes," check a box below to indicate whether the financial statements for the year were com           | piled or |       |          |           |
|        | reviewed on a separate basis, consolidated basis, or both:   |          | ŀ     | 1        | }         |
|        | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis                             |          |       |          | }         |
| b      | Were the organization's financial statements audited by an independent accountant?                       |          | 2b    | 1        |           |
|        | If "Yes," check a box below to indicate whether the financial statements for the year were audite        | ed on a  |       |          |           |
|        | separate basis, consolidated basis, or both:   |          | - }   |          | ]         |
|        | ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis                             |          |       |          |           |
| C      | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or     | versight | -ES-2 |          |           |
|        | of the audit, review, or compilation of its financial statements and selection of an independent account | •        | 2c    | 1        |           |
|        | If the organization changed either its oversight process or selection process during the tax year, ex    | plain in |       |          | <b></b> - |
|        | Schedule O.  | •        | i     |          | l         |

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

Form **990** (2014)

#### **SCHEDULE 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.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

| Name | of the organization   |                   |  |               |                                       | Employer Identification                           | number  |  |  |
|------|---|-------------------|--|---------------|---------------------------------------|---|---|--|--|
|      | erusalem Foundation   |                   |  |               |                                       |   | 29945   |  |  |
| Par  |   |                   |  |               |                                       |   | ons.  |  |  |
|      | organization is not a private founda  |                   |  |               |                                       |   |   |  |  |
| 1    |   |                   |  |               |                                       |   |   |  |  |
|      | <ul> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> </ul> |                   |  |               |                                       |   |   |  |  |
| 3    |   |                   |  |               |                                       |   | (iii) Enter the                                       |  |  |
| 4    | 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:                                       |                   |  |               |                                       |   |   |  |  |
| 5    |   |                   |  |               |                                       |   |   |  |  |
| 6    | ☐ A federal, state, or local gover  | -                 | mental unit described  | in section    | on 170(b)                             | (1)(Δ)(ν).  |   |  |  |
| 7    | An organization that normally described in section 170(b)(1)  | receives a subs   | tantial part of its sup  |               |                                       |   | the general public                                    |  |  |
| 8    | ☑ A community trust described i   | n section 170(b)  | (1)(A)(vi). (Complete  | Part II.)     |                                       |   |   |  |  |
| 9    | ☐ An organization that normally   |                   |  | -             | from con                              | tributions, members                               | hip fees, and gross                                   |  |  |
|      | receipts from activities related<br>support from gross investme<br>acquired by the organization a   | nt income and     | unrelated business   | taxable i     | ncome (l                              | ess section 511 ta                                |   |  |  |
| 10   | An organization organized and   | operated exclus   | sively to test for publi   | c safety.     | See <b>sect</b>                       | ion 509(a)(4).                                    |   |  |  |
| 11   | An organization organized and one or more publicly supported the box in lines 11a through 11  | i organizations d | escribed in section 5  | 09(a)(1) o    | r section                             | 509(a)(2). See secti                              | ion 509(a)(3). Check                                  |  |  |
| а    | ☐ Type I. A supporting organiz  |                   | -  | _             |                                       | •   | -   |  |  |
| u    | the supported organization(s organization. You must com   | ) the power to re | egularly appoint or ele  |               |                                       |   |   |  |  |
| b    | Type II. A supporting organiz   | zation supervise  | d or controlled in con   | nection w     | ith its su                            | pported organizatior                              | n(s), by having                                       |  |  |
|      | control or management of the organization(s). You must co   | omplete Part IV   | Sections A and C.  | ·             |                                       | _   |   |  |  |
| С    | Type III functionally integra<br>its supported organization(s)  | (see instructions | s). You must comple  | te Part I     | /, Section                            | ns A, D, and E.                                   | •   |  |  |
| đ    | ☐ Type III non-functionally integrated in that is not functionally integrated requirement (see instructions)  | ated. The organi  | zation generally must  | satisfy a     | distributi                            | on requirement and                                |   |  |  |
| е    | Check this box if the organiz<br>functionally integrated, or Ty   |                   |  |               |                                       |   | I, Type III   |  |  |
| f    | Enter the number of supported of  | organizations .   |  |               | ·                                     |   | []  |  |  |
| g    | Provide the following information   |                   |  | •             |                                       |   | L   |  |  |
|      | (i) Name of supported organization  | (ii) EIN          | (iii) Type of organization<br>(described on lines 1–9<br>above or IRC section<br>(see instructions)) | listed in you | organization<br>or governing<br>ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of<br>other support (see<br>instructions) |  |  |
|      |   |                   | ,,,,   | Yes           | No                                    |   |   |  |  |
| (A)  |   |                   |  |               |                                       |   |   |  |  |
| (B)  |   |                   | <br>   |               |                                       |   |   |  |  |
| (C)  |   |                   |  |               |                                       |   |   |  |  |
| (D)  | · <del></del>   |                   |  |               |                                       |   |   |  |  |
| (E)  |   |                   |  |               |                                       |   |   |  |  |
|      |   |                   |  | ]             |                                       |   |   |  |  |

**Total** 

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012(d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 26,334,459 26,820,904 31,149,960 43,377,259 34,868,813 162,551,395 levied for the revenues organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 26,334,459 26,820,904 31,149,960 43,377,259 34,868,813 162,551,395 Total. Add lines 1 through 3. . . . 5 The portion of total contributions by person each (other than а governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 28,455,183 Public support. Subtract line 5 from line 4. 134,096,212 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Amounts from line 4 . . . . . . 26,334,459 26,820,904 31,149,960 43,377,259 34,868,813 162,551,395 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 3,596,808 3,496,386 3,900,826 3,523,018 3,413,876 17,930,914 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . . . . . . . Total support. Add lines 7 through 10 11 180,482,309 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . Public support percentage from 2013 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . . 15 15 16a 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . **V** b 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more. check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . 17a 10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 

# 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.)

| Secti | on A. Public Support   | <del></del>     |                   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ompioto i ait                                    | ,  |                   |
|-------|--|-----------------|-------------------|---|--|--|-------------------|
| Calen | dar year (or fiscal year beginning in)   | (a) 2010        | (b) 2011          | (c) 2012                                | (d) 2013   | (e) 2014   | (f) Total         |
| 1     | Gifts, grants, contributions, and membership fees                                  |                 |                   |   | 1.7  | 15/=   |                   |
|       | received. (Do not include any "unusual grants.")                                   | 1               | [                 |   |  | j  |                   |
| 2     | Gross receipts from admissions, merchandise  |                 |                   |   | <del> </del>                                     |  |                   |
|       | sold or services performed, or facilities  |                 | ·                 |   | 1  |  |                   |
|       | furnished in any activity that is related to the organization's tax-exempt purpose |                 |                   |   | 1  | [  |                   |
| 3     | Gross receipts from activities that are not an                                     | <del></del>     | <del></del>       |   | <del></del>                                      |  |                   |
| •     | unrelated trade or business under section 513                                      |                 | ĺ                 |   | 1  |  |                   |
| 4     | Tax revenues levied for the  |                 |                   |   | <del> </del>                                     |  | <del> </del>      |
| 7     | organization's benefit and either paid   | l               | 1                 |   | '  |  |                   |
|       | to or expended on its behalf   | ı.              | ĺ                 |   | 1  | ĺ  |                   |
| 5     | The value of services or facilities  |                 | <del> </del>      |   | -  | <del></del>                                      |                   |
| 3     | furnished by a governmental unit to the  |                 |                   |   | {  |  |                   |
|       | organization without charge  |                 |                   |   | 1  | (  |                   |
| 6     | <b>_</b>   |                 | <del></del>       | <del> </del>                            |  |  | <del></del>       |
|       | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3          |                 |                   | <del></del>                             | <del></del>                                      | <del></del>                                      | <del></del>       |
| , u   | received from disqualified persons .   |                 | i .               |   | 1  |  |                   |
| p.    | · · · · · · · · · · · · · · · · · · ·  |                 |                   | <del></del>                             |  |  | <del></del>       |
| b     | Amounts included on lines 2 and 3 received from other than disqualified            |                 |                   |   |  | ]  |                   |
|       | persons that exceed the greater of \$5,000   |                 |                   |   | )  | 1  |                   |
|       | or 1% of the amount on line 13 for the year  |                 |                   |   |  | 1  |                   |
| c     | Add lines 7a and 7b  |                 | <del></del>       |   |  |  |                   |
| 8     | Public support (Subtract line 7c from  |                 | ·                 |   | e y e  |  |                   |
|       | line 6.)   | , -             |                   | * . * .                                 | acm File Till Till                               | الأمرين المراث                                   |                   |
| Secti | on B. Total Support  |                 | <u> </u>          | L                                       | l  | L  |                   |
|       | 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  | (4) 2010        | (5) 2011          | (0) 2012                                | (4) 2010   | (6) 2014   | (i) Total         |
| 10a   |  |                 |                   | <del></del>                             | <del>                                     </del> |  | <del></del>       |
| ıva   | payments received on securities loans, rents,                                      |                 | )                 |   | ]  | ]  |                   |
|       | royalties and income from similar sources .  |                 |                   | 1                                       | )  | )  |                   |
| h     | Unrelated business taxable income (less  |                 |                   |   |  |  |                   |
| -     | section 511 taxes) from businesses   |                 | <u> </u>          |   | }  | 1  |                   |
|       | acquired after June 30, 1975   |                 |                   |   |  | }  |                   |
| c     | Add lines 10a and 10b  |                 |                   |   |  |  |                   |
| 11    | Net income from unrelated business   |                 |                   |   |  |  |                   |
| ••    | activities not included in line 10b, whether                                       |                 |                   |   | 1  | [  |                   |
|       | or not the business is regularly carried on  |                 |                   |   |  | '  |                   |
| 12    | Other income. Do not include gain or   | <del></del>     | <u> </u>          | <u> </u>                                | <del> </del>                                     | <del>                                     </del> | <del></del>       |
| 14    | loss from the sale of capital assets   |                 | )                 | )                                       |  | )  |                   |
|       | (Explain in Part VI.)  |                 |                   | İ                                       | 1  | j .  |                   |
| 13    | Total support. (Add lines 9, 10c, 11,  | <u></u>         | <del> </del>      | <del> </del>                            | <del> </del>                                     | <del> </del>                                     | <del></del>       |
|       | and 12.)   |                 |                   |   | 1  | <b> </b>   |                   |
| 14    | First five years. If the Form 990 is for the                                       | e organization  | n's first, secon  | d, third, fourth                        | , or fifth tax ve                                | ear as a sectio                                  | n 501(c)(3)       |
|       | organization, check this box and stop he   | -               |                   |   | <del>-</del>                                     |  |                   |
| Secti | on C. Computation of Public Suppor   | t Percentag     | е                 |   |  |  |                   |
| 15    | Public support percentage for 2014 (line 8   |                 |                   | 3, column (f))                          |  | 15   | %                 |
| 16    | Public support percentage from 2013 Sch  |                 | -                 |   |  | 16   | %                 |
|       | on D. Computation of Investment In   |                 |                   |   |  |  |                   |
| 17    | Investment income percentage for 2014 (  |                 |                   | y line 13, colu                         | mn (f))  | 17   | %                 |
| 18    | Investment income percentage from 2013   | Schedule A,     | Part III, line 17 |   |  | 18   | %                 |
| 19a   | 331/3% support tests-2014. If the organ  | ization did not | check the box     | on line 14, a                           | nd line 15 is m                                  |  |                   |
|       | 17 is not more than 331/3%, check this box   |                 |                   |   |  |  |                   |
| b     | 331/3% support tests-2013. If the organiz  |                 |                   |   |  |  |                   |
|       | line 18 is not more than 331/3%, check this  |                 |                   |   |  |  |                   |
| 20    | Private foundation. If the organization di   | d not check a   | box on line 14    | , 19a, or 19b,                          | check this box                                   | and see instru                                   | ctions 🕨 🔲        |
|       |  |                 |                   |   | Col  | adula A (Form 99                                 | 0 or 990-EZ) 2014 |

