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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)

Open to Public

OMB No 1545-0047

Department of the Treasury

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.lrs.gov/form990.

Inspection

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015 D Employer identification number Check if applicable C Name of organization ROCHELLE ZELL JEWISH HIGH SCHOOL Address change ENDOWMENT FUND X Name change 20-3088136 Doing business as Initial return Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Final 847-470-6700 1095 LAKE COOK ROAD 4,751,171. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended DEERFIELD, IL 60015 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ALAN FRANKEL Yes X No for subordinates? SAME AS C ABOVE JYes L H(b) Are all subordinates included? Tax-exempt status. X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or If "No." attach a list (see instructions) H(c) Group exemption number ▶ J Website: ► N/A K Form of organization: X Corporation Trust Association Other > L Year of formation: 2006 M State of legal domicile: IL Part I | Summary Briefly describe the organization's mission or most significant activities: THE ENDOWMENT RAISES, HOLDS Activities & Governance INVESTS, AND THEN ALLOCATES RESOURCES TO ROCHELLE ZELL JEWISH HIGH Check this box I 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) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 0 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 9 Total number of volunteers (estimate if necessary) 6 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** 295,182. 976,549 Contributions and grants (Part VIII, line 1h) 59 0 0. Program service revenue (Part VIII, line 2g) 750,112 120,648. 710 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 1,726,661 415,830. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 761,500 1,690,904. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 0 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) 165,658 8,687. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 927,158 1,699,591. Total expenses Add lines 13-17 (must equal Part IX column (A) line 25) Revenue less expenses Subtract line 18 from line 12 RECEIVED 799,503. <1,283,761.> 5 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) MAY 25 2016 8,643,643 7,233,458. 21 Total liabilities (Part X, line 26) 0. Net assets or fund balances Subtract line 21 from line 20. 8,643,643. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign 112×11254 Here Type or print name and title Check Print/Type preparer's name P00573131 Paid MARCY STEINDLER self-employed Firm's name MANN. WEITZ & ASSOCIATES Preparer Firm's EIN 🛌 36-3963131 Use Only Firm's address 111 DEER LAKE ROAD, SUITE DEERFIELD, IL 60015 Phone no. (847)267-3400 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

| 4d | Other program services (Describe in Schedule O) |
|----|---|
| | - |

(Expenses \$ including grants of \$) (Revenue \$

Total program service expenses 1,690,904. <u>4e</u>

Form 990 (2014)

ENDOWMENT FUND

Form 990 (2014) ENDOWMENT FU
Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----------|---|-----------|----------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| - | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 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 | | _X_ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u>X</u> |
| 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 | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6_ | | _X_ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u> </u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III . | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | v | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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, | | | |
| a | Part VI | 11a | | x |
| ь | 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 | | Х |
| 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 | <u> </u> | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | 401 | v | |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b | X | v |
| 13 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 13 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 1-10 | | |
| | 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 | | 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 | | | |
| | 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," | | | 7, |
| 00 | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | - | X |
| <u>a</u> | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | 000 | Ь |

| | 1990 (2014) ENDOWMENT FUND 20-3086 | <u>,130</u> | | age 🕶 |
|-----|--|-------------|-----|----------|
| Pài | rt IV 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 | X | |
| 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 | | X |
| 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 | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| · | any tax-exempt bonds? | 24c | | |
| ч | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | _ | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| 200 | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| h | 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 | | х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| 20 | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 |] | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | 20 | | |
| 21 | 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 | | х |
| 00 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| 28 | - | | | |
| _ | instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| a | | 28b | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 200 | | Λ |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 28c | | х |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | х | 21 |
| 29 | | 25 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 30 | | х |
| | contributions? If "Yes," complete Schedule M | 30 | | Α |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 24 | | X |
| | If "Yes," complete Schedule N, Part I | 31 | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 20 | | x |
| | 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 | | 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 |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | - |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 1 | 1 | I |

Form **990** (2014)

