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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

A F	or the	2014 calendar year, or tax year beginning	and	ł ending			
B	heck if pplicable	C Name of organization			D	Employer identific	cation number
	Addres	THE CENTER FOR KEHILLA	GROWTH				
	Name change	Doing business as			ゴ	46-3	696701
	Initial	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/s		Telephone number	
ᆫ	Final return/ termin	2301 W. BIG BEAVER RD		<u> 5TH</u>	_		513000
	ated Amend	City or town, state or province, country, and	ZIP or foreign postal code		<u> </u>	Gross receipts \$	846,630.
F	⊒return ⊒Applic				^"	(a) Is this a group re for subordinates	
_	tion pendin	9 Trivatile and address of principal officer			H	(b) Are all subordinates in	
	ax-exe	empt status: X 501(c)(3) 501(c)()		or T	527	• •	list. (see instructions)
		e: N/A				(c) Group exemption	
			sociation Other	LY			State of legal domicile:
	art I	Summary	<u> </u>		-		
	1	Briefly describe the organization's mission or most	significant activities: TRAI	N AN	D DI	EVELOP THE	NEXT
Activities & Governance		GENERATION OF JEWISH COMM					
ē		Check this box 🕨 📖 if the organization disco		osed of n	nore tha	an 25% of its net as	sets
Ş		Number of voting members of the governing body	•			3	
જ		Number of independent voting members of the go	· · · · · · · · · · · · · · · · · · ·			4	3
ţies		Total number of individuals employed in calendar y	rear 2014 (Part V, line 2a)			5	0
ξį		Total number of volunteers (estimate if necessary)	tumn (C) line 10			6	0.
¥		Fotal unrelated business revenue from Part VIII, co Net unrelated business taxable income from Form	* *:			7a 7b	0.
	 	Net difference business taxable income from Follar	990-1, IIITE 34		ι —	Prior Year	Current Year
_	8	Contributions and grants (Part VII) Inc. 1 h	7 <u>9</u> 1			75,000.	846,630.
nue	I -		Ιά			0.	0.
Revenue	10	Program service revenue (Part-VIII, line 2g)	(n) anerad)			0.	0.
Œ	11	Other revenue (Part VIII column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)			0.	0.
		Total revenue - add lines 8 through 11 must equal				75,000.	846,630.
	13	Grants and similar amounts paid Part X column (A), lines 1-3)			0.	910,000.
	14	Benefits paid to or for members (Part IX, column (A	n), line 4)			0.	0.
es		Salaries, other compensation, employee benefits (· · · · · · · · · · · · · · · · · · ·			0.	0.
Expenses	ł	Professional fundraising fees (Part IX, column (A), I	_	•		0.	0.
꼾	1	Total fundraising expenses (Part IX, column (D), lin		0.			7 004
_		Other expenses (Part IX, column (A), lines 11a-11d				850. 850.	7,094. 917,094.
		Total expenses Add lines 13-17 (must equal Part i	,		<u> </u>	74,150.	<70,464.>
or Ses		Revenue less expenses Subtract line 18 from line	12		Pegin	ning of Current Year	End of Year
ets c	20	Total assets (Part X, line 16)			Degiiii	74,150.	3,686.
Net Assets Fund Balanc	21	Total liabilities (Part X, line 26)				0.	0.
E <u>e</u>	22	Net assets or fund balances. Subtract line 21 from	line 20			74,150.	3,686.
Pa	rt II	Signature Block					
Und	er pena	ities of perjury, I declare that I have exampled this return,	including accompanying schedul	es and sta	atements	s, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of w	hich prep	arer has	s any knowledge.	
							-15
Sig	n	Signature of officer				Date	
Her	e	Type or print name and title) ₀ ~				
		y 	Dropovorio oraneturo		T Date	Chank	TI PTIN —
Paic		Print/Type preparer's name	Preparer's signature		Date	q curey F	~
	parer	Firm's name				self-employe	ed
•	Only	Firm's address				ENITI 2 CHA	
300	J,	, iiii o addi ooo 🏲				Phone no.	
May	the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)			1	Yes No
	-	7-14 LHA For Panerwork Reduction Act Notice		ione	1	000	Form 990 (2014)