### 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.)

| 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   |           |    |
| 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   |           |    |
| 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  |           |    |
| 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) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.   | 3c  | -         |    |
| 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  | <u></u> . |    |
| 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  |           |    |
| c      | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <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) 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 was accomplished (such as by amendment to the organizing document). |     | -         |    |
|        |   | 5a  |           |    |
|        | 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<br>6 | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5c  |           |    |
| 0      | 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 <b>Part VI.</b>   | 6   |           |    |
| 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 controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).   | 7   |           |    |
| 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   |           |    |
| 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  |           |    |
| 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 <b>Part VI</b> .   | 9b  |           |    |
| С      | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .  | 9c  |           |    |
| 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 |           |    |
| 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 |           |    |

| _ | _ | <br> | 6 |
|---|---|------|---|

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|---------|---|----------|--|----------------|
| Part    | IV Supporting Organizations (continued)   |          |  |                |
|         |   |          | Yes  | No             |
| 11      | Has the organization accepted a gift or contribution from any of the following persons?   | 1        | ļ  |                |
| а       | 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      |  |                |
|         | A family member of a person described in (a) above?   | 11b      | <b> </b>   | <del> </del> - |
|         | 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.  on B. Type I Supporting Organizations  | 11c      |  | <u> </u>       |
| Secti   | 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   |          | res  | IND            |
| •       | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the  | ٠        |  | ١٠             |
|         | 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,   | -        | ļ  |                |
|         | 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        |  |                |
| 2       | Did the organization operate for the benefit of any supported organization other than the supported   | <u> </u> |  | . 1            |
|         | 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,  |          |  | 1              |
|         | supervised, or controlled the supporting organization.  | 2        |  |                |
| Secti   | on C. Type II Supporting Organizations  |          |  |                |
|         |   |          | 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 Part VI how control   | ,        | !  | 1              |
|         | or management of the supporting organization was vested in the same persons that controlled or managed  |          |  | اــــا         |
|         | the supported organization(s).  | 1        | <u></u>  | <u> </u>       |
| Secti   | on D. All Type III Supporting Organizations   |          | T  |                |
|         |   |          | 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?  | <u> </u> |  |                |
| 2       | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported  | 1        |  | <u> </u>       |
| _       | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how   |          |  |                |
|         | the organization maintained a close and continuous working relationship with the supported organization(s).   | 2        |  |                |
| 3       | By reason of the relationship described in (2), did the organization's supported organizations have a   | <u>-</u> | ,  |                |
|         | significant voice in the organization's investment policies and in directing the use of the organization's  | l        |  |                |
|         | 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        | - American de la company de la |                |
| Secti   | on E. Type III Functionally-Integrated Supporting Organizations   |          |  |                |
| 1       | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i  | nstru    | ction  | <br>s):        |
| а       | ☐ The organization satisfied the Activities Test. Complete line 2 below.  |          |  | -7-            |
| b       | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>  |          |  |                |
| C       | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s  | ee ins   | structi  | ons).          |
| 2       | Activities Test. Answer (a) and (b) below.  |          | Yes  |                |
|         |   |          | 168  | 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 <b>Part VI identify</b>      | ľ        |  |                |
|         | those supported organizations and explain how these activities directly furthered their exempt purposes,  | ļ        | 1  |                |
|         | 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> | -  | 1              |
|         | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the  | ŀ        |  |                |
|         | reasons for the organization's position that its supported organization(s) would have engaged in these  | 1        | }  | 1              |
|         | activities but for the organization's involvement.  | 2b       |  |                |
| 3       | Parent of Supported Organizations. Answer (a) and (b) below.  |          |  | 1              |
| 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? Provide details in Part VI.  | 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       | · · · · · ·  | 1              |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org   | gani       | izations                  |                                |
|--|------------|---------------------------|--------------------------------|
| Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co  |            |                           |                                |
| Section A - Adjusted Net Income  |            | (A) Prior Year            | (B) Current Year<br>(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<br>(optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see<br>instructions for short tax year or assets held for part of year):   |            | -                         |                                |
| a Average monthly value of securities  | 1 <u>a</u> |                           |                                |
| 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   |            | 7.5 3- 3.7 4              |                                |
| 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 | ting organization (see         |

Schedule A (Form 990 or 990-EZ) 2014

| Part \  | Type III Non-Functionally Integrated 509(a)(3  | 3) Supporting Organi                     | zations (continued)  |   |
|---------|--|--|--|---|
| Section | on D - Distributions   |  |  | Current Year                              |
| 1       | Amounts paid to supported organizations to accomplish  | exempt purposes                          |  |   |
| 2       | Amounts paid to perform activity that directly furthers exe  | empt purposes of suppo                   | rted   |   |
|         | organizations, in excess of income from activity   |  |  |   |
|         | Administrative expenses paid to accomplish exempt purp   | oses of supported orga                   | nizations  |   |
|         | Amounts paid to acquire exempt-use assets  | ·  |  | <u></u>                                   |
|         | Qualified set-aside amounts (prior IRS approval required)  |  |  |   |
|         | Other distributions (describe in Part VI). See instructions.   |  |  |   |
| 7       | Total annual distributions. Add lines 1 through 6.   |  |  | <br>                                      |
|         | Distributions to attentive supported organizations to which  | h the organization is res                | ponsive  |   |
|         | (provide details in Part VI). See instructions.  |  |  |   |
|         | 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)<br>Excess Distributions              | (ii)<br>Underdistributions<br>Pre-2014   | (iii)<br>Distributable<br>Amount for 2014 |
|         | Distributable amount for 2014 from Section C, line 6   |  |  |   |
|         | Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)   | w.                                       |  |   |
| 3       | Excess distributions carryover, if any, to 2014:   | - J - 1                                  | s -  |   |
| а       | and the second   |  |  |   |
| b       | THE WEST AND THE   | · · · · · · · · · · · · · · · · · · ·    | ,  |   |
| С       |  |  |  |   |
| d       |  | 7.5 7 to 20                              |  |   |
| е       | From 2013  | a 1 to 5 (A)                             |  |   |
| f       | Total of lines 3a through e  |  | . 2 - 1 -  | ~   |
|         | Applied to underdistributions of prior years   |  |  |   |
| h       | Applied to 2014 distributable amount   | Y V JEGO JE                              |  |   |
| i       | Carryover from 2009 not applied (see instructions)   | 77. 74. 3                                |  | -   |
| j       | Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |  | *  |   |
| 4       | Distributions for 2014 from Section  |  |  | ,   |
|         | D, line 7:   | 2  |  | _   |
| а       | Applied to underdistributions of prior years   |  |  |   |
| b       | Applied to 2014 distributable amount   |  |  |   |
|         | Remainder. Subtract lines 4a and 4b from 4.  |  | , ty to the second   |   |
|         | Remaining underdistributions for years prior to 2014, if   | , î, |  |   |
|         | any. Subtract lines 3g and 4a from line 2 (if amount   |  |  |   |
|         | greater than zero, see instructions).  |  |  |   |
| 6       | Remaining underdistributions for 2014. Subtract lines 3h   | 5 5, 5, 5 5,                             | 7.A  |   |
|         | and 4b from line 1 (if amount greater than zero, see   | . " '.aaaa.                              | , generally that is the  |   |
|         | instructions).   |  | Tay of the same of |   |
|         | Excess distributions carryover to 2015. Add lines 3j and 4c.   |  |  | ,   |
| 8       | Breakdown of line 7:   |  |  |   |
| а       |  | ·  |  |   |
| b       | BANK TANAN - A TO SECURE AND A SECURE AS A | - <u>-</u>                               | , *- ,   | 1   |
| С       | The second control of  | 1. 1. 1.                                 |  |   |
| d       | Excess from 2013   | *-                                       | "  |   |
|         | Excess from 2014   | , , , , , , , , , , , , , , , , , , ,    |  | · ·                                       |

Schedule A (Form 990 or 990-EZ) 2014

#### **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.

► Information about Schedule D (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 o | f the organization  |  | Employer identification number                      |
|--------|---|--|---|
| The Je | rusalem Foundation  |  | 31 1529945  |
| Par    | Organizations Maintaining Donor Ad  |  | nds or Accounts.                                    |
|        | Complete if the organization answered   |  |   |
|        |   | (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) .  |  | <del></del>   |
| 4      | Aggregate value at end of year  |  | <del></del>   |
| 5      | Did the organization inform all donors and dono funds are the organization's property, subject to the   |  |   |
| 6      | Did the organization inform all grantees, donors, only for charitable purposes and not for the bene   | efit of the donor or donor advisor, or   | for any other purpose                               |
|        |   | <u> </u>   | · · · · · · · 🗌 Yes 🗌 No                            |
| Par    | Conservation Easements.   |  |   |
|        | Complete if the organization answered   |  |   |
| 1      | Purpose(s) of conservation easements held by the  |  |   |
|        | Preservation of land for public use (e.g., recrea   |  | • •   |
|        | Protection of natural habitat   | ☐ Preservation of  | of a certified historic structure                   |
| _      | Preservation of open space  |  |   |
| 2      | Complete lines 2a through 2d if the organization h  | ield a qualified conservation contribut  |   |
|        | easement on the last day of the tax year.   |  | Held at the End of the Tax Year                     |
| a      | Total number of conservation easements  |  | 2a  |
| b      | Total acreage restricted by conservation easemen  |  | <del></del>   |
| C      | Number of conservation easements on a certified   |  |   |
| d      | Number of conservation easements included in historic structure listed in the National Register   | (c) acquired after 8/17/06, and not  | on a 2d   |
| 3      | Number of conservation easements modified, trantax year ►   | nsferred, released, extinguished, or tel   | minated by the organization during the              |
| 4      | Number of states where property subject to conse  | ervation easement is located >   |   |
| 5      | Does the organization have a written policy reviolations, and enforcement of the conservation ea  |  |   |
| 6      | Staff and volunteer hours devoted to monitoring, i  | inspecting, and enforcing conservation   | n easements during the year                         |
| 7      | Amount of expenses incurred in monitoring, inspe  | ecting, and enforcing conservation eas   | ements during the year                              |
| 8      | Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?  | e 2(d) above satisfy the requirements o  | of section 170(h)(4)(B)(i)                          |
| 9      | In Part XIII, describe how the organization reports   | conservation easements in its revenu   | e and expense statement, and                        |
|        | balance sheet, and include, if applicable, the text   |  |   |
|        | organization's accounting for conservation easem  | ents.  |   |
| Part   |   |  |   |
|        | 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 | r assets held for public exhibition, e   | ducation, or research in furtherance o              |
| b      | If the organization elected, as permitted under S   |  |   |
| U      | works of art, historical treasures, or other simila<br>public service, provide the following amounts rela-  | r assets held for public exhibition, e ting to these items:                      | ducation, or research in furtherance o              |
|        | (i) Revenue included in Form 990, Part VIII, line 1   |  | ▶ \$  |
|        | (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X  |  | > \$  |
| 2      | following amounts required to be reported under s   | t, historical treasures, or other simila<br>SFAS 116 (ASC 958) relating to these | ir assets for financial gain, provide the<br>items: |
| a<br>h | Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X   | · · · · · · · · · · · · · · · ·  | <b>&gt;</b> \$                                      |