36

37

X

X

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O

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| Par | | heck if Schedule O contains a response or note to any line in this Part V | | | | |
|-----|-------------|--|-------------------------------|------|-----|-------------------|
| | | Theorem deficiency of the state | | | Yes | No |
| 1a | Enter the | number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a 0 | | 163 | 140 |
| | | e number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | | | |
| | | organization comply with backup withholding rules for reportable payments to vendors and r | | | | |
| • | | g) winnings to prize winners? | | 1c | x | |
| 2a | Enter the | e number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | |
| | filed for t | he calendar year ending with or within the year covered by this return | 2a 0 | | | |
| b | If at least | t one is reported on line 2a, did the organization file all required federal employment tax retu | rns? | 2b | | |
| | Note. If t | the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | s) | | | |
| 3a | Did the c | organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | X |
| b | If "Yes," | has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | 0 | 3b_ | | <u> </u> |
| 4a | At any tu | me during the calendar year, did the organization have an interest in, or a signature or other | authority over, a | | | |
| | | account in a foreign country (such as a bank account, securities account, or other financial | account)? | 4a | | X |
| b | | enter the name of the foreign country | | | | |
| | | ructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | ccounts (FBAR). | | | |
| | | organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X |
| | • | example party notify the organization that it was or is a party to a prohibited tax shelter transaction for the form 2000 TO | iction? | 5b | | |
| | - | to line 5a or 5b, did the organization file Form 8886-T? | an arganization calloit | 5c | | |
| 6a | | organization have annual gross receipts that are normally greater than \$100,000, and did the ributions that were not tax deductible as charitable contributions? | ne organization solicit | 6a | | х |
| h | • | did the organization include with every solicitation an express statement that such contribut | tions or aifts | 0a | | |
| | | tax deductible? | ions of ginto | 6b | | |
| 7 | | ations that may receive deductible contributions under section 170(c). | | | | $\lceil - \rceil$ |
| а | _ | ganization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se | rvices provided to the payor? | 7a | | X |
| b | If "Yes," | did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| С | Did the o | organization sell, exchange, or otherwise dispose of tangible personal property for which it w | as required | | | |
| | to file Fo | rm 8282? | 1 1 | 7c | | <u> X</u> |
| d | If "Yes," | indicate the number of Forms 8282 filed during the year | 7d | | | |
| е | | organization receive any funds, directly or indirectly, to pay premiums on a personal benefit o | | 7e | | X |
| f | | organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti | | 7f | | X |
| 9 | _ | panization received a contribution of qualified intellectual property, did the organization file Fo | · | 7g | | |
| | _ | partization received a contribution of cars, boats, airplanes, or other vehicles, did the organization associated by the organization of the organ | | 7h | | |
| 8 | • | ing organizations maintaining donor advised funds. Did a donor advised fund maintained ng organization have excess business holdings at any time during the year? | i by trie | 8 | | |
| 9 | • | ring organizations maintaining donor advised funds. | | - | | |
| | • | ponsoring organization make any taxable distributions under section 4966? | | 9a | | |
| - | Did the s | ponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 10 | Section | 501(c)(7) organizations. Enter. | | | | |
| а | Initiation | fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross re | ceipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section | 501(c)(12) organizations. Enter: | 1 1 | | | |
| | | come from members or shareholders | 11a | | | |
| b | | come from other sources (Do not net amounts due or paid to other sources against | | | | |
| | | due or received from them) | 11b | | | |
| | | 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 10417 12b | 12a | | |
| | | enter the amount of tax-exempt interest received or accrued during the year 501(c)(29) qualified nonprofit health insurance issuers. | 120 | | | İ |
| | | ganization licensed to issue qualified health plans in more than one state? | | 13a | | <u> </u> |
| a | | the instructions for additional information the organization must report on Schedule O. | | iJa | | |
| b | | amount of reserves the organization is required to maintain by the states in which the | | | | |
| _ | | tion is licensed to issue qualified health plans | 13b | | | |
| С | • | amount of reserves on hand | 13c | | | |
| 14a | Did the o | rganization receive any payments for indoor tanning services during the tax year? | | 14a | | Х |
| b | If "Yes," | has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul | e O | 14b | | |
| | | | | Form | 990 | (2014) |

Form 990 (2014)