4e 43200			Form 9 9	90 (2014)
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 917,094.)		
	Other program services (Describe in Schedule O)			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	e \$)
			_	
4b	(Code) (Expenses \$ 917,094. including grants of \$ 846,630.) (Revenue	9\$)
4a	(Code) (Expenses \$	0 \$		——)
40	revenue, if any, for each program service reported			
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		Yes	X No
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O		☐Yes	X No
	TO ESTABLISH A A GROUP OF YOUNG JEWISH PEOPLE WHO ARE PA	SSIONATE	ABO	OUT
	INDIVIDUALS THE TEACHINGS AND PRACTICES OF JUDAISM. THE		NTE	
1	Briefly describe the organization's mission THE CENTER FOR KEHILLA GROWTH DESIRES TO TRAIN AND DEVEL		EXT	
	Check if Schedule O contains a response or note to any line in this Part III		_	_ X
Form	1990 (2014) THE CENTER FOR KEHTLLA GROWTH THE CENTER FOR KEHTLLA GROWTH THE CENTER FOR KEHTLLA GROWTH	46-36967	01	Page 2

-	P	ar	t	N	Ch	eckl	ist	of	Reg	uired	Scl	nedu	les

			Tes	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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6_		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable			•
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f_	_	<u> X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
p	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	146		X
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	14b		
•	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	x	
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
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		X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	900	2014
		⊢orm	990 (2014)

Form 990 (2014) THE CENTER FOR KEH THE CENTER FOR KEHILLA GROWTH

			res	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 19 If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-	_	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	}		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3 2
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			l
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	l		v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		, I	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member]	1	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	2, 5, 2, 3	72, 4 13	
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a) ~~	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X
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		_X
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		_X
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_		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	ا ہے ا		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
27	If "Yes," complete Schedule R, Part V, line 2	36		
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
-	Note. All Form 990 filers are required to complete Schedule O	38	x	
			990	2014

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14a

X

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13c

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3	1		1
	If there are material differences in voting rights among members of the governing body, or if the governing			!
_	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	ĺ		1
_	Enter the number of voting members included in line 1a, above, who are independent 1b 3	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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			.
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6_		
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			х
.	more members of the governing body? As any governing body and governess of the experience recovered to (or subject to any solution) members, steel to lidera, as	7a_		
U	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	 10		
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		_X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
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 501(c)(3)s only) and 990-T (avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
40	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinan	cial	
00	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records BEN WAYNTRAUB - 3139631212			
	333 W FORT STREET, STE 1200, DETROIT, MI 48226			
432006	5 11-07-14	Form	990	(2014)