|          |  | O-IIii               | A 11: 4      |               |                        | 04         | haa Ciasilaa Aa        |                 |              | 2112             |
|----------|--|----------------------|--------------|---------------|------------------------|------------|------------------------|-----------------|--------------|------------------|
| Part     |  | Collections of       | Art, Hist    | oricai i      | reasures               | , or Ut    | ner Similar As         | sets (C         | Oriui        | iueu)            |
| 3        | Using the organization's acquisition, collection items (check all that apply): |                      | her record   | ds, chec      | k any of th            | ie follov  | ving that are a s      | igniticar       | nt us        | e of its         |
| а        | ☐ Public exhibition  |                      | d [          | Loan          | or exchang             | ge progi   | rams                   |                 |              |                  |
| b        | ☐ Scholarly research   |                      | e [          | ] Other       | •                      |            |                        |                 |              |                  |
| С        | ☐ Preservation for future generations  | S                    |              |               |                        |            |                        |                 |              |                  |
| 4        | Provide a description of the organiza  |                      | and explai   | n how t       | ney further            | the org    | anization's exen       | npt purp        | oose         | in Part          |
|          | XIII.  |                      |              |               | •                      |            |                        |                 |              |                  |
| 5        | During the year, did the organization  | solicit or receive   | donations    | of art        | historical t           | reasures   | s, or other simila     | ır              |              |                  |
| •        | assets to be sold to raise funds rather  |                      |              |               |                        |            |                        | _               | /ac          | □ No             |
| Part     |  |                      |              |               |                        |            |                        | <del></del> :   |              |                  |
| A SILVER | Complete if the organization   |                      | " to Form    | 990 0         | art IV line            | a a orr    | onorted an am          | ount o          | n Fo         | rm               |
|          | 990, Part X, line 21.  | i answered Tes       | to rom       | 1 330, 1      | art IV, IIIIc          | 3, 0, 1    | eported an am          | ount of         | 1110         |                  |
|          | Is the organization an agent, trustee  | austadian ar ath     | ar intarn    | -diami fa     | v contribut            | liono or   | ather coasts no        |                 |              |                  |
| 1a       | included on Form 990, Part X?  |                      |              |               |                        |            |                        | _               |              | □                |
|          |  |                      |              |               |                        | • • •      |                        | П 1             | res          | ∐ No             |
| b        | If "Yes," explain the arrangement in P   | art XIII and comple  | ete the foil | lowing ta     | abie:                  |            | Α.                     |                 |              |                  |
|          |  |                      |              |               |                        | <u> </u>   | <del></del>            | mount           |              |                  |
| С        | Beginning balance  | · · · · · · ·        |              |               |                        | <u>1c</u>  |                        |                 |              |                  |
| d        | Additions during the year  |                      |              |               |                        | 1d         |                        |                 |              |                  |
| е        | Distributions during the year  |                      |              |               |                        | 1e         |                        |                 |              |                  |
| f        | Ending balance   |                      |              |               |                        | 1f         |                        |                 |              |                  |
| 2a       | Did the organization include an amount   | nt on Form 990, Pa   | art X, line  | 21, for e     | scrow or c             | ustodial   | account liability      | ? 🗌 ነ           | es           | □ No             |
| b        | If "Yes," explain the arrangement in P   | art XIII. Check here | e if the ex  | planatio      | n has been             | provide    | ed in Part XIII .      |                 |              |                  |
| Par      |  |                      |              |               |                        |            |                        |                 |              |                  |
|          | Complete if the organization   | answered "Yes"       | " to Form    | 1990, P       | art IV, line           | 10.        |                        |                 |              |                  |
|          |  | (a) Current year     | (b) Prio     |               | (c) Two year           |            | (d) Three years back   | (e) Fo          | ur year      | s back           |
| 1a       | Beginning of year balance  | 33,400,686           | 32           | ,260,699      | 29.0                   | 985,365    | 33,392,23              | ,               | 30.8         | 85,051           |
| b        | Contributions  | 31,007,655           |              | (9,000)       |                        | 347,386    | (260,000               |                 |              | 96,945           |
| c        | Net investment earnings, gains, and  | 31,007,033           |              | (3,000)       |                        | 347,300    | (200,000               | 4               | 1,0          | 30,343           |
| •        | losses   | (2.002.004)          |              | 005 000       |                        | .40 407    | /4 AFA FAT             |                 |              |                  |
|          |  | (2,982,681)          | 3            | ,095,023      |                        | 643,187    | (1,659,587             |                 | 3,2          | 51,603           |
| d        | Grants or scholarships   | 0                    |              | 0             |                        | 0          |                        | <u> </u>        |              | 0                |
| е        | Other expenditures for facilities and  |                      |              |               |                        | i          |                        | 1               |              |                  |
| _        | programs   | (1,121,628)          |              | 769,102)      |                        | 78,792)    | (1,378,497             | Ц               | (1,60        | )7,88 <u>9)</u>  |
| f        | Administrative expenses  | (285,930)            |              | 176,934)      |                        | 36,447)    | (108,782               | )               |              | 33 <u>,479)</u>  |
| g        | End of year balance  | 60,018,102           |              | ,400,686      |                        | 260,699    | 29,985,36              | <u>5</u>        | 33,3         | 92,231           |
| 2        | Provide the estimated percentage of t  |                      |              | e (line 1g    | , column (a            | ı)) held a | as:                    |                 |              |                  |
| а        | Board designated or quasi-endowment  | nt ▶ 57.5            | 4%           |               |                        |            |                        |                 |              |                  |
| b        | Permanent endowment ► 34   | 1.88%                |              |               |                        |            |                        |                 |              |                  |
| C        | Temporarily restricted endowment ▶   | 7.57%                |              |               |                        |            |                        |                 |              |                  |
|          | The percentages in lines 2a, 2b, and 2   | c should equal 10    | 0%.          |               |                        |            |                        |                 |              |                  |
| За       | Are there endowment funds not in the   | e possession of th   | e organiz    | ation tha     | at are held            | and ad     | ministered for th      | е               |              |                  |
|          | organization by:   |                      |              |               |                        |            |                        |                 | Yes          | No               |
|          | (i) unrelated organizations  |                      |              |               |                        |            |                        | 3a(i)           | 1            | 1                |
|          | (ii) related organizations   |                      |              |               |                        |            |                        | 3a(ii           |              | 1                |
| b        | If "Yes" to 3a(ii), are the related organ                                      |                      |              |               |                        |            |                        | 3b              | 4            | <del>  '</del> - |
| 4        | Describe in Part XIII the intended uses  |                      |              |               |                        |            |                        | 00              | <u>.L.</u>   | <del></del>      |
| Part     |  |                      |              |               |                        |            |                        |                 |              |                  |
| T GIT    | Complete if the organization   |                      | ' to Form    | aan p         | art IV line            | 112 0      | See Form 000 I         | Dart Y          | lino         | 10               |
|          | Description of property  | (a) Cost or oti      |              |               |                        |            |                        |                 | _            |                  |
|          | Description of property  | (a) Cost of ou       |              |               | r other basis<br>ther) |            | Accumulated preciation | ( <b>d</b> ) Bo | ok vai       | ue               |
|          | Lond   |                      |              |               | ,                      |            |                        |                 |              |                  |
| 1a       | Land   | ·                    |              |               |                        |            |                        |                 |              |                  |
| b        | Buildings  | ·  2                 | 2,930,173    |               | 3,982,294              |            | 1,685,478              |                 | _ <u>5,2</u> | 26,989           |
| C        | Leasehold improvements   | •                    |              |               |                        |            |                        |                 |              |                  |
| ď        | Equipment  | ·                    |              |               | 629,542                |            | 437,703                |                 | 1            | 91,839           |
| e        | Other  | ·                    |              |               |                        |            |                        |                 |              |                  |
| Total.   | Add lines 1a through 1e. (Column (d) n   | nust equal Form 99   | 90, Part X,  | <u>column</u> | (B), line 10           | )c.)       | <u></u> ▶              |                 | 5,4          | 18,828           |

| Schedule D (For  |  |                             |                                       |                                       | Page 3                                 |
|------------------|--|-----------------------------|---------------------------------------|---------------------------------------|--|
| Part VII         | Investments—Other Securities. Complete if the organization answe     | red "Yes" to Form 99        | 0, Part IV, line                      | 11b. See Form 99                      | 0, Part X, line 12.                    |
|                  | (a) Description of security or category (including name of security) |                             | (b) Book value                        | (c) Method                            | of valuation:<br>year market value     |
| (1) Financial    | derivatives  |                             |                                       |                                       | <del> </del>                           |
|                  | eld equity interests   |                             |                                       |                                       |  |
| (3) Other        |  |                             |                                       |                                       |  |
| (A)              |  |                             |                                       |                                       |  |
| (B)              |  |                             |                                       | _ <del></del>                         |  |
| (C)              |  |                             |                                       | <del> </del>                          |  |
| (D)              |  |                             |                                       | <del></del>                           |  |
| (E)<br>(F)       |  |                             |                                       |                                       |  |
| (G)              |  |                             | <del></del>                           |                                       | <del></del>                            |
| (H)              |  |                             |                                       |                                       |  |
|                  | b) must equal Form 990, Part X, col. (B) line 12.) ▶                 |                             | · · · · · · · · · · · · · · · · · · · |                                       | <del></del>                            |
| Part VIII        | Investments-Program Related.   |                             |                                       |                                       |  |
|                  | Complete if the organization answe                                   | red "Yes" to Form 99        | 0, Part IV, line                      | 11c. See Form 99                      | 0, Part X, line 13.                    |
|                  | (a) Description of Investment  |                             | b) Book value                         |                                       | of valuation:<br>year market value     |
| (1)              |  |                             |                                       |                                       |  |
| (2)              |  |                             | ·                                     | <del></del>                           | <del></del>                            |
| _(3)             |  |                             |                                       |                                       |  |
| (4)              |  |                             |                                       |                                       | <del></del>                            |
| (5)              |  |                             |                                       |                                       |  |
| (6)              |  |                             |                                       |                                       |  |
| (7)              |  |                             |                                       |                                       |  |
| _(8)             |  |                             |                                       |                                       | <del></del>                            |
| (9)              |  |                             |                                       |                                       |  |
|                  | b) must equal Form 990, Part X, col. (B) line 13.)                   |                             |                                       |                                       |  |
| Part IX          | Other Assets.  Complete if the organization answe                    | rod "Voe" to Form 00        | O Part IV line                        | 11d Soc Form 00                       | 0 Port V line 15                       |
|                  |  | escription                  | o, raitiv, iiie                       | Tid. See Form 33                      | (b) Book value                         |
| (1)              |  |                             |                                       |                                       |  |
| (2)              |  | <del></del>                 |                                       |                                       |  |
| (3)              |  |                             |                                       |                                       | <del></del>                            |
| (4)              |  |                             |                                       |                                       |  |
| (5)              |  |                             |                                       |                                       |  |
| (6)              |  |                             |                                       |                                       |  |
| _(7)             | <del></del>  |                             | <del></del>                           |                                       |  |
| (8)              |  |                             |                                       |                                       |  |
| (9)              | mn (b) must equal Form 990, Part X, col. (                           | (R) line 15 )               |                                       |                                       |  |
| Part X           | Other Liabilities.   | <u> </u>                    | <del></del>                           | · · · · · · · · · · · · · · · · · · · | <del></del>                            |
| Tartx            | Complete if the organization answe                                   | red "Yes" to Form 99        | 0. Part IV line                       | 11e or 11f See Fo                     | orm 990 Part X                         |
|                  | line 25.   | 105 (010)                   | 0,1 4,11, 1110                        | 110 01 1111 000 10                    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 1.               | (a) Description of liability   | (b) Book value              | T                                     |                                       |  |
| (1) Federal in   | come taxes   |                             |                                       |                                       | ,                                      |
| (2) Severan      | ce pay to employees  | 1,481,583                   |                                       |                                       | 1<br>1                                 |
| (3)              |  |                             | ]                                     |                                       |  |
| (4)              |  |                             | _}                                    |                                       | ;                                      |
| (5)              |  |                             |                                       |                                       | i                                      |
| (6)              |  |                             | 1                                     |                                       |  |
| (8)              |  |                             | -{                                    |                                       |  |
| (9)              |  |                             | -}                                    |                                       |  |
|                  | o) must equal Form 990, Part X, col. (B) line 25.)                   | 1,481,583                   | ;                                     |                                       | <u> </u>                               |
| 2. Liability for | uncertain tax positions. In Part XIII, provide                       | the text of the footnote to | the organization's                    | s financial statements                | that reports the                       |
| organization's   | s liability for uncertain tax positions under FIP                    | N 48 (ASC 740). Check he    | ere if the text of the                | e footnote has been p                 | rovided in Part XIII                   |

The Jerusalem Foundation has no such tax liabilities

| Schedule D (Fo | m 990) 2014                          | Page 5 |
|----------------|--------------------------------------|--------|
| Part XIII      | Supplemental Information (continued) |        |
|                |                                      |        |
|                |                                      |        |
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#### **SCHEDULE F** (Form 990)

### **Statement of Activities Outside the United States**

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

| Name of the organization    |                                     |  |   | Emp  | loyer identification number            |
|-----------------------------|-------------------------------------|--|---|--|--|
| The Jerusalem Foundation    |                                     |  |   |  | 31 1529945                             |
|                             |                                     | ies Outside  | the United States. Comp   | lete if the organization   | n answered "Yes" on                    |
| assistance, the grante      | ees' eligibility for th             |  | ords to substantiate the amossistance, and the selection  |  | rd the                                 |
| grants or assistance?       |                                     |  |   |  | · · Ves No                             |
| assistance outside the      | e United States.                    |  | on's procedures for monit   | -  | grants and other                       |
|                             |                                     | <u> </u>   | can be duplicated if addition   |  |  |
| (a) Region                  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (c<br>a program service,<br>describe specific type<br>service(s) in region | expenditures for<br>of and investments |
| (1) Middle East&North Afric | a 1                                 |  | Fund-raising Prog:  |  |  |
| (2)                         |                                     |  | Grants  |  | 16,665,999                             |
| (3)                         |                                     |  | Constructions   |  | 11,871,670                             |
| (4)                         |                                     |  | Mgmt & Gen. Exp.  |  | 2,465,540                              |
| (5)                         |                                     |  | Fund-raising  |  | 1,949,654                              |
| (6)                         |                                     |  |   |  |  |
| (7) Europe                  | 2                                   | 2  | Fund-raising  |  | 120,771                                |
| (8)                         |                                     |  | -   |  |  |
| (9)                         |                                     |  |   |  |  |
| (10)                        |                                     |  | !   |  |  |
| (11)                        |                                     |  |   |  |  |
| (12)                        |                                     |  |   |  |  |
| (13)                        |                                     |  |   |  |  |
| (14)                        |                                     |  |   |  |  |
| (15)                        |                                     |  |   |  |  |
| (16)                        |                                     |  |   |  |  |
| (17)                        |                                     |  |   |  |  |
| 3a Sub-total                |                                     |  |   |  | 33,073,634                             |

c Totals (add lines 3a and 3b)

33,073,634

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2014
Part II Grants al

| -         | (a) Name of organization | (b) IRS code<br>section and EIN<br>(if applicable) | (c) Region             | (d) Purpose of grant   | (e) Amount of cash grant | te of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Duffer of | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, |
|-----------|--------------------------|--|------------------------|--|--------------------------|--|---|---|--|
| _€        |                          |  |                        |  |                          |  |   |   | other  |
| 2         |                          |  | see following 10       | pages  |                          |  |   |   |  |
| ව         |                          |  |                        |  |                          |  |   |   |  |
| €         |                          |  |                        |  |                          |  |   |   |  |
| <u>(2</u> |                          |  |                        |  |                          |  |   |   |  |
| 9         |                          |  |                        |  |                          |  |   |   |  |
| ε         |                          |  |                        |  |                          |  |   |   |  |
| 8         |                          |  |                        |  |                          |  |   |   |  |
| 6         |                          |  |                        |  |                          |  |   |   |  |
| (10)      |                          |  |                        |  |                          |  |   |   |  |
| (11)      |                          |  |                        |  |                          |  |   |   |  |
| (12)      |                          |  |                        |  |                          |  |   |   |  |
| (13)      |                          |  |                        |  |                          |  |   |   |  |
| (14)      |                          |  |                        |  |                          |  |   |   |  |
| (15)      |                          |  |                        |  |                          |  |   |   |  |
| (16)      |                          |  |                        |  |                          |  |   |   |  |
| 8         | Enter total nu           | mber of recipie                                    | int organizations list | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt | ognized as charitie      | s by the foreign coul  | ntry, recognized as t                   | ax-exempt                                 |  |