ENDOWMENT FUND

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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 | | | \mathbf{x} |
|-----|---|------------|------|--------------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 9 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| ь | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| 2 | officer, director, trustee, or key employee? | 2 | х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | _ <u>-</u> | -22 | |
| 3 | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| _ | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 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 | | | v |
| | more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | 7.7 |
| | persons other than the governing body? | 7b | | <u>X</u> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | _ | | |
| | The governing body? | 8a | X | |
| | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 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) | | 1 | |
| | | | Yes | No. |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| D | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 401 | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| | 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 | | | 37 |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | <u> </u> |
| | 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 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | <u>X</u> |
| 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 | | <u>X</u> _ |
| þ | Other officers or key employees of the organization | 15b | | <u>X</u> |
| | 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 | | <u>X</u> |
| 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 | j | |
| | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed IL | | | |
| 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) a | ıvaılab | ie | |
| | for public inspection. Indicate how you made these available. Check all that apply | | | |
| | Own website Another's website W 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 | l finan | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records. | | | |
| | ROBERT KRAKOWSKY - 847-470-6700 | | | |
| | 1095 LAKE COOK ROAD, DEERFIELD, IL 60015 | | | |

Form 990 (2014) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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 (Ď), (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.

| (A) | (B) | | | _ ((| 2) | | | (D) | (E) | (F) |
|------------------------|------------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|----------|--|----------------------------------|--------------------------|
| Name and Title | Average | (do | not c | Pos | ition |) than | one | Reportable | Reportable compensation | Estimated |
| | hours per | box | , unle | ss pe | rson | is bot | h an | compensation | | amount of |
| | week | officer and a du | | | 1 1 1 1 | | , (CC) | from the | from related | other |
| | (list any hours for | Jirect | | | | _ | | organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the |
| | related | e or | stee | | | nsate | 1 | | (** 27 1000 141100) | organization |
| | organizations | Individual trustee or director | Institutional trustee | | yee | Highest compensated employee | | (** =/ ********************************* | | and related |
| | below | ndual | tetto | 15 | Key employee | esto | = | | | organizations |
| | line) | 횰 | IIISD | Officer | Key | 돌 | Former | | | |
| (1) DAVID FISHBAUM | 1.00 | ļ | | | | | | | | |
| BOARD MEMBER | 6.00 | X | | | | <u> </u> | | 0. | 0. | 0, |
| (2) ALAN FRANKEL | 3.00 | | | | | 1 | | | _ | _ |
| PRESIDENT | 4.00 | X | | X | | <u> </u> | | 0. | 0. | 0. |
| (3) MICHAEL SMALL | 1.00 | | | | | | | | _ | _ |
| SECRETARY | 10.00 | X | | X | | ļ | | 0. | 0. | 0. |
| (4) STUART TAUSSIG | 1.00 | | | | | | | | • | _ |
| BOARD MEMBER | 1 00 | X | - | | _ | _ | | 0. | 0. | 0. |
| (5) MITCHELL FEIGER | 1.00 | | | | | | | | | |
| BOARD MEMBER | 1 00 | X | | | | - | | 0. | 0. | 0، |
| (6) LYNN WIZNITZER | 1.00 | | | ,, | | | | | 0 | _ |
| TREASURER | 1 00 | X | | X | | \vdash | <u> </u> | 0. | 0. | 0. |
| (7) RICHARD RABINOWITZ | 1.00 | | | | | | | | • | |
| BOARD MEMBER | 3.00 | A | - | | | - | | 0. | 0. | 0. |
| (8) MARC SACKS | 1.00 | x | | | | | | 0. | 0. | ^ |
| BOARD MEMBER | 1.00 | - | - | | | | | 0. | <u>U•</u> | 0. |
| (9) LYNN SCHRAYER | 16.00 | v | | | | - | | 0. | 0. | 0. |
| BOARD MEMBER | 10.00 | ^ | | | | | | 0. | <u>U•</u> | |
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Form 990 (2014)