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

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

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

hours per week (list any hours for related organizations below line) (1) LAWRENCE KELEMEN PRESIDENT (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (morphisation from related organization (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (One not check more than one box, unless person is both an officer and a director/trustee) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (One not check more than one box, unless person is both an officer and a director/trustee) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (One not check more than one box, unless person is both an officer and a director/trustee) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (One not check more than one box, unless person is both an officer and a director/trustee) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (One not check more than one both an officer and a director/trustee) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (One not check more than one both an officer and a director/trustee) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (One not check more than one officer and a director/trustee) (W-2/1099-MISC)	(A)	(B)	(C)						(D)	(E)	(F)	
hours per week (list any hours for related organizations below line) (1) LAWRENCE KELEMEN (2) JOSEPH KAMENETSKY VICE PRESIDENT (3) GARY TORGOW Compensation from the organization from the organization (W-2/1099-MISC) (1) LAGRANGE COMPENSATION officer and a director/trustee) (1) LAWRENCE KELEMEN (1) LAWRENCE KELEMEN (3) GARY TORGOW (4) Compensation from the organization (W-2/1099-MISC) (6) Compensation from the organization (W-2/1099-MISC) (6) Compensation from related organization (W-2/1099-MISC) (6) Compensation from related organization (W-2/1099-MISC) (6) Compensation from related organization (W-2/1099-MISC) (7) LAWRENCE KELEMEN (8) Compensation from related organization (W-2/1099-MISC) (8) O.	Name and Title		(do	box, unless person is both an				one	Reportable	Reportable	Estimated	
(list any hours for related organizations below line) (1) LAWRENCE KELEMEN PRESIDENT (2) JOSEPH KAMENETSKY VICE PRESIDENT (3) GARY TORGOW (Inst any hours for related organizations below line) (1) LAWRENCE KELEMEN (Ist any hours for related organization (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (O. O. O.			box					h an				
(1) LAWRENCE KELEMEN 50.00 0. 0. 0. (2) JOSEPH KAMENETSKY 50.00 0. (3) GARY TORGOW 2.00			<u> </u>	I		1 00101741431889)		166)				
(1) LAWRENCE KELEMEN 50.00 0. 0. 0. (2) JOSEPH KAMENETSKY 50.00 0. (3) GARY TORGOW 2.00			ects]]	Ì	1	l			compensation	
(1) LAWRENCE KELEMEN 50.00 0. 0. 0. (2) JOSEPH KAMENETSKY 50.00 0. (3) GARY TORGOW 2.00			9	, e		l	ig ig		organization	(W-2/1099-MISC)		
(1) LAWRENCE KELEMEN 50.00 0. 0. 0. (2) JOSEPH KAMENETSKY 50.00 0. (3) GARY TORGOW 2.00			ste	喜		, p	beus		(W-2/1099-MISC)			
(1) LAWRENCE KELEMEN 50.00 0. 0. 0. (2) JOSEPH KAMENETSKY 50.00 0. (3) GARY TORGOW 2.00		1 -	E	E E	Ì	ě	ទ្រីន	})			
(1) LAWRENCE KELEMEN 50.00 0. 0. 0. (2) JOSEPH KAMENETSKY 50.00 0. (3) GARY TORGOW 2.00		4	divid	氰	flicer	E 8	ghest	J. J.			organizations	
PRESIDENT 0. 0. (2) JOSEPH KAMENETSKY 50.00 VICE PRESIDENT 0. 0. (3) GARY TORGOW 2.00	(1) LAWRENCE KELEMEN		╁┺	=	°	¥	王吉	3				
(2) JOSEPH KAMENETSKY 50.00 VICE PRESIDENT 0. 0. (3) GARY TORGOW 2.00			1						0.	0.	0	
VICE PRESIDENT 0. 0.	(2) JOSEPH KAMENETSKY	50.00	Т									
(3) GARY TORGOW 2.00	VICE PRESIDENT		1	1		1	•		0.	0.	0	
TREASURER 0. 0. 0.	(3) GARY TORGOW	2.00	Г	ļ								
	TREASURER		1_			L	L		0.	0.	0	
			4									
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Form 990 (2014)

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

0

Form **990** (2014)

Pa		-111	Statement of Reve		ponse	or note to any lin	e in this Part VIII			
						,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns		1a					
io a		b	Membership dues		1b					
A, C		С	Fundraising events		1c					İ
護희		d	Related organizations	[1d					
iğ,		е	Government grants (contribut	tions)	1e					
Sign		f	All other contributions, gifts, gran	nts, and						
35			similar amounts not included abo	ove	1f	846,630.				
들임		g	Noncash contributions included in lines	s 1a-1f \$						
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f			>	846,630.			
	_					Business Code			_	-
ğ	2									
E g		b					· · · · · · · · · · · · · · · · · · ·			
E 9		C								
Pg		d								
Program Service Revenue		e f	All other program service revo	enue						
			Total. Add lines 2a-2f	51100		•				
\neg	3		Investment income (including	dividends	s, inter	est, and				
			other similar amounts)			>				
	4		Income from investment of ta	x-exempt	bond p	oroceeds >				
l	5		Royalties			•				
				(i) R	eal	(ii) Personal				
ļ	6	а	Gross rents							
i		b	Less rental expenses							
		С	Rental income or (loss)					[1
		d	Net rental income or (loss)							
l	7	а	Gross amount from sales of	(ı) Secu	irities	(ii) Other				
			assets other than inventory							
		b	Less: cost or other basis	ì		1				1
- 1			and sales expenses					i		
Į			Gain or (loss)	L		<u> </u>				
			Net gain or (loss)				 			ļ
enne	8	а	Gross income from fundraisin	-		İ				
			including \$	of		1				1
æ			contributions reported on line	e 1c). See						
Other Rev		_	Part IV, line 18		a	<u> </u>				
₹			Less direct expenses		b					}
			Net income or (loss) from fun							
	9	d	Gross income from gaming as Part IV, line 19	ctivities S		[[l
		h	Less direct expenses		a b					
			Net income or (loss) from gar	nina aatuu	-			+		†
- 1			Gross sales of inventory, less		ues					
i		a	and allowances	returns	а					
		ь	Less cost of goods sold		b					
			Net income or (loss) from sale	es of inven	_		;	†		1
		_	Miscellaneous Revenu			Business Code				
Į	11	a						[
		b								
i		С								
		d	All other revenue							
		e	Total. Add lines 11a-11d			•				
لــــ	12		Total revenue. See instructions.				846,630.	0.	0	 _
43200 11-07	9 - 14		-							Form 990 (2014)