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

Enter total number of other organizations or entities က

Schedule F (Form 990) 2014

| Companiested   Comp   | Continuation of  | Grants and Ot                                      | ther Assistan                 | Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II) | ates. (Schedule          | F (Form 90                      | 90), Part II)                           |  |   |
|--|--|--|-------------------------------|---|--------------------------|---------------------------------|---|--|---|
| Middle East & Construction & Maintenance of Park 2,532,544  Middle East & Multidisciplinary Center for children with Candle East & Multidisciplinary Center for children with Candle East & Maintenance and renovation; General North Africa support - exhibits, seminars & conferences 2,005,852  Middle East & Maintenance and renovation; General North Africa General Support Candle East & Middle East & Middle East & Middle East & Construction & facilities and General Support - Activities for the Support - Suppor | ame of Organization  | (b) IRS code<br>section and EIN<br>(if applicable) | (c) Region                    | (d) Purpose of<br>grant   | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| Middle East & Multidisciplinary Center for children with North Africa hearing impairment Middle East & Maintenance and renovation; General North Africa support exhibits, seminars & conferences Middle East & Maintenance and renovation; General 1,535,468 Middle East & Maintenance and renovation; General 1,221,794 Middle East & General Support 1,063,996 Middle East & Funding of Enrichment Activities for the Middle East & Funding of Enrichment Activities for the Middle East & Construction & Maintenance of Park 1,030,411 Middle East & Construction & Maintenance of Park 1,030,417 Middle East & Construction & Maintenance of Park 1,030,417 Middle East & Construction & Synagogue 848,021 Middle East & Construction & Synagogue 848,021 Middle East & Construction of Synagogue 848,021 Middle East & Conmunity Center 667,661 Middle East & Activities at Community Center 667,010 Middle East & Morth Africa Activities at Community Center 667,022 Middle East & Maintenance of Parks & Gardens, Education 662,010 Middle East & Maintenance of Parks & Gardens, Education 496,250  |  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1              | Middle East &<br>North Africa | Construction & Maintenance of Park  | 2,532,544                | check or<br>Bank transfer       |   |  |   |
| Middle East & Maintenance and renovation; General 2,005,852  Middle East & Construction & Middle East & Construction & Middle East & Punding of Enrichment Activities for the Middle East & Construction & Middle East & Construction & facilities and General Support Middle East & Construction & facilities and General Support Middle East & Construction & facilities and General Support Middle East & Construction & facilities and General Support Middle East & Construction & facilities and General Support Middle East & Construction & facilities and General Support Middle East & Construction & facilities and General Support Middle East & Construction & facilities and General Support and Exhibits of Museum G62,010  Middle East & Activities at Community Center 7727,385  Middle East & Activities at Community Center 687,661  Middle East & General Support and Exhibits of Museum 567,022  Middle East & Maintenance of Parks & Gardens, Education North Africa 6 Ceneral Support and Exhibits of Museum 567,022  Middle East & Maintenance of Parks & Gardens, Education North Africa 2 Community General Support Apport 2000 100 100 100 100 100 100 100 100 10   |  |  | Middle East &<br>North Africa | Planning & Construction of<br>Multidisciplinary Center for children with<br>hearing impairment                      | 2,049,990                |                                 |   |  |   |
| Middle East & Construction & Maintenance of Park & Construction & Maintenance of Park & Construction & Middle East & Construction & Removation of Synagogue & B48,021  Middle East & Construction & Facilities and General Onorth Africa & General Support & Construction & Facilities and General Onorth Africa & Construction & Facilities and General Onorth Africa & Activities at Community Center & General Support and Exhibits of Museum & Middle East & Maintenance of Parks & Gardens, Education & Ag6,250   | and by the state of the state o |  | Middle East &<br>North Africa | Maintenance and renovation; General support- exhibits, seminars & conferences                                       | 2,005,852                |                                 |   |  |   |
| Middle East & Education enrichment and cultural activities 1,221,794  Middle East & Middle East & Construction & Maintenance of Park 1,030,411  Middle East & Construction & Maintenance of Park 1,030,411  Middle East & Construction & Eacilities and General 908,307  Middle East & Construction & Eacilities and General 908,307  Middle East & Construction & Synagogue 848,021  Middle East & Community Center 775,385  Middle East & Activities at Community Center 687,661  Middle East & Middle Eas |  |  | Middle East &<br>North Africa | General Support   | 1,535,468                |                                 |   |  |   |
| Middle East & North Africa       General support       1,063,996         Middle East & North Africa       Construction & Maintenance of Park       1,030,411         Middle East & Funding of Enrichment Activities for the North Africa       Blderly       992,568         Middle East & Construction & facilities and General North Africa       Renovation of Synagogue       848,021         Middle East & North Africa       General Support       727,385         Middle East & North Africa       Activities at Community Center       687,661         Middle East & Middle East & North Africa       Activities at Community Center       687,661         Middle East & Maintenance of Parks & Gardens, Education       567,022         Middle East & Maintenance of Parks & Gardens, Education       496,250   |  |  | Middle East &<br>North Africa | Education enrichment and cultural activities  | 1,221,794                | check or<br>Bank transfer       |   |  |   |
| Middle East & Construction & Maintenance of Park 1,030,411  Middle East & Funding of Enrichment Activities for the North Africa Elderly  Middle East & Construction & facilities and General 908,307  Middle East & Construction & facilities and General 908,307  Middle East & Renovation of Synagogue 848,021  Middle East & Activities at Community Center 756,497  Middle East & Activities at Community Center 687,661   |  | ,            | Middle East &<br>North Africa | General support   | 1,063,996                |                                 |   |  |   |
| Middle East & North Africa       Funding of Enrichment Activities for the North Africa       992,568         Middle East & North Africa       Construction & facilities and General Support - Jerusalem Cinematheque       908,307         Middle East & Middle East & North Africa       Renovation of Synagogue       848,021         Middle East & Middle East & North Africa       Activities at Community Center       727,385         Middle East & North Africa       Activities at Community Center       662,010         Middle East & North Africa       General Support and Exhibits of Museum       662,010         Middle East & North Africa       General Support and Exhibits of Museum       567,022         Middle East & Maintenance of Parks & Gardens, Education       496,250         Middle East & Maintenance of Parks & Community General Support       496,250   | 4 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2  |  | Middle East &<br>North Africa | Construction & Maintenance of Park  | 1,030,411                | check or<br>Bank transfer       |   |  |   |
| Middle East & Construction & facilities and General North Africa support - Jerusalem Cinematheque Middle East & Renovation of Synagogue Middle East & Renovation of Synagogue Middle East & Activities at Community Center Middle East & General Support and Exhibits of Museum Middle East & Maintenance of Parks & Gardens, Education Middle East & Activities at Community General Support Middle East & General Support and Exhibits of Museum Middle East & Maintenance of Parks & Gardens, Education North Africa & community General Support  |  |  |                               | Funding of Enrichment Activities for the Elderly  | 992,568                  | 1                               |   |  |   |
| Middle East & North Africa       Renovation of Synagogue       848,021         Middle East & Middle East & North Africa       Activities at Community Center       727,385         Middle East & North Africa       Activities at Community Center       687,661         Middle East & North Africa       Activities at Community Center       687,661         Middle East & North Africa       General Support and Exhibits of Museum       662,010         Middle East & Moidle East & Middle East & Maintenance of Parks & Gardens, Education       567,022         Middle East & Maintenance of Parks & Gardens, Education       496,250   | 1  |  |                               | Construction & facilities and General support - Jerusalem Cinematheque  | 908,307                  |                                 |   |  |   |
| Middle East & North Africa       General Support       766,497         Middle East & North Africa       Activities at Community Center       727,385         Middle East & North Africa       Activities at Community Center       687,661         Middle East & North Africa       General Support and Exhibits of Museum       662,010         Middle East & North Africa       General Support and Exhibits of Museum       567,022         Middle East & Maintenance of Parks & Gardens, Education       567,022         Middle East & Maintenance of Parks & Gardens, Education       496,250   |  | , , , , , , , , , , , , , , , , , , ,              | Middle East &<br>North Africa | Renovation of Synagogue   | 848,021                  | check or<br>Bank transfer       |   |  | :   |
| Activities at Community Center  Activities at Community Center  Activities at Community Center  General Support and Exhibits of Museum  General Support and Exhibits of Museum  Maintenance of Parks & Gardens, Education & community General Support  496,250   |  |  | Middle East &<br>North Africa | General Support   | 766,497                  | check or<br>Bank transfer       |   |  |   |
| Activities at Community Center 687,661  General Support and Exhibits of Museum 662,010  Maintenance of Parks & Gardens, Education 267,022 & community General Support 496,250  | one i  |  | Middle East &<br>North Africa | Activities at Community Center  | 727,385                  |                                 |   |  | :   |
| General Support and Exhibits of Museum 662,010  General Support and Exhibits of Museum 567,022  Maintenance of Parks & Gardens, Education 496,250  |  |  | Middle East &<br>North Africa | Activities at Community Center  | 687,661                  | check or<br>Bank transfer       |   |  | :   |
| General Support and Exhibits of Museum 567,022  Maintenance of Parks & Gardens, Education 496,250  | ,  |  | Middle East &<br>North Africa | General Support and Exhibits of Museum  | 662,010                  | check or<br>Bank transfer       |   |  |   |
| Maintenance of Parks & Gardens, Education & community General Support 496,250  |  |  | Middle East &<br>North Africa | General Support and Exhibits of Museum  | 567,022                  | check or<br>Bank transfer       |   |  |   |
|  |  |  |                               | Maintenance of Parks & Gardens, Education & community General Support   | 496,250                  |                                 |   |  |   |

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| ame of Organization | (b) IRS code<br>section and EIN<br>(if applicable) | (c) Region                    | (d) Purpose of<br>grant  | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of valuation . (book, FMV, appraisal, other) |
|---------------------|--|-------------------------------|--|--------------------------|---------------------------------|-----------------------------------|--|---|
| *                   |  | Middle East &<br>North Africa | Renovation & Equipment of Coexistence<br>Center                                | 484,859                  | check or<br>Bank transfer       |                                   |  |   |
|                     |  | Middle East &<br>North Africa | Vocational training programs   | 421,531                  | check or<br>Bank transfer       |                                   |  |   |
|                     |  | Middle East &<br>North Africa | Cultural events in Jerusalem   | 421,527                  | check or<br>Bank transfer       |                                   |  |   |
|                     |  | Middle East &<br>North Africa | General support  | 410,228                  | check or<br>Bank transfer       |                                   |  |   |
|                     |  | Middle East &<br>North Africa | Activities at Community Center   | 404,201                  | check or<br>Bank transfer       |                                   |  |   |
|                     |  | Middle East &<br>North Africa | Activities at Community Center   | 369,503                  | check or<br>Bank transfer       |                                   |  |   |
|                     |  | Middle East &<br>North Africa | General support  | 327,310                  | check or<br>Bank transfer       |                                   |  |   |
|                     |  | Middle East &<br>North Africa | Planning & Construction of pool  | 327,151                  | check or<br>Bank transfer       |                                   |  |   |
|                     |  | Middle East &<br>North Africa | Activities at Community Center   | 326,362                  | check or<br>Bank transfer       |                                   |  |   |
|                     |  | Middle East &<br>North Africa | Education enrichment   | 318,304                  | check or<br>Bank transfer       |                                   |  |   |
|                     |  | Middle East &<br>North Africa | General support  |                          | check or<br>Bank transfer       |                                   |  |   |
|                     |  | Middle East &<br>North Africa | General Support and Scholarship Subsidies                                      | 306,092                  | check or<br>Bank transfer       |                                   |  |   |
|                     |  | Middle East &<br>North Africa | Planning & Constructions; Community,<br>Coexistence & Cultural General Support | 297,875                  | check or<br>Bank transfer       |                                   |  |   |
|                     | 2. 1 1 m   | Middle East &<br>North Africa | Research Grants & General support  | 288,307                  | check or<br>Bank transfer       |                                   |  |   |
|                     |  | Middle East &<br>North Africa | General support-seminars and conferences                                       | 272,635                  | check or<br>Bank transfer       |                                   |  |   |
|                     |  | Middle East &<br>North Africa | Sport activities for youth   | 268,811                  | check or<br>Bank transfer       |                                   |  |   |
|                     |  | Middle East &<br>North Africa | Renovations & Education Activities   | 263,332                  | check or<br>Bank transfer       |                                   |  |   |
|                     |  |                               |  |                          |                                 |                                   | Schedule F (F                                | Schedule F (Form 990) 2014                              |