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| | 990 (2014) ENDOWMEN | r fund_ | | | | | | | | 20-3 | <u>088</u> | <u> 136</u> | Р | age 8 |
|-----|--|---|--------------------------------|-----------------------|------------------------|----------------|--|-------------|--|--|------------|--|-----------------------------|------------------|
| Pai | t VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | rees | , an | d Hi | ighe | st C | Compensated Employe | es (continued) | | | | |
| | (A) Name and title Average hours per week (list any | | | not c | Pos check ess pe | more erson | than is bo | th an | from | (E) Reportable compensation from related | | Estimated amount of other compensation | | of |
| | | hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organization (W-2/1099-Mis | | fi org an | rom th anizat d relat | e tion ted |
| | | | <u> </u> | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | Sub-total | <u>. </u> | ! | L | | I | | | 0. | | 0. | | | 0. |
| | Total from continuation sheets to Part VI Total (add lines 1b and 1c) | I, Section A | | | | | | > | 0. | | 0. | | | 0. |
| 2 | Total number of individuals (including but n compensation from the organization | ot limited to th | ose | liste | ed at | oove | e) wl | no r | eceived more than \$100 | ,000 of reportabl | е | | | 0 |
| | compensation from the organization | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s | | ıstee | e, ke | y en | nplo | yee | , or | highest compensated e | mployee on | | 3 | | х |
| 4 | For any individual listed on line 1a, is the su | ım of reportabl | | - | | | | | • | the organization | | | | |
| 5 | and related organizations greater than \$150 Did any person listed on line 1a receive or a | | | | | | | | | dual for services | | 4 | | X |
| Sec | rendered to the organization? If "Yes," com tion B. Independent Contractors | plete Schedule | <u> </u> | or su | ıch j | pers | on | | | | i | _5_ | | X |
| 1 | Complete this table for your five highest co | | | | | | | | | | pens | ation f | rom | |
| | the organization. Report compensation for (A) | | | | | <u>vitri (</u> | or w | ltriir | (B) | | | ((| | |
| | Name and business | address | NC | NE | <u> </u> | | | | Description of s | ervices | C | ompe | nsatio | n |
| | | | | _ | | | | - | | | | | | |
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| | | | | | | | | | | _ | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | • | | |
| 2 | Total number of independent contractors (ii | | ot lır | nıte | d to | | _ | sted | d above) who received m | ore than | _ | | | |
| | \$100,000 of compensation from the organiz | zation 🕨 | | | | (| <u>) </u> | | | | | Form | 990 (| 2014) |