Form 990 (2014) THE CENTER FO Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon			<u></u>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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	910,000.	010 000		
	individuals See Part IV, lines 15 and 16	910,000.	910,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and			' 	
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	<u></u>			
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	7 004	7.007		
13	Office expenses	7,094.	7,094.		
14	Information technology				
15	Royalties				
16	Occupancy	-			· · · · · · · · · · · · · · · · · · ·
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	-			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			_	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
C					
d	All other expenses				
9 25	All other expenses	917,094.	917,094.	0.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization	<u> </u>	J11,0J4.		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
_	Check here ff following SOP 98-2 (ASC 958-720)				

Pa	πλ	Balance Sneet				
		Check if Schedule O contains a response or note	to any line in this Part X	(A)		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		74,150.	1	3,686.
	2	Savings and temporary cash investments	<u>}</u>	, 1, 2300	2	
	3	Pledges and grants receivable, net	<u> </u>		3	
	4	Accounts receivable, net	ŀ		4	
	5	Loans and other receivables from current and form	ner officers directors		-	
		trustees, key employees, and highest compensate				ii
		Part II of Schedule L	a ompleyees complete		5	
	6	Loans and other receivables from other disqualifie	d persons (as defined under			
	*	section 4958(f)(1)), persons described in section 4	, ,			
		employers and sponsoring organizations of sectio	• • • • • • • • • • • • • • • • • • • •			
S		employees' beneficiary organizations (see instr). C			6	
Assets	7	Notes and loans receivable, net	Simple of art in or some		7	
As	8	Inventories for sale or use	F		8	
	9	Prepaid expenses and deferred charges		9		
	1	Land, buildings, and equipment cost or other	ı h			
	'		10a			
	Ь		10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other secunties. See Part IV, line 11	<u> </u>		12	
	13	Investments - program-related See Part IV, line 11	<u> </u>		13	
	14	Intangible assets		-	14	
	15	Other assets. See Part IV, line 11	<u> </u>		15	
	16	Total assets. Add lines 1 through 15 (must equal	line 34)	74,150.	16	3,686.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable	Ţ		18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities	Ī		20	
	21	Escrow or custodial account liability Complete Pa	rt IV of Schedule D		21	
Ş	22	Loans and other payables to current and former o	fficers, directors, trustees,			
≝		key employees, highest compensated employees,	and disqualified persons			
Liabilities		Complete Part II of Schedule L	· · · · · · · · · · · · · · · · · · ·		22	
=	23	Secured mortgages and notes payable to unrelate	d third parties		23	
	24	Unsecured notes and loans payable to unrelated t	hird parties		24	
	25	Other liabilities (including federal income tax, paya	bles to related third			
	Į.	parties, and other liabilities not included on lines 1	7-24) Complete Part X of			
	ŀ	Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958),	check here 🕨 🔲 and			
es		complete lines 27 through 29, and lines 33 and	34.			
SE.	27	Unrestricted net assets		<u>. </u>	27	
3ai	28	Temporarily restricted net assets	L		28	
둳	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC	C 958), check here ▶ X			
ō		and complete lines 30 through 34.		_		
ets	30	Capital stock or trust principal, or current funds		0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or equi	pment fund	0.	31	0.
et,	32	Retained earnings, endowment, accumulated inco	me, or other funds	74,150.	32	3,686.
Z	33	Total net assets or fund balances	Ĺ	74,150.	33	3,686.
	34	Total liabilities and net assets/fund balances		74,150.	34	3,686.