| Middle East & North Africa   Support American Football stadium   258,144   Beark transfer   Anddel East & North Africa   Activities at Musical Center   225,195   Beark transfer   Check or   Check   | (b) IR see of Organization See           | (b) IRS code<br>section and EIN<br>(if applicable) | (c) Region                    | (d) Purpose of<br>grant  | (e) Amount of cash grant | (f) Manner of<br>cash<br>disbursement | (g) Amount of non-cash assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of valuation , (book, FMV, appraisal, other) |
|---|--|--|-------------------------------|--|--------------------------|---------------------------------------|-----------------------------------|--|---|
| Middle East & Activities at Musical Center 225,195  Middle East & Maintenance and renovation 221,218  Middle East & Education Activities at Bretter 200,409  Middle East & Education Activities at Bretter 200,405  Middle East & Education Activities at Bretter 200,435  Middle East & Community Center 200,435  Middle East & Community Center 200,435  Middle East & Community Center 200,435  Middle East & Cultural Activities for children with special 191,534  Middle East & Cultural Activities for children with special 191,534  Middle East & General Support and Exhibits of Museum 175,193  Middle East & General Support and Subsidies for Theatre 163,998  Middle East & General Support and Subsidies for Theatre 163,998  Middle East & General Support and Subsidies for Theatre 175,757  Middle East & General Support and Subsidies for Theatre 175,378  Middle East & General Support and Subsidies for Theatre 175,378  Middle East & General Support and Subsidies for Theatre 175,378  Middle East & General Support and Subsidies for Theatre 135,844  Middle East & General Support and Subsidies for Theatre 137,378  Middle East & General Support and Subsidies for Theatre 137,378  Middle East & General Support and Subsidies for Theatre 137,378  Middle East & General Support and Subsidies for Theatre 137,378  Middle East & General Support and Subsidies for Theatre 137,378  Middle East & General Support and Subsidies for Theatre 137,378  Middle East & General Support and Subsidies for Theatre 137,378  Middle East & General Support and Subsidies for Theatre 137,378  Middle East & General Support and Envirties 133,405   | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |  | Middle East &<br>North Africa | Support American Football stadium  |                          | check or<br>Bank transfer             |                                   |  |   |
| Middle East & Maintenance and renovation 221,218  Middle East & Activities at Community Center North Africa Laboratories, High Schools Oriented Studies 204,024  Middle East & Bducation Activities at Bretter North Africa Laboratories, High Schools Oriented Studies 204,024  Middle East & Activities at Musical Center North Africa equipment at Photography Room & 198,868  Middle East & Community Center 200,435  Middle East & Community Center 199,868  Middle East & Community Center 174,962  Middle East & General Support and Exhibits of Museum 175,193  Middle East & General Support and Subsidies for Theatre 163,998  Middle East & General Support and Subsidies for Theatre 163,998  Middle East & General Support and Subsidies for Theatre 163,998  Middle East & General Support 174,962  Middle East & General Support 175,193  Middle East | *  | * , , , , , , , , , , , , , , , , , , ,            | Middle East &<br>North Africa | Activities at Musical Center   |                          | check or<br>3ank transfer             |                                   |  |   |
| Middle East & North Africa       Funding High Schools Oriented Studies       210,179         Middle East & North Africa       Activities at Community Center       209,409         Middle East & Education Activities at Bretter       204,024         Middle East & Renovation of Photography Room & North Africa       Renovation of Photography School       198,868         Middle East & Cultural Activities for children with special       191,534         Morth Africa       General Support and Exhibits of Museum       175,193         Middle East & General Support and Subsidies for Theatre       163,998         Middle East & General Support       442,378         Middle East & General Support       135,844         Middle East & Middle East & General Support       135,844         Middle East & Middle East   |  |  | Middle East &<br>North Africa | Maintenance and renovation   |                          | check or<br>3ank transfer             |                                   |  |   |
| Activities at Community Center  Education Activities at Bretter Laboratories, High Schools Oriented Studies  Activities at Musical Center Renovation of Photography Room & 198,868 Cultural Activities for children with special 191,534 General Support and Exhibits of Museum 175,193 Renovation of kindergarden 174,962 General Support and Subsidies for Theatre 163,998 Activities at Community Center 142,378 General Support 174,962 General Support 175,193 General Support 175,193 General Support 175,193 General Support 175,193   |  |  | Middle East &<br>North Africa | Funding High Schools Oriented Studies  |                          | check or<br>3ank transfer             |                                   |  |   |
| Education Activities at Bretter Laboratories, High Schools Oriented Studies Laboratories, High Schools Oriented Studies Activities at Musical Center Renovation of Photography Room & 198,868 Cultural Activities for children with special 191,534 General Support and Exhibits of Museum 175,193 Renovation of kindergarden 174,962 General Support and Subsidies for Theatre 163,998 Activities at Community Center 142,378 General Support 183,844 General Support 183,405 General Support 183,405 General Support 183,405  | 3 - 3                                    |  | Middle East &<br>North Africa | Activities at Community Center   | 209,409                  | check or<br>3ank transfer             |                                   |  |   |
| Activities at Musical Center Renovation of Photography Room & 198,868 Cultural Activities for children with special 191,534 General Support and Exhibits of Museum 175,193 Renovation of kindergarden 174,962 General Support and Subsidies for Theatre 163,998 Activities at Community Center 142,378 General Support 175,844 General Support 175,844 General Support 175,884  |  | Andreas Residence                                  | Middle East &<br>North Africa | Education Activities at Bretter<br>Laboratories, High Schools Oriented Studies |                          | check or<br>3ank transfer             |                                   |  |   |
| Renovation of Photography Room & 198,868  Cultural Activities for children with special 191,534  General Support and Exhibits of Museum 175,193  Renovation of kindergarden 174,962  General Support and Subsidies for Theatre 163,998  Activities at Community Center 142,378  General Support 135,844  General Support 127,257  General Support and Enrichment Activities 123,188   | 1 1 1                                    |  | Middle East &<br>North Africa | Activities at Musical Center   |                          | check or<br>3ank transfer             |                                   |  |   |
| Cultural Activities for children with special 191,534  General Support and Exhibits of Museum 175,193  Renovation of kindergarden 174,962  General Support and Subsidies for Theatre 163,998  Activities at Community Center 142,378  General Support 127,257  General Support 183,405  General Support and Enrichment Activities 123,188   |  | ×, , , , , , , , , , , , , , , , , , ,             | Middle East &<br>North Africa | Renovation of Photography Room & equipment at Photography's School             |                          | check or<br>3ank transfer             | _                                 |  |   |
| General Support and Exhibits of Museum175,193Renovation of kindergarden174,962General Support and Subsidies for Theatre<br>culture activities163,998Activities at Community Center142,378General Support135,844General Support127,257General Support183,405General Support and Enrichment Activities123,188   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1    | 4  | Middle East &<br>North Africa | Cultural Activities for children with special needs                            |                          | check or<br>3ank transfer             |                                   |  |   |
| Renovation of kindergarden174,962General Support and Subsidies for Theatre<br>culture activities163,998Activities at Community Center142,378General Support135,844General Support127,257General Support183,405General Support and Enrichment Activities123,188  | 3 3 3                                    | 1  | Middle East &<br>North Africa | General Support and Exhibits of Museum   |                          | check or<br>3ank transfer             |                                   |  |   |
| General Support and Subsidies for Theatre163,998Activities at Community Center142,378General Support135,844General Support127,257General support183,405General Support and Enrichment Activities123,188   | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2    |  | Middle East &<br>North Africa | Renovation of kindergarden   | —                        | check or<br>3ank transfer             |                                   |  |   |
| Activities at Community Center  General Support  General Support  General support  General Support and Enrichment Activities  |  | , , ,  | Middle East &<br>North Africa | General Support and Subsidies for Theatre culture activities                   |                          | check or<br>3ank transfer             |                                   |  |   |
| General Support  General Support  General support  General Support and Enrichment Activities  | * ( )                                    |  | Middle East &<br>North Africa | Activities at Community Center   |                          | check or<br>3ank transfer             |                                   |  |   |
| General Support  General support  General Support and Enrichment Activities   | *  |  | Middle East &<br>North Africa | General Support  |                          | check or<br>3ank transfer             |                                   |  |   |
| General support General Support and Enrichment Activities   |  |  | Middle East &<br>North Africa | General Support  |                          | check or<br>3ank transfer             |                                   |  |   |
| General Support and Enrichment Activities   |  | - 41   | Middle East &<br>North Africa | General support  |                          | check or<br>3ank transfer             |                                   |  |   |
|   |  |  | Middle East &<br>North Africa | General Support and Enrichment Activities                                      | 123,188                  | check or<br>3ank transfer             |                                   |  |   |

| od of<br>on<br>MV,<br>al,                             |  |                               | }                             |                               |                               | 1                             |                                |                                |                                    |  |   |                               |                                  |                                |  |                               |  | 2014                       |
|---|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------|--------------------------------|------------------------------------|--|---|-------------------------------|----------------------------------|--------------------------------|--|-------------------------------|--|----------------------------|
| (i) Method of valuation (book, FMV, appraisal, other) |  |                               |                               |                               |                               |                               |                                |                                |                                    |  |   |                               |                                  |                                |  |                               |  | Form 990)                  |
| (h) Description<br>of non-cash<br>assistance          |  |                               |                               |                               |                               |                               |                                |                                |                                    |  |   |                               |                                  |                                |  |                               |  | Schedule F (Form 990) 2014 |
| (g) Amount of non-cash assistance                     |  |                               |                               |                               |                               |                               |                                |                                |                                    |  |   |                               |                                  |                                |  |                               |  |                            |
| (f) Manner of<br>cash<br>disbursement                 | check or<br>Bank transfer                                    | check or<br>Bank transfer     | check or<br>Bank transfer     |                               | check or<br>Bank transfer     | check or 77,374 Bank transfer | check or<br>Bank transfer      | check or<br>Bank transfer      | check or<br>Bank transfer          | check or<br>Bank transfer                                    | check or<br>Bank transfer   | check or<br>Bank transfer     | check or<br>63,514 Bank transfer | check or<br>Bank transfer      |  | check or<br>Bank transfer     | check or<br>Bank transfer              |                            |
| (e) Amount of<br>cash grant                           | 98,988   | 97,614                        | 88,913                        | 84,442                        | 82,953                        | 77,374                        | 76,054                         | 73,682                         | 73,670                             | 69,815   | 67,610  | 67,040                        | 63,514                           | 62,791                         | 57,278   | 56,921                        | 56,666                                 |                            |
| (d) Purpose of<br>grant                               | General Support and Cultural Activities of<br>Botanic Garden | General support               | Planning Pergola and lift     | General support               | General support               | Renovation of kindergarden    | Activities at Community Center | Activities at Community Center | Jewish-Arab coexistence Activities | General Support and Subsidies for Theatre culture activities | Maintenance and gardening   | Planning of Park              | General Support                  | Activities at Community Center | General Support and Subsidies for Theatre culture activities | General Support               | General Support and Exhibits of Museum |                            |
| (c) Region  | Middle East &<br>North Africa                                | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa  | Middle East &<br>North Africa  | Middle East &<br>North Africa      | Middle East &<br>North Africa                                | Middle East &<br>North Africa   | Middle East &<br>North Africa | Middle East &<br>North Africa    | Middle East &<br>North Africa  | Middle East &<br>North Africa                                | Middle East &<br>North Africa | Middle East &<br>North Africa          |                            |
| (b) IRS code<br>section and EIN<br>(if applicable)    |  |                               |                               |                               |                               |                               |                                |                                |                                    |  |   |                               |                                  |                                |  |                               |  |                            |
| ame of Organization                                   |  |                               |                               |                               |                               | The state of the state of     |                                |                                |                                    |  | A TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO |                               |                                  |                                |  |                               | ***                                    |                            |

| (i) Method of valuation , (book, FMV, appraisal, other)  |   |                               |                               |                               |  |                               |                               |                               |                               |                               |                                |                               |                               |   |                                |                               |  | Schedule F (Form 990) 2014 |
|--|---|-------------------------------|-------------------------------|-------------------------------|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------|-------------------------------|-------------------------------|---|--------------------------------|-------------------------------|--|----------------------------|
| (g) Amount of non-cash of non-cash assistance assistance |   |                               |                               |                               |  |                               |                               |                               |                               |                               |                                |                               |                               |   |                                |                               |  | Schedule F                 |
| (g) Amount of<br>non-cash<br>assistance                  |   |                               |                               |                               |  |                               |                               |                               |                               |                               |                                |                               |                               |   |                                |                               |  |                            |
| (f) Manner of<br>cash<br>disbursement                    | check or<br>Bank transfer               | check or<br>Bank transfer     | check or<br>Bank transfer     | check or<br>Bank transfer     | check or<br>Bank transfer                | check or<br>Bank transfer     | check or<br>Bank transfer     | check or<br>Bank transfer     | check or<br>Bank transfer     | check or<br>Bank transfer     | check or<br>Bank transfer      | check or<br>Bank transfer     | check or<br>Bank transfer     | check or<br>Bank transfer   | check or<br>Bank transfer      |                               | check or<br>Bank transfer                                |                            |
| (e) Amount of cash grant                                 | 51,170                                  | 51,124                        | 50,300                        | 49,955                        | 48,061                                   | 47,103                        | 46,487                        | 46,261                        | 44,361                        | 44,339                        | 44,267                         | 42,491                        | 42,431                        | 42,204  | 41,147                         | 38,894                        | 36,598   |                            |
| (d) Purpose of<br>grant                                  | Education Activities                    | General Support               | General Support               | Maintenance of Gardens        | Schoolarships                            | General support for dance     | Coexistence activities        | General support               | General support               | Maintenance of Gardens        | Activities at Community Center | General support               | Equipment & activities        | General Support/Enrichment Activities for children with special needs | Activities at Community Center | Cultural activities           | Support for technology school for the orthodox community |                            |
| (c) Region   | Middle East &<br>North Africa           | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa            | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa  | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa   | Middle East &<br>North Africa  | Middle East &<br>North Africa | Middle East &<br>North Africa                            |                            |
| (b) IRS code<br>section and EIN<br>(if applicable)       | 4 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( |                               |                               |                               | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 |                               |                               |                               |                               |                               |                                |                               |                               |   |                                |                               |  |                            |
| lame of Organization                                     |   |                               |                               |                               |  |                               |                               |                               |                               |                               |                                |                               |                               |   |                                |                               |  |                            |