432008 11-07-14

8

ENDOWMENT FUND

Form 990 (2014) ENDOWME Part VIII Statement of Revenue 20-3088136 Page 9

| Total revenue Related or operation of the second of the se | | | Check if Schedule O cont | tains a response | or note to any lin | e in this Part VIII | | | |
|---|-------------|---------|---------------------------------|-------------------|--------------------|---------------------|----------------------------|--------------------|--|
| Table Tabl | | • | | | | (A) | Related or exempt function | Unrelated business | I from tax under |
| Business Code 2 a | ts st | 1 a | Federated campaigns | 1a | | | | | |
| Business Code 2 a | ran Onn | | . • | | | | | | |
| Business Code 2 a | آ ۾ ٽ | | · · | 1c | | | | | |
| Business Code 2 a | ar it | | <u> </u> | | | | | | |
| Business Code 2 a | 3, G | | | | | | | | |
| Business Code 2 a | Sign | _ | - | | | | | | |
| Business Code 2 a | E E | • | - | | 295 182 | | | | |
| Business Code 2 a | ₩ E E | ~ | | | | | | | |
| Business Code 2 a | 泛 | _ | | ia-ii \$ | | 205 192 | | | |
| 2 a b c d d d d d d d d d d d d d d d d d d | <u> </u> | | Total: Add intes 14 11 | | Business Code | 233,102. | | | |
| g Total, Add ines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royaltes (i) Real (ii) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) f Securities (iii) Other 4, 335, 411, | | 2 a | | | Duomess code | | | | |
| g Total, Add ines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royaltes (i) Real (ii) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) f Securities (iii) Other 4, 335, 411, | . ķ | _ | | | | | | - | |
| g Total, Add ines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royaltes (i) Real (ii) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) f Securities (iii) Other 4, 335, 411, | Ser | | | | | | | | |
| g Total, Add ines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royaltes (i) Real (ii) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) f Securities (iii) Other 4, 335, 411, | E S | | | | | | | | |
| g Total, Add ines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royaltes (i) Real (ii) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) f Securities (iii) Other 4, 335, 411, | Pag | | | | | | | | |
| g Total, Add ines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royaltes (i) Real (ii) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) f Securities (iii) Other 4, 335, 411, | <u>2</u> | _ | | | | | | | |
| 3 Investment income (including dividends, interest, and other smilar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less. rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) 7 1, | - | | · · | enue | | | | | |
| other similar amounts) Income from investment of tax-exempt bond proceeds Royalties Royalties G a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) T a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) d Net gain or (loss) T1, T1, T1, T1, T1, T1, T1, T1, T1, T1, | - | | | | | | | | |
| 4 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less, rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) f Net gain or (loss) f Net income or (loss) from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b March State (line 11 - 11 d March State) 12 Total revenue e Total. Add lines 11a-11d Total revenue See instructions. | | 3 | | dividends, intere | _ | | | | |
| 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) 7 1, 71, 71, 71, 71, 71, 71, 71, 71, 71, | ļ | | · | | | 120,577. | | | 120,577, |
| (i) Real (ii) Personal b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gam or (loss) 7 Net gam or (loss) 7 Net gam or (loss) 7 Net gam or (loss) 7 Net gam or (loss) 7 Net gam or (loss) 8 a Gross income from fundraising events (not including \$\frac{1}{2}\$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory Miscellaneous Revenue 11 a | ļ | | | x-exempt bond p | roceeds | | | | |
| 6 a Gross rents b Less, rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gam or (loss) 7 a Gross ancome from fundraising events (not including \$ | ļ | 5 | Royalties | | , P _ | | | | |
| b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gam or (loss) 4 ,335 ,412 , b Regions income from fundraising events (not including \$ | | | | (i) Real | (ıı) Personal | | | | |
| C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 4, 335, 341, C Gan or (loss) 71, 71, 8 a Gross income from fundraising events (not including \$ | ĺ | 6 a | Gross rents | | | | | | |
| d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 7 1, 71, 71, 71, 71, 71, 71, 71, 71, 71, | | b | Less. rental expenses | | | | | | |
| 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 4,335,341. c Gain or (loss) d Net gain or (loss) 71. 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b C All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. (i) Other 4,335,412. (i) Other 4,335,412. (ii) Other 4,335,412. (iii) Other 4,335,412. (iii) Other 4,335,412. (iii) Other 4,335,412. (iv) Other 4,355,412. (iv) Other 4,335,412. (iv) Other 4,335,41 | | С | Rental income or (loss) | | | | | | |
| assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 71. 8 a Gross income from fundraising events (not including \$ | | đ | Net rental income or (loss) | | • | | | | |
| b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 | | 7 a | Gross amount from sales of | (i) Securities | (II) Other | | | | |
| and sales expenses Gain or (loss) Net gain or (loss) Net gain or (loss) Net gain or (loss) B a Gross income from fundraising events (not including \$ | | | assets other than inventory | 4,335,412. | | | | | |
| C Gain or (loss) Net gain or (loss) R a Gross income from fundraising events (not including \$ | | b | Less cost or other basis | | | | | | : |
| d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 | | | and sales expenses | 4,335,341. | | | | | |
| 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 | | С | Gain or (loss) | 71. | | | | | |
| Including \$ of contributions reported on line 1c) See Part IV, line 18 | | d | Net gain or (loss) | | | 71. | | | 71. |
| Including \$ of contributions reported on line 1c) See Part IV, line 18 | ا ه | 8 a | Gross income from fundraisin | g events (not | | | | | |
| c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. | I | | including \$ | of | | | | | |
| c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. | ě | | contributions reported on line | 1c) See | | | | | |
| c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. | <u>~</u> | | Part IV, line 18 | а | | | | | |
| c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. | 풀 | b | Less: direct expenses | b | | | | | • |
| Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. | 0 | С | Net income or (loss) from fund | draising events | • | | 1 | | |
| b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. | į | 9 a | Gross income from gaming ac | ctivities. See | | | | | |
| b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. | | | Part IV, line 19 | а | | | 1 | | |
| c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. | | b | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. | | С | Net income or (loss) from gam | ning activities | • | | | | |
| and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. | | | · · · · · - | - | | | | | |
| b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. b Less: cost of goods sold b Business Code 415 830, 0, 0, 120 648. | | | | | | | | | |
| C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. | | b | Less: cost of goods sold | | | | | | |
| Miscellaneous Revenue Business Code 11 a | | | = | | | | | | |
| 11 a | İ | | | | Business Code | | | | |
| b | ţ | 11 2 | | | | | | | |
| c d All other revenue e Total. Add lines 11a-11d ► 12 Total revenue. See instructions. ► 415,830, 0, 0, 120,648. | | | | | - | - | | _ | |
| d All other revenue e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions. ▶ 415,830, 0, 0, 120,648. | | 2 | | | · · | <u>-</u> | | | |
| e Total. Add lines 11a-11d 12 Total revenue. See instructions. ▶ 415,830, 0, 0, 120,648. | | ن بہ | | _ | | _ | | | |
| 12 Total revenue. See instructions. ► 415,830. 0. 0. 120,648. | | | | | | | | | † |
| | | | | | | 41E 92A | | | 120 640 |
| | 43200 | 9 | Total leveline. Oce manuellons. | | | 413,030, | U.1 | | |