Form **990** (2014)

	990 (2014) THE CENTER FOR KEHILLA GROWTH	46-369	6701	Page 12
Pa	T XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,630.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,094.
3	Revenue less expenses Subtract line 2 from line 1	3		,464.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	74	,150.
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		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		_	
	column (B))	10	3	,686.
Pa	t XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			Yes No
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	· O	1 . 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both		1 1	
_	Separate basis Consolidated basis Both consolidated and separate basis			
þ	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	1 1	
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		₩.
	Act and OMB Circular A-133?		3a	X
Þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	390 (2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

THE CENTER FOR KEHILLA GROWTH

Employer identification number 46-3696701

Par	E	Reason for Public	Charity Status (All organizations must co	omplete th	ııs part) Se	ee instructions					
The o	rgan	ization is not a private found	dation because it is	(For lines 1 through 11, o	check only	one box)						
1 [A church, convention of ch	urches, or association	on of churches describe	d in section	n 170(b)(IXA)(i).					
2		A school described in sect				` ^	, , , ,					
3	乛	A hospital or a cooperative		•	ection 170	YHY 1YAYi	ii)					
4	亏	A medical research organiz						the hospital's name				
7 .			ation operated in co	njunotion with a nospita	i describe	J 111 300010	ii ii otoj(ij(A)(iii). Einei	the nospitals name,				
5 [\neg	city, and state.	or the benefit of a se	llogo or upworaty owns		tod by o a	a vara mandal v ad alaa ad					
5 L		An organization operated for		niege of university owner	d or opera	led by a g	overnmental unit descrit	jea in				
ا ۾	_	section 170(b)(1)(A)(iv). (0			4: 4	70/L\/4\/A\	4.4					
7	╡	A federal, state, or local go An organization that norma						Louble desembed in				
, ,		-	=	intial part of its support	iroin a gov	emmentai	unit or from the general	public described in				
8 [-7	section 170(b)(1)(A)(vi). (C		(4)(A)(vii) (Commisto Des	4 11 \							
	₩	A community trust describe										
9 [, , , , , , , , , , , , , , , , , , ,											
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment											
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975											
40 [See section 509(a)(2). (Co		weeks to took for much be an	-f-b. O		20/-1/41					
10 L	╡	An organization organized	•	-	•							
11 L		An organization organized	•	•	•			• •				
		more publicly supported or	_					Sheck the box in				
	_	lines 11a through 11d that		* * * *		•						
а	L	☐ Type I. A supporting orga										
		the supported organization	• • •		a majority	of the dire	ctors or trustees of the s	supporting				
	_	organization. You must o	-									
D	L											
		control or management of			same perso	ons that co	ontrol or manage the sup	ported				
	_	organization(s) You mus										
С	L_							ed with,				
_	_	its supported organizatio		•			•					
ď	L_						•	• •				
		that is not functionally int	- T		•		•	iveness				
	_	requirement (see instruct	•		· ·							
е	L_	☐ Check this box if the organic					Type I, Type II, Type III					
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.						
		er the number of supported	•					L				
<u>g</u>		vide the following information			W-33-0			· · · · · · · · · · · · · · · · · · ·				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the o	rganization In your	(v) Amount of monetary	(vi) Amount of				
		organization		above or IRC section	governing	document?	support (see Instructions)	other support (see Instructions)				
				(see instructions))	Yes	No		motractions;				
					ļ							
					<u> </u>							
					1		i					
					L							
						1						
					 	 		 				