| (h) Description valuation of non-cash (book, FMV, assistance appraisal, other) |                                |                               |  |                                   |                               | 1                             |  |  |                               |                               |  |                               |                               |                               |   |  |   | 100 (000 mag) 2 dubada |
|--|--------------------------------|-------------------------------|--|-----------------------------------|-------------------------------|-------------------------------|--|--|-------------------------------|-------------------------------|--|-------------------------------|-------------------------------|-------------------------------|---|--|---|------------------------|
| (g) Amount of (h) non-cash of assistance a                                     |                                |                               |  |                                   |                               |                               |  |  |                               |                               |  |                               |                               |                               |   |  |   |                        |
| (f) Manner of<br>cash<br>disbursement  | check or<br>Bank transfer      | check or<br>Bank transfer     | check or<br>Bank transfer  | check or<br>Bank transfer         | check or<br>Bank transfer     | check or<br>Bank transfer     | check or<br>Bank transfer                                    | check or<br>Bank transfer                                    | check or<br>Bank transfer     | check or<br>Bank transfer     | check or<br>Bank transfer  | check or<br>Bank transfer     | check or<br>Bank transfer     | check or<br>Bank transfer     | check or<br>Bank transfer                 | check or<br>Bank transfer                                    | check or<br>27,200 Bank transfer  | :                      |
| (e) Amount of cash grant   | 35,240                         | 35,223                        | 34,813   | 33,488                            | 33,463                        | 32,078                        | 32,052   | 31,666   | 31,536                        | 30,799                        | 30,724   | 30,300                        | 27,880                        | 27,586                        | 27,462                                    | 27,364   | 27,200  |                        |
| (d) Purpose of<br>grant  | General support for art school | Schoolarships                 | Planning & Constructions, Community,<br>Coexistence & Cultural General Support | Renovation & Equipment for School |                               | Art Scholarships              | General Support and Subsidies for Theatre culture activities | General Support and Subsidies for Theatre culture activities | General Support               | General Support               | Enrichment Activities and Subsidies for<br>Treatment for Children with special Needs |                               | General Support               | Coexistence activities        | General Support and Scholarship Subsidies | General Support and Subsidies for Theatre culture activities | Enrichment Activities and Subsidies for Treatment for Children with special Needs |                        |
| (c) Region   | Middle East &<br>North Africa  | Middle East &<br>North Africa | Middle East &<br>North Africa  |                                   | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa                                | Middle East &<br>North Africa                                | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa  | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa             | Middle East &<br>North Africa                                | Middle East &<br>North Africa   |                        |
| (b) IRS code<br>section and EIN<br>(if applicable)                             |                                |                               |  |                                   |                               |                               |  |  |                               |                               |  |                               |                               |                               |   |  |   |                        |
| ame of Organization  |                                |                               |  |                                   |                               |                               |  |  |                               |                               |  |                               |                               |                               |   |  |   |                        |

| ame of Organization  | (b) IRS code<br>section and EIN<br>(if applicable)   | (c) Region                    | (d) Purpose of<br>grant   | (e) Amount of cash grant | (f) Manner of<br>cash<br>disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--|--|-------------------------------|---|--------------------------|---------------------------------------|---|--|---|
|  |  | Middle East &<br>North Africa | Activities at Community Center  | 27,124                   | check or<br>Bank transfer             |   |  |   |
|  |  | Middle East &<br>North Africa | General Support/Enrichment Activities for Elderly                       | 26,740                   | check or<br>Bank transfer             |   |  |   |
|  | And the second s | Middle East &<br>North Africa | General support for the disabled  | 26,728                   | check or<br>Bank transfer             |   |  | = <u> </u>  |
|  |  | Middle East &<br>North Africa | General support for the disabled  | 25,312                   | check or<br>Bank transfer             |   |  |   |
|  | The state of the s | Middle East &<br>North Africa | General Support   | 24,734                   | check or<br>Bank transfer             |   |  |   |
|  |  | Middle East &<br>North Africa | Activities at Musical & Dance Center                                    | 23,953                   | check or<br>Bank transfer             |   |  |   |
|  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | Middle East &<br>North Africa | General support battered women' shelter                                 | 23,948                   | check or<br>Bank transfer             |   |  |   |
|  |  | Middle East &<br>North Africa | General support   | 21,985                   | check or<br>Bank transfer             |   |  |   |
|  |  | Middle East &<br>North Africa | Activities at Community Center  | 21,901                   | check or<br>Bank transfer             |   |  | !   |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | # 4 5 7 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  | Middle East &<br>North Africa | General Support and Subsidies for Theatre culture activities            | 19,670                   | check or<br>Bank transfer             |   |  |   |
|  |  | Middle East &<br>North Africa | Purchase of library books   | 19,030                   | check or<br>Bank transfer             |   |  |   |
|  |  | Middle East &<br>North Africa | C-existence activities  | 18,928                   | check or<br>Bank transfer             | :                                       |  |   |
|  |  | Middle East &<br>North Africa | General support   | 18,630                   | check or<br>Bank transfer             |   |  |   |
| The state of the s |  | Middle East &<br>North Africa | Education enrichment and cultural activities for the orthodox community | 18,132                   | check or<br>Bank transfer             |   |  |   |
|  |  | Middle East &<br>North Africa | General Support and Subsidies for Theatre culture activities            | 17,916                   | check or<br>Bank transfer             |   |  |   |
|  |  | Middle East &<br>North Africa | Maintenance of Gardens  | 17,879                   | check or<br>Bank transfer             |   |  |   |
|  |  | Middle East &<br>North Africa | Planning Pergola and Benches of Park                                    | 17,692                   | check or<br>Bank transfer             |   |  |   |
|  |  |                               |   |                          |                                       |   | Schedule F (F                                | Schedule F (Form 990) 2014                            |

| •   | ı                             | 1                                      | ı                                     | 1                             | 1                             | 1                             |                               |                               |                               | 1                                       | ı                             |                               | ı   |                               | 1                             | 1                              |                               | 1                          |
|---|-------------------------------|--|---------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|---|-------------------------------|-------------------------------|---|-------------------------------|-------------------------------|--------------------------------|-------------------------------|----------------------------|
| (i) Method of valuation (book, FMV, appraisal, other) |                               |  |                                       |                               |                               |                               |                               |                               |                               |   |                               |                               |   |                               |                               |                                |                               | Schedule F (Form 990) 2014 |
| (h) Description<br>of non-cash<br>assistance          |                               |  |                                       |                               |                               |                               |                               | :                             |                               |   |                               |                               |   |                               |                               |                                |                               | Schedule F (F              |
| (g) Amount of non-cash assistance                     |                               |  |                                       |                               |                               |                               |                               |                               |                               |   |                               |                               |   |                               |                               |                                |                               |                            |
| (f) Manner of<br>cash<br>disbursement                 | check or<br>Bank transfer     |  |                                       |                               |                               | check or<br>Bank transfer     |                               |                               | check or<br>Bank transfer     |   |                               |                               | check or<br>Bank transfer                 | check or<br>Bank transfer     | check or<br>Bank transfer     |                                | check or<br>Bank transfer     |                            |
| (e) Amount of cash grant                              | 17,460                        | 17,283                                 | 17,279                                | 15,677                        | 15,358                        | 14,608                        | 13,707                        | 13,493                        | 13,216                        | 12,653                                  | 12,518                        | 12,079                        | 12,041                                    | 11,434                        | 11,324                        | 10,935                         | 10,918                        |                            |
| (d) Purpose of<br>grant                               | General support               | Hot Meals                              | Renovation of kindergarden            | General support               | General support               | Cultural activities           |                               | Coexistence activities        | General support               | Support for children with special needs | General support               | Schoolarships                 | General Support and Scholarship Subsidies | Renovation of kindergarden    | General support               | Activities for the handicapped | Schoolarships                 |                            |
| (c) Region  | Middle East &<br>North Africa | Middle East &<br>North Africa          | Middle East &<br>North Africa         | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa           | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa             | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa  | Middle East &<br>North Africa |                            |
| (b) IRS code<br>section and EIN<br>(if applicable)    |                               | ************************************** | , , , , , , , , , , , , , , , , , , , |                               |                               | 1                             |                               |                               |                               |   |                               |                               | \$ 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4  |                               |                               |                                | ,                             |                            |
| lame of Organization                                  |                               |  |                                       |                               |                               |                               |                               |                               |                               |   |                               |                               |   |                               |                               |                                |                               |                            |

| (g) Amount of (h) Description valuation non-cash of non-cash (book, FMV, assistance assistance other) |   |  |                               |                               |                               |                               |                               |                               |   |  |                                       |                               |   |                                       |  |                               |                           |
|---|---|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|---|--|---------------------------------------|-------------------------------|---|---------------------------------------|--|-------------------------------|---------------------------|
| (f) Manner of g) Amount cash non-cash disbursement  | check or<br>Bank transfer               | check or<br>Bank transfer                                    | check or<br>Bank transfer     | check or<br>Bank transfer     | check or<br>Bank transfer     | check or<br>Bank transfer     | check or<br>Bank transfer     | check or<br>Bank transfer     | check or<br>Bank transfer               | check or<br>Bank transfer  | check or<br>Bank transfer             | check or<br>Bank transfer     | check or<br>Bank transfer                 | check or<br>Bank transfer             | check or<br>Bank transfer                                    | check or<br>Bank transfer     | check or<br>Bank transfer |
| (e) Amount of cash grant  | 10,374                                  | 10,161   | 10,142                        |                               | 896'6                         | 9,961                         | 9,436                         | 9,400                         | 8,601                                   | 8,515  | 8,474                                 | 8,094                         | 690'8                                     | 8,030                                 | 2,596  | 7,507                         | 7 191                     |
| (d) Purpose of<br>grant   | General support battered women' shelter | General Support and Subsidies for Theatre culture activities | General support                         | General Support and Exhibits of Museum   | Maintenance of Gardens                | General support               | Maintenance of Hydrotherapy swimming pool | General support                       | General Support and Subsidies for Theatre culture activities | General support               | Signature                 |
| (c) Region  | Middle East &<br>North Africa           | Middle East &<br>North Africa                                | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa | Middle East &<br>North Africa           | Middle East &<br>North Africa  | Middle East &<br>North Africa         | Middle East &<br>North Africa | Middle East &<br>North Africa             | Middle East &<br>North Africa         | Middle East &<br>North Africa                                | Middle East &<br>North Africa | Middle East &             |
| (b) IRS code<br>section and EIN<br>(if applicable)  |   |  |                               |                               |                               |                               |                               |                               | 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | The second second  |                                       |                               |   | * * * * * * * * * * * * * * * * * * * |  |                               |                           |
| ame of Organization   |   |  |                               |                               |                               |                               |                               |                               |   | The state of the s | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                               |   |                                       |  | A STORY STORY                 |                           |

| lame of Organization   | (b) IRS code<br>section and EIN<br>(if applicable) | (c) Region                    | (d) Purpose of<br>grant                 | (e) Amount of cash grant | (f) Manner of<br>cash<br>disbursement | (g) Amount of (h) Description non-cash of non-cash assistance assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--|--|-------------------------------|---|--------------------------|---------------------------------------|--|--|---|
|  | , , , , , , , , , , , , , , , , , , ,              | Middle East &<br>North Africa | Renovation of kindergarden              | 066'9                    | check or<br>Bank transfer             |  |  |   |
|  |  | Middle East &<br>North Africa | Schoolarships                           | 6,914                    | check or 6,914 Bank transfer          |  |  |   |
|  | 1  | Middle East &<br>North Africa | Activities at Community Center          | 6,845                    | check or 6,845 Bank transfer          |  |  |   |
|  |  | Middle East &<br>North Africa | Education Activities                    | 962'9                    | check or<br>Bank transfer             |  |  |   |
| The second secon |  | Middle East &<br>North Africa | Renovation of kindergarden              | 6,761                    | check or<br>Bank transfer             |  |  |   |
|  |  | Middle East &<br>North Africa | Support for children with special needs | 6,553                    | check or<br>Bank transfer             |  |  |   |
|  |  | Middle East &<br>North Africa | General Support                         | 6,538                    | check or 6,538 Bank transfer          |  |  |   |
|  |  | Middle East &<br>North Africa | Purchase of library books               | 6,272                    | check or 6,272 Bank transfer          |  |  |   |
|  |  | Middle East &<br>North Africa | General support                         | 6,011                    | check or<br>Bank transfer             |  |  |   |
|  |  | Middle East &<br>North Africa | General support                         | 5,162                    | 5,162 Bank transfer                   |  |  |   |
|  |  |                               |   |                          |                                       |  | Schedule F (I                                | Schedule F (Form 990) 2014                            |

Schedule F (Form 990) 2014

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) actual amount 43,564 distribution of refregerators heaters, washing machines (g) Description of non-cash assistance 14,335 distribution of blankets etc.. (f) Amount of non-cash assistance (e) Manner of cash disbursement 65,589 check (d) Amount of cash grant (c) Number of recipients 77 114 6 Middle East & N.Africa Middle East & N.Africa Middle East & N.Africa (b) Region (3) blankets for elderly & needy (a) Type of grant or assistance (6) essential white goods (1) Scholarships (4) individuals Part III Ø <u>(S</u> <u>®</u> (10) Ξ (12) (13) (14) (15) (16) 13 (18) ε <u>6</u>

Schedule F (Form 990) 2014

| _    |   |
|------|---|
| Page | • |

| Part | V Foreign Forms   |   |      |
|------|---|---|------|
| 1    | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes, the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)   |   | ☑ No |
| 2    | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) | 1 | ✓ No |
| 3    | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)  |   | □ No |
| 4    | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621 Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)  | ı | ☑ No |
| 5    | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)  |   | ☑ No |
| 6    | Did the organization have any operations in or related to any boycotting countries during the tax year? In "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)  |   | ☑ No |

| Schedule F ( | Form 990) 2014 Page 4  |
|--------------|--|
| Part V       | Supplemental Information   |
|              | Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions). |
| Part I line  | 2:   |
| Procedure    | s for monitoring the use of funds outside the USA include receiving detailed reports from recipients including copies expenditure  |
| invoices, a  | nudited reports, narrative reports of expenditures and results, physical inspection and close supervision by internal or external  |
| supervisor   | rs.  |
|              |  |
| Part I line  | 3:   |
| As for mid   | dle East region see above; as for Europe region; written agreement with fund raisers as to monthly fee and reimbursement of  |
| expendure    | es against reporting with invoices to back up the amounts disbursed.   |
| All amount   | ts are recorded on an accrual basic.   |
|              |  |
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# SCHEDULE G (Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization enswered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

v.irs.gov/form990. Inspection

| Name of the organization  |  |              |   |                                   | Employer Identifica  | tion number   |
|---|--|--------------|---|-----------------------------------|--|---|
| The Jerusalem Foundation  |  |              |   |                                   |  | 529945  |
| Part I Fundraising Activities Form 990-EZ filers are                  |  |              |   | vered "Yes" to Fo                 | orm 990, Part IV, li   | ne 17.  |
| 1 Indicate whether the organizat                                      |  |              |   | owing activities. Ch              | eck all that apply.  |   |
| a Mail solicitations  |  | e 🔽          | Solicitati                                | ion of non-governm                | nent grants  |   |
| <b>b</b> Internet and email solicitati                                | ions   | f 💽          | Solicitati                                | ion of government                 | grants   |   |
| c Phone solicitations   |  | g [          | Special t                                 | fundraising events                |  |   |
| d ✓ In-person solicitations   |  |              |   |                                   |  |   |
| 2a Did the organization have a w                                      | ritten or oral agree                             | ement with   | any individ                               | dual (including offic             | ers, directors, truste   | ees   |
| or key employees listed in For  | m 990, Part VII) or                              | entity in c  | onnection v                               | with professional fu              | ndraising services?  | 🗹 Yes 🗌 No  |
| b If "Yes," list the ten highest pa<br>compensated at least \$5,000 I |  |              | draisers) p                               | ursuant to agreeme                | ents under which the   | fundraiser is to be                                     |
| (i) Name and address of Individual or entity (fundraiser)             | (ii) Activity                                    | custody o    | draiser have<br>or control of<br>outions? | (iv) Gross receipts from activity | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col. (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
| · · · · · · · · · · · · · · · · · · ·                                 | <del>                                     </del> | Yes          | No  | <del>    -</del>                  |  |   |
| Gabriale Appel TEC Pavillon     Germany                               | Donor Liaison                                    |              | 1   | 290,066                           | 51,672   | 238,394   |
| <sup>2</sup> Nurit Braun<br>Switzerland                               | Donor Liaison                                    |              | 1   | 0                                 | 46,245   | (46.245)  |
| 3   | DOTTON ENGINEER                                  |              |   |                                   | 40/240   | (10,210)  |
| 4   |  |              |   |                                   |  | <del> </del>  |
| 5   | <del> </del>                                     |              |   |                                   |  | <del></del>   |
| 6   | <del> </del>                                     |              |   |                                   |  |   |
| 7   |  | <del> </del> |   |                                   |  |   |
| 8   |  |              |   |                                   |  |   |
| 9   |  |              |   |                                   |  |   |
| 10  |  |              |   |                                   |  | <del></del>   |
| Total   | · <u>•</u> · • • •                               |              | >   | 290,066                           | 97,817   | 192,149   |
| 3 List all states in which the org<br>registration or licensing.      | ganization is regist                             | tered or lic | ensed to s                                | solicit contributions             | or has been notifie  | d it is exempt from                                     |
| None  |  |              |   |                                   |  |   |
|   |  |              |   |                                   |  |   |
|   |  |              |   |                                   |  |   |
|   |  |              |   |                                   |  |   |
|   |  |              |   |                                   |  |   |
|   |  |              |   |                                   |  |   |
|   |  |              |   |                                   |  |   |

| Pa              | ırt li   | Fundraising Events. Con<br>than \$15,000 of fundraising  |                            |  |                                       |  |
|-----------------|----------|--|----------------------------|--|---------------------------------------|--|
|                 |          | gross receipts greater tha                               |                            |  |                                       |  |
|                 |          |  | (a) Event #1               | (b) Event #2                                     | (c) Other events                      | (d) Total events<br>(add col. (a) through        |
|                 |          |  | (event type)               | (event type)                                     | (total number)                        | col. (c))  |
| Revenue         | 1        | Gross receipts   |                            |  |                                       |  |
| Œ               | 2        | Less: Contributions                                      |                            |  |                                       |  |
|                 | 3        | Gross income (line 1 minus line 2)                       |                            |  |                                       |  |
|                 | 4        | Cash prizes  |                            |  |                                       |  |
|                 | 5        | Noncash prizes   |                            |  |                                       |  |
| enses           | 6        | Rent/facility costs                                      |                            |  |                                       |  |
| Direct Expenses | 7        | Food and beverages                                       |                            |  |                                       |  |
| Direc           | 8        | Entertainment  |                            |  |                                       |  |
|                 | 9        | Other direct expenses .                                  |                            |  |                                       |  |
|                 | 10<br>11 | Direct expense summary. Ac<br>Net income summary. Subtra | Id lines 4 through 9 in co | olumn (d)  | 💺 📙                                   |  |
| Pa              | rt III   | Gaming. Complete if the                                  | e organization answer      | red "Yes" to Form 990                            | 0. Part IV. line 19. or re            | eported more                                     |
|                 |          | than \$15,000 on Form 9                                  |                            |  | · · · · · · · · · · · · · · · · · · · | ·<br>  |
| Revenue         |          |  | (a) Bingo                  | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming                      | (d) Total gaming (add col. (a) through col. (c)) |
| <u>8</u>        | 1        | Gross revenue  |                            |  |                                       |  |
| ses             | 2        | Cash prizes  |                            |  |                                       |  |
| Expen           | 3        | Noncash prizes   |                            |  |                                       |  |
| Direct Expenses | 4        | Rent/facility costs                                      |                            |  |                                       |  |
|                 | 5        | Other direct expenses .                                  |                            |  |                                       |  |
|                 | 6        | Volunteer labor  | ☐ Yes% ☐ No_               | ☐ Yes% ☐ No                                      | ☐ Yes% ☐ No                           |  |
|                 | 7        | Direct expense summary. Ac                               | ld lines 2 through 5 in c  | olumn (d)  |                                       |  |
|                 | 8        | Net gaming income summar                                 | y. Subtract line 7 from li | ne 1, column (d)                                 |                                       |  |
| 9               | En       | ter the state(s) in which the or                         | ganization conducts ga     | ming activities:                                 |                                       |  |
|                 | a is i   | the organization licensed to co                          | onduct gaming activities   | s in each of these states                        | 37                                    | 🗌 Yes 🗌 No                                       |
|                 |          |  |                            |  |                                       |  |
| 10              |          | ere any of the organization's g<br>'Yes," explain:       |                            | •  | ted during the tax year?              |  |
|                 |          |  |                            |  |                                       |  |

| Schedu   | ile G (Form 990 or 990-EZ) 2014 Page 3   |
|----------|--|
| 11<br>12 | Does the organization conduct gaming activities with nonmembers?   |
| 13<br>a  | Indicate the percentage of gaming activity conducted in: The organization's facility   |
| ь<br>14  | An outside facility  |
|          | Name ▶   |
|          | Address►   |
| 15a      | Does the organization have a contract with a third party from whom the organization receives gaming revenue?   |
|          | If "Yes," enter the amount of gaming revenue received by the organization   amount of gaming revenue retained by the third party   f"Yes," enter name and address of the third party:  |
|          | Name ►   |
|          | Address ►  |
| 16       | Gaming manager information:  |
|          | Name ▶   |
|          | Gaming manager compensation ▶ \$   |
|          | Description of services provided ▶   |
|          | ☐ Director/officer ☐ Employee ☐ Independent contractor   |
| 17<br>a  | Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?   |
| b        | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$   |
| Part     | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). |
| Part I:  |  |
| The ac   | greements specifies that in addition to the monthly fee, all direct expenses are reimbursed.   |
| in add   | ition to the compensation, direct travel and office costs of \$ 17,672 were reimbursed to Gabriele Appel.  |
|          | lition to the compensation, direct travel and office costs of \$ 5,219 were reimbursed to Nurit Braun.   |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |

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

Department of the Treasury Internal Revenue Service

Name of the organization

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 Inspection **Employer Identification number** 

| The Je | erusalem Foundation 31 15299   | 45       |     |              |
|--------|--|----------|-----|--------------|
| Part   | Questions Regarding Compensation   |          |     |              |
|        |  |          | Yes | No           |
| 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.  |          |     | 1            |
|        | ☐ First-class or charter travel ☐ Housing allowance or residence for personal use  |          |     |              |
|        | ☐ Travel for companions ☐ Payments for business use of personal residence  |          |     |              |
|        | Tax indemnification and gross-up payments Health or social club dues or initiation fees  | '        |     | \            |
|        | ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)   |          |     | İ            |
| _      | the second secon |          |     | '            |
| 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       |     |              |
|        |  | 1.5      |     | <del> </del> |
| 2      | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all  | THE MAKE |     | - Marie - 1  |
|        | directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line   |          |     | ļ            |
|        | 1a?  | 2        |     |              |
|        |  |          |     |              |
| 3      | Indicate which, if any, of the following the filing organization used to establish the compensation of the   |          |     | İ            |
|        | 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.   |          | 1   | ļ            |
|        | ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study  | 1        |     | ł            |
|        | ☐ Form 990 of other organizations ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee   |          |     | İ            |
|        | Total 990 of other organizations   |          |     | İ            |
| 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       | 1   |              |
| b      | Participate in, or receive payment from, a supplemental nonqualified retirement plan?  | 4b       |     | 1            |
| C      | Participate in, or receive payment from, an equity-based compensation arrangement?   | 4c       |     | 1            |
|        | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  |          | ļ   | 1            |
|        | Only continue 504(a)(0) 504(a)(4) and 504(a)(00) agranizations must appropriate lines 5.0  | 1        | 1   | Ì            |
| 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:  |          |     | i '          |
| а      | The organization?  | 5a       |     | 1            |
| b      | Any related organization?  | 5b       |     | 1            |
|        | If "Yes" to line 5a or 5b, describe in Part III.   |          |     |              |
|        |  |          | }   | 1            |
| 6      | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any   |          | ļ   |              |
|        | compensation contingent on the net earnings of:  | # TALE   | ,   | .            |
| a      | The organization?  | 6a       | ļ.— | 1            |
| b      | Any related organization?  | 6b       |     | <b>/</b>     |
|        | 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        |     | 1            |
| 8      | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject   | <u> </u> |     | <del> </del> |
|        | to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe   |          |     | 1            |
|        | in Part III  | 8_       |     | ✓            |
|        |  |          |     |              |
| 9      | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in   | 1 1      | 1   | 1            |

Regulations section 53.4958-6(c)?

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

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.

| (R) Breakdown of M              | ביים<br>ביים | (R) Breakdown of         | t W-2 and/or 1099-Mis                   | SC compensation                         | ed manada mass equal are total amount of 11 at 11, occupit, me 14, apprecase committy and 1, amounts for mat municular.<br>Relatedades of W.D. and Andre 1000-MISC companisation. | ומי מהשווהמחוב המוחיו                 | מוויסוווג (ב) מווסמווג                  | אומר ווומר וווחואותתמוי                                    |
|---------------------------------|--------------|--------------------------|---|---|---|---------------------------------------|---|--|
|                                 | _            |                          |   | T Collinguismon                         | (C) Retirement and  | (D) Nontaxable                        | (E) Total of columns                    | (F) Compensation   |
| (A) Name and Title              |              | (i) Base<br>compensation | (ii) Bonus & incentive compensation     | (iii) Other reportable compensation     | other deferred<br>compensation  | benefits                              | (a)-(b)(a)                              | in column (B) reported<br>as deferred in prior<br>Form 990 |
|                                 | 6            |                          |   | -                                       |   |                                       |   |  |
|                                 | ≥ 8          | 136,525                  | 0                                       | 862'02                                  | /0L'9   | 0                                     | J62,930                                 | 0  |
| 1 Marc Soffer, former president | €            |                          |   |   | į   |                                       |   |  |
|                                 | ε            | 147,107                  | 0                                       | 24,635                                  | 7,178   | 0                                     | 178,920                                 | 0  |
| 2 Daniel Mimran, CEO            | €            |                          |   |   |   |                                       |   |  |
|                                 | 8            | 125,079                  | 0                                       | 22,662                                  | 6,191   | 0                                     | 153,932                                 | 0  |
| 3 Alan Freeman, vice president  | €            | 1                        |   |   |   |                                       | • • • • • • • • • • • • • • • • • • •   |  |
|                                 | €            |                          |   |   |   |                                       |   |  |
| 4                               | Ξ            | #                        |   |   |   |                                       | *************************************** | 19 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9                     |
|                                 | 8            |                          |   |   |   |                                       |   |  |
| co.                             | €            |                          |   |   |   |                                       |   |  |
|                                 | ε            |                          |   |   |   |                                       |   |  |
| 9                               | Ξ            | 1                        |   | P                                       |   |                                       |   |  |
|                                 | ε            |                          |   |   |   |                                       |   |  |
| 7                               | Ξ            |                          |   |   |   |                                       |   |  |
|                                 | €            |                          |   |   |   |                                       |   | [<br>]   |
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| 6                               | €            |                          | 1 |   | • • • • • • • • • • • • • • • • • • •   | · · · · · · · · · · · · · · · · · · · |   |  |
|                                 | €            |                          |   |   |   |                                       |   |  |
| 10                              | €            |                          |   |   |   |                                       |   |  |
|                                 | (2)          |                          |   |   |   |                                       |   |  |
| - 11                            | <b>(E)</b>   |                          |   |   |   |                                       |   |  |
|                                 | (            |                          |   |   |   |                                       |   |  |
| 12                              | €            |                          |   |   |   |                                       |   |  |
|                                 | €            |                          | _                                       |   |   |                                       |   |  |
| 13                              | Ξ            |                          |   |   |   |                                       |   |  |
|                                 | 8            |                          |   |   |   |                                       |   |  |
| 14                              | €            |                          |   |   |   |                                       |   |  |
|                                 | 8            |                          |   |   |   |                                       |   |  |
| 15                              | Ξ            |                          |   |   |   |                                       |   |  |
|                                 | €            |                          |   |   |   |                                       |   |  |
| 16                              | ▣            |                          |   |   |   |                                       |   |  |
|                                 |              |                          |   |   | !   |                                       | Sch                                     | Schedule J (Form 990) 2014                                 |