					 	 						
Total												
Total			1			I	i	I				

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

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

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

Sec	ction A. Public Support						
Cale	endar 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 received (Do not		i				
	ınclude any "unusual grants ")			L		<u> </u>	
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to		1				
	or expended on its behalf			L	İ		L
3	The value of services or facilities						
	furnished by a governmental unit to		1				
	the organization without charge			<u> </u>		<u> </u>	
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly			İ			1
	supported organization) included					1	
	on line 1 that exceeds 2% of the					ł	
	amount shown on line 11,		}	1		}	
	column (f)	·		L		<u> </u>	
	Public support. Subtract line 5 from line 4		L		<u> </u>	<u> </u>	
	ction B. Total Support			·	·		
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,		İ		 	1	
	dividends, payments received on					•	
	securities loans, rents, royalties			ļ			
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		1	1			
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	<u></u>	<u> </u>	<u> </u>	<u> </u>		_,
	Gross receipts from related activities,		•			12	
13	First five years. If the Form 990 is for	•	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	. —
50	organization, check this box and stor ction C. Computation of Publ	here	rcentage				<u> </u>
	Public support percentage for 2014 (I			column (f)		14	
	Public support percentage from 2013		•	Column (i))		15	
	33 1/3% support test - 2014. If the c	•	•	on line 12 and line	14 is 33 1/30/ or		hov and
102	stop here. The organization qualifies	•			14 15 33 1/3/6 01	more, check this	DOX and ►
	33 1/3% support test - 2013. If the c				d line 15 is 33 1/39	% or more check	k this hov
•	and stop here. The organization qual	-			3 III le 13 13 33 17 07	o or more, check	▶ □
17:	10% -facts-and-circumstances tes				e 13 16a or 16h	and line 14 is 10	1% or more
	and if the organization meets the "fac	-	•				•
	meets the "facts-and-circumstances"			•	•		>
	10% -facts-and-circumstances tes	_	•		_	17a, and line 15	ıs 10% or
•	more, and if the organization meets the	-					
	organization meets the "facts-and-circ				•		▶ □
18	Private foundation. If the organization		-	-		•	ions 🕨 🗔
Ť							990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 THE CENTER FOR KEHILLA GROWTH Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sac	ction A. Public Support	orom, produce comp					
	endar year (or fiscal year beginning in)	(=) 2010	(h) 2011	(-) 2012	(4) 2012	(=) 2014	(f) Tatal
		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and	ľ					
	membership fees received (Do not include any "unusual grants.")				75,000.	846,630.	921,630.
_	, ,	 		<u> </u>	73,000.	040,030.	921,030.
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in	l					
	any activity that is related to the	1					
	organization's tax-exempt purpose						
3	Gross receipts from activities that			1			
	are not an unrelated trade or bus-			1			
	iness under section 513				<u> </u>	_	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	ĺ		Ì		İ	
5	The value of services or facilities						
_	furnished by a governmental unit to	,		}	ļ		
	the organization without charge						
2	Total. Add lines 1 through 5			 	75,000.	846,630.	921,630.
					7570001	010,0301	<u> </u>
1 8	Amounts included on lines 1, 2, and			!			0.
L	3 received from disqualified persons Amounts included on lines 2 and 3 received			 			
L	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	l		ļ			^
	amount on line 13 for the year						<u> </u>
•	Add lines 7a and 7b			<u> </u>	ļ		0.
	Public support (Subtractline 7c from line 6.)	<u> </u>		<u> </u>		<u> </u>	921,630.
_	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013 75,000.	(e) 2014 846,630.	(f) Total 921,630.
9	Amounts from line 6		_		75,000.	846,630.	921,630.
10a	Gross income from interest, dividends, payments received on					-	
	securities loans, rents, royalties			}			
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	İ		1	}		
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain	 	<u> </u>	 	 		
-	or loss from the sale of capital				[
42	assets (Explain in Part VI)	 		 	75,000.	846,630.	921,630.
	Total support. (Add lines 9, 10c, 11, and 12)	<u></u>		1 6 - 4 - 564 4	·		
14	First five years. If the Form 990 is for	rtne organization's	s tirst, secona, tnii	a, τουπη, or τίπη τα	ax year as a sectio	n 501(c)(3) organiz	ation,
<u></u>	check this box and stop here	in Command Day					
	ction C. Computation of Publ						100 00
	Public support percentage for 2014 (•	column (f))			100.00 %
_	Public support percentage from 2013					16	100.00 %
	ction D. Computation of Inve						
17	Investment income percentage for 20)14 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	.00 %
18	Investment income percentage from	2013 Schedule A, I	Part III, line 17			18	%
198	a 33 1/3% support tests - 2014. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	lifies as a publicly	supported organiza	ation	▶ X
t	33 1/3% support tests - 2013. If the	organization did n	ot check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization		· -			-	
	23 09-17-14					edule 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)