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

Department of the Treasury Internal Revenue Service Name of the organization

(9)(10)Total

## **Transactions With Interested Persons**

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

**Employer Identification number** 

The Jerusalem Foundation Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. Part I (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3) (4) (5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . . Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved (I) Written with organization from the principal amount by board or agreement? organization? committee? From Yes No Yes No Yes No (1) Hedva Foguel **Legal Advisor** 0 6,919 (2)(3)(4)(5)(6)(7)(8)

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

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1)                           |   |                          |                        |                           |
| (2)                           |   |                          |                        |                           |
| (3)                           |   |                          |                        |                           |
| (4)                           |   |                          |                        |                           |
| _(5)                          |   |                          |                        |                           |
| (6)                           |   |                          |                        |                           |
| _(7)                          |   |                          |                        |                           |
| _(8)                          |   |                          |                        |                           |
| _(9)                          |   |                          |                        |                           |
| (10)                          |   |                          |                        |                           |

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

Cat No. 50056A

Schedule L (Form 990 or 990-EZ) 2014

| Part IV  | Business Transactions Involvi<br>Complete if the organization and | <b>ng Interested Persons.</b><br>swered "Yes" on Form 99        | 0, Part IV, line 28a, 2   | 28b, or 28c.                   |         |                               |
|--|---|---|---------------------------|--------------------------------|---------|-------------------------------|
|  | (a) Name of interested person                                     | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organiz | aring of<br>zation's<br>nues? |
|  |   |   |                           |                                | Yes     | No                            |
| (1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8) | <del></del>   |   |                           |                                |         |                               |
| (2)  | · · · · · · · · · · · · · · · · · · ·                             |   |                           |                                | +-      |                               |
| (4)  |   | <del> </del>  |                           |                                |         |                               |
| (5)  |   |   |                           |                                | +       |                               |
| (6)  |   |   |                           |                                |         | <u> </u>                      |
| (7)  |   |   |                           |                                |         |                               |
| (8)  |   |   |                           |                                |         |                               |
| (9)<br>(10)  |   |   |                           |                                |         | <u> </u>                      |
| (10)   |   | L   | <u></u>                   |                                |         |                               |
| Part V   | Supplemental Information Provide additional Information for       | or responses to questions                                       | on Schedule L (see        | instructions).                 |         |                               |
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#### 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

Department of the Treasury Internal Revenue Service Name of the organization ➤ 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.

Open to Public Inspection

Employer Identification number

| The Jerusalem Foundation  | 31 1529945                             |
|---|--|
| Form 990:   |  |
| Part I line 5 & Part V line 2a :  |  |
| The Jerusalem Foundation employs 56 individuals in Israel .   |  |
| Part III line 4d:   |  |
| - A total of \$ 15,620,548 was used for activities and support of programs in the areas of community ser  | vices, art &culture, and coexistence   |
| for 916 programs  |  |
| - A total of \$ 7,670,249 was used for construction & renovation of 27 projects.  |  |
| Part IV line 12:  |  |
| The Financial statements are prepared in accordance with Israeli GAAP   |  |
| Part V line 6a:   | ·                                      |
| Contributions from US Donors are received and receipted by the Jerusalem Foundation Inc. for project  | ts of the Jerusalem Foundation         |
| in Israel. Contributions to the Jerusalem Foundation Inc. are tax deductible in accordance with section   | 170.                                   |
| Part VI line 2:   | ·                                      |
| - Ruth Chesin & Meir Chet are related   | ·                                      |
| - Ruth Chesin & Heir Chet & Dan Ziskind have business relationship - directors of a public company  |  |
| Part VI line 6, 7a,7b:  |  |
| The members elect the governing body, appoint the Executive Committee Board members (see Part VI  | I), approve signatory rights, elect    |
| external & internal auditor and audit committee, approve audited financial statements and authorize ch  | anges in bylaws                        |
| Part VI line 11a&b:   |  |
| The 990 is prepared by the Chief Accountant and reviewed by the Organization's CFO, CEO and Legal   | Advisor.                               |
| Part VI line 15:  |  |
| An Executive Personnel Committee determines the compensation of key employees, in line with comp  | ensation of comparative functions      |
| and qualifications in other entities.   |  |
| Part VI line 19:  |  |
| Upon request : The Audited Financial Statements and other statutory documentation and information in  | s filed with the Government Registrar  |
| of Associations in Israel and is available to the general public.  For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Cat No. 51056K | Schedule O (Form 990 or 990-EZ) (2014) |

| Schedule O (Form 990 or 990-EZ) (2014)   | Page 2                         |
|--|--------------------------------|
| Name of the organization   | Employer Identification number |
| The Jerusalem Foundation   | 31 1529965                     |
| Part VII :   |                                |
| Part VII :   |                                |
| The foundation does not compensate directors or trustees.  |                                |
|  |                                |
|  |                                |
| Donk Million Fr  |                                |
| Part XI : re line 5:   |                                |
| The unrealized gains (losses) on inverstments are reported in Part VIII line 11a and therefore are | not included in Part XI.       |
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| Schedule B Part I:   |                                |
| Based on amounts received; pledges are not included .  |                                |
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# **SCHEDULE R**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

The Jerusalem Foundation

Related Organizations and Unrelated Partnerships

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

Open to Public

2014

Inspection

OMB No. 1545-0047

Employer identification number

31 1529945

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

(g) Section 512(b)(13) controlled entrly? Schedule R (Form 990) 2014 (f)
Direct controlling
entity The Jerusalem F Yes No 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. (f)
Direct controlling tentity (e) End-of-year assets (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) Cat. No. 50135Y ISRAEL (c) Legal domicile (state or foreign country) (b) Pnmary activity (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990, (a) Name, address, and EIN (if applicable) of disregarded entity (a)
Name, address, and EIN of related organization (1) JIC LLC (EIN) 461684033 (4) Partl Part II 8 ල 2 Ξ <u>@</u> 9 ଷ ල **£** 9

|                           | is With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. |  |
|---------------------------|--|--|
| nedule R (Form 990) 2014  | Part V Transactions With Related   |  |
| Schedule R (Form 990) 201 | Part V Tran  |  |
|                           |  |  |

| Note     | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 2 Receipt of (i) interest (ii) annuities (iii) royalties or (iii) royalties or (iii) annuities (iii) royalties or (iiii) royalties or (iii)  royalties or (iii)  royalties or (iii)  royalties or (iii)  royalties or (iii) royalties or (iiii) royalties or (iii) royalties or (iiii) royalties or (iii) royalties or (iii) royalties | ore related organi         | zations listed in Part | s II–IV?                                  | Yes                        | <b>.</b> П |
|----------|--|----------------------------|------------------------|---|----------------------------|------------|
| Ω.       | Giff, grant, or capital contribution to related organization(s)  |                            |                        |   | <u>a</u> 4                 | 1 1        |
| 07       | Giff, grant, or capital contribution from related organization(s)  |                            |                        |   | 2 7                        |            |
| 8        | Loans or loan guarantees to or for related organization(s)   |                            |                        |   | B,                         | 1          |
| ø.       | Loans or loan guarantees by related organization(s)  |                            |                        |   | 16                         | 1          |
| <b>-</b> | Dividends from related organization(s)   |                            | •                      |   | 11                         | ]          |
| 6        | Sale of assets to related organization(s)  |                            |                        |   | 19                         |            |
| ᆮ        | Purchase of assets from related organization(s)  |                            |                        |   | 1h                         | 1          |
|          | Exchange of assets with related organization(s)  | •                          |                        |   | 1i                         | <b>!</b>   |
| -        | Lease of facilities, equipment, or other assets to related organization(s)   |                            |                        |   | tj.                        | 1          |
| د        | l pass of facilities conjument or other assets from related examination(s)   |                            |                        |   | 41                         |            |
| - '      | Performance of services or membership or fundraising solicitations for related organization(s)   |                            |                        |   | ¥ =                        | ı          |
| Ε        | Performance of services or membership or fundraising solicitations by related organization(s)  | •                          |                        |   | 1m                         | 1          |
| =        | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).   |                            |                        |   | 1n                         | ]          |
| 0        | Sharing of paid employees with related organization(s)   |                            |                        |   | 10                         |            |
| 2        | Boimbursement hard to related organization(s) for exnenses   |                            |                        |   |                            | 7          |
| 7 0      | Reimbursement baid by related organization(s) for expenses   |                            |                        |   | 10                         | 1          |
| •        |  |                            |                        |   |                            |            |
| _        | Other transfer of cash or property to related organization(s)  |                            |                        |   | +                          | 1          |
| ဖ        | Other transfer of cash or property from related organization(s)  |                            |                        |   | 18                         | ı          |
| 7        | 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.   | ete this line, inclu       | ding covered relation  | ships and transactic                      | on thresholds.             | ı          |
|          | (a) Name of related organization   | (b) Transaction type (a-s) | (c) Amount involved    | (d) Method of determining amount involved | g amount involved          | ı          |
| Ξ        |  |                            |                        |   |                            | ſ          |
| (2)      |  |                            |                        |   |                            | ļ          |
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| 9        |  |                            |                        |   |                            | 1          |
| 9        |  |                            |                        |   |                            |            |
|          |  |                            |                        | Schedule F                                | Schedule R (Form 990) 2014 | 14         |

Schedule R (Form 990) 2014

Unrelated Organizations Taxable as a Partnership Complete if 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) Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile      | (d)<br>Predominant  | (e)<br>Are all partners                | the Share of | ł                     | (h)<br>Disproportionate | (i)<br>Code V—UBI                                  |                      | (k)<br>Percentage          |
|--------------------------------------|-------------------------|----------------------------|---|--|--------------|-----------------------|-------------------------|--|----------------------|----------------------------|
|                                      |                         | (state or foreign country) | income (related,<br>unrelated, excluded<br>from tax under | section<br>501(c)(3)<br>organizations? |              | end-of-year<br>assets | allocations?            | amount in box 20<br>of Schedule K-1<br>(Form 1065) | managing<br>partner? | ownership                  |
|                                      |                         |                            | sections 512-514)   | Yes No                                 |              |                       | Yes No                  | <b>.</b>   | Yes No               |                            |
| (1)                                  |                         |                            |   |  |              |                       |                         |  |                      |                            |
| (2)                                  |                         |                            |   |  |              |                       |                         |  |                      |                            |
| (3)                                  |                         |                            |   |  |              |                       |                         |  |                      |                            |
| (4)                                  |                         |                            |   |  |              |                       |                         |  |                      |                            |
| (5)                                  |                         |                            |   |  |              |                       |                         |  |                      |                            |
| (9)                                  |                         |                            |   |  |              | ·                     |                         |  |                      |                            |
| (a)                                  |                         |                            |   | <br>                                   |              |                       |                         |  | _                    |                            |
| (8)                                  |                         |                            |   |  |              |                       |                         |  |                      |                            |
| (6)                                  |                         |                            |   |  |              |                       |                         |  |                      |                            |
| (10)                                 |                         |                            |   |  |              |                       |                         |  |                      |                            |
| (11)                                 |                         |                            |   |  |              |                       |                         |  |                      |                            |
| (12)                                 |                         |                            |   |  |              |                       |                         |  |                      |                            |
| (13)                                 |                         |                            |   | <br>                                   | <br>         |                       |                         |  |                      |                            |
| (14)                                 |                         |                            |   |  |              |                       |                         |  |                      |                            |
| (15)                                 |                         |                            |   |  |              |                       |                         |  |                      |                            |
| (16)                                 | -                       |                            |   | <u>-</u>                               |              |                       |                         |  |                      |                            |
|                                      |                         |                            |   |  |              |                       |                         | Sche   | dule R (Fon          | Schedule R (Form 990) 2014 |

|          | Form 990) 2014 Page <b>5</b>   |
|----------|--|
| Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions). |
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