Sec	on A. All Supporting Organizations
1	re all of the organization's supported organizations listed by name in the organization's governing

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in part vi how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **part VI** when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in part vi what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in part vi what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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
- 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)
- 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)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in part VI.
- c 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 Part VI.
- 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
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1		
	2		
	3a		
,	3b_		
	3c _		
	4 a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b 90 or 99		0011
1 9	5U OF 99	v-EZ)	ZU 14

5_	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-fu	inctionally-integr	ated Type III support	ting organization (see
_	instructions)			

Schedule A (Form 990 or 990-EZ) 2014

Current Year

Section C - Distributable Amount

Enter greater of line 2 or line 3

Enter 85% of line 1

3

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

1 2

3

4

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013e Excess from 2014

Schedule A	(Form 990 or 990	EZ) 2014 THE	CENTER :	FOR K	EHILLA	GROWT	H	46-3696701 Page 8
NV SATESAN	Supplementa	al Information	. Provide the e	xplanation	as required by	v Part II. line	10: Part II line 17a	46-3696701 Page 8 a or 17b, and Part III, line 12.
السيجيدية	Also complete th	ns part for any add	ditional informat	tion (See	inetalistions)	y 1 a.c.11, 1111c	5 10, 1 art 11, 11110 176	io irb, and rait iii, iiio iz.
	Also complete tr	ils part for arry aut	ultional imorna	ion. (See	instructions)			
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432028 09-17-14

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization

Employer identification number

(H	E CENTER FOR					46-36967	01
Pa			ctivities Ou	tside the United States. Comple	ete if the organ	zation answered	"Yes" on
_	Form 990, Part IV					 :	
1	. •	_		ds to substantiate the amount of its grather the selection criteria used to award the			Yes X No
2	For grantmakers. Desc United States	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and of	ther assistance ou	tside the
3	Activities per Region. (TI	ne following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	ıs a prod describe	vity listed in (d) gram service, especific type e(s) in region	(f) Total expenditures for and investments in region
							+
		;					

			·				
		-					
							<u> </u>
3 a	Sub-total	0	0				0.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	0	0				0.

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

Schedule F (Form 990) 2014

46-3696701

Page 2

Schedule F (Form 990) 2014

Part №

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		JERUSALEM, ISRAEL	TO FUND THE EDUCATIONAL STAFF AND STUDENT STIPENDS FOR THE PROGRAM TO TRAIN	672,000.		.0		
		JERUSALEM, ISRAEL	TO FUND THE ADMINITRATIVE STAFF, RENT, AND ALL OTHER PACILITY RELATED	238,000.		0		
		·						
Enter total number of r	recipient organizatior	is listed above that are i	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by	foreign country,	recognized as tax-ex	empt by		

SEE PART V FOR COLUMN (D) DESCRIPTIONS 26 Enter total number of other organizations or entitles

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2014

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THE CENTER FOR KEHILLA GROWTH

Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Page 3

46-3696701

Schedule F (Form 990) 2014 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (c) Number of (d) Amount of recipients cash grant Part III can be duplicated if additional space is needed (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2014

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

THE CENTER FOR KEHILLA GROWTH	40-3696/01
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	IISSION:
BECOMING THE NEXT GENERATION OF JEWISH COMMUNITY LEADERS	BY OPERATING A
5-YEAR EDUCATIONAL AND LEADERSHIP PROGRAM, PROVIDING THEM	WITH THE
NECESSARY TOOLS TO EMERGE AS LEADERS IN VARIOUS JEWISH SO	CIAL SECTORS.
FORM 990, PART VI, SECTION B, LINE 11:	
FORM 990 IS COMPARED TO THE BOOKS AND RECORDS OF THE ORGA	NIZATION WITH
FURTHER EXPLANATION AS NEEDED BY THE PREPARER.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE AVAILABLE UPON REQUEST IN THE ORGANIZATION'	S OFFICES.
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