ENDOWMENT FUND

Form 990 (2014) ENDOWMENT FUN
Part IX Statement of Functional Expenses 20-3088136 Page 10 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 respon | | THIS PART IX | | |
|------------|--|-----------------------|------------------------------------|-------------------------------------|--------------------------------|
| | 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 | 1,690,904. | 1,690,904. | | |
| 2 | Grants and other assistance to domestic | | | İ | |
| | individuals See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 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). | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 8,677. | | 8,677. | |
| 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 | | | | |
| 13 | Office expenses | 10. | | 10. | |
| 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 O.) | | | - | |
| a | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | All other expenses | 1 600 501 | 1 600 001 | | |
| <u> 25</u> | Total functional expenses. Add lines 1 through 24e | 1,699,591. | 1,690,904. | 8,687. | 0. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | 1 | | | |

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Form **990** (2014)

20-3088136 Page 11

| Part X | Balance Sheet | | | |
|---------------------------|---|--------------------------|-----|--------------------|
| | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | | 1 | |
| 2 | Savings and temporary cash investments | 4,446,636. | 2 | 2,411,208 |
| 3 | Pledges and grants receivable, net | 8 <u>79,09</u> 7. | 3 | 697,885 |
| 4 | Accounts receivable, net | | 4 | |
| 5 | Loans and other receivables from current and former officers, directors, | | | |
| | trustees, key employees, and highest compensated employees. Complete | | ĺ | |
| | Part II of Schedule L | | 5 | |
| 6 | Loans and other receivables from other disqualified persons (as defined under | | | |
| | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| ည | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | _ 6 | |
| Assets | Notes and loans receivable, net | | 7 | |
| ž 8 | Inventories for sale or use | • | 8 | *** |
| 9 | Prepaid expenses and deferred charges | | 9 | |
| 10a | Land, buildings, and equipment, cost or other | | | |
| | basis Complete Part VI of Schedule D 10a | | | |
| l t | Less. accumulated depreciation 10b | | 10c | |
| 11 | Investments - publicly traded securities | 3,139,506. | 11 | 2,661,283 |
| 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| 13 | Investments · program-related. See Part IV, line 11 | | 13 | |
| 14 | Intangible assets | | 14 | |
| 15 | Other assets See Part IV, line 11 | 178,404. | 15 | 1,463,082 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 8,643,643. | 16 | 7,233,458 |
| 17 | Accounts payable and accrued expenses | | 17 | |
| 18 | Grants payable | | 18 | |
| 19 | Deferred revenue | | 19 | |
| 20 | Tax-exempt bond liabilities | | 20 | |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| ც 22 | Loans and other payables to current and former officers, directors, trustees, | | | · |
| | key employees, highest compensated employees, and disqualified persons | | | |
| | Complete Part II of Schedule L | | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | parties, and other liabilities not included on lines 17-24) Complete Part X of | | | |
| | Schedule D | <u> </u> | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 | 0. | 26 | 0 |
| | Organizations that follow SFAS 117 (ASC 958), check here ▶ X and | | | |
| S | complete lines 27 through 29, and lines 33 and 34. | | | |
| 27 | Unrestricted net assets | 7,856,252. | 27 | 6,534,829 |
| 28 | Temporarily restricted net assets | 787,391. | _28 | 698,629 |
| 29 | Permanently restricted net assets | | 29 | |
| 2 | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ | | | |
| 5 | and complete lines 30 through 34. | - | - | |
| g 30 | Capital stock or trust principal, or current funds | | 30 | |
| 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| 27 28 29 30 31 32 31 32 3 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| ž 33 | Total net assets or fund balances | 8,643,643. | 33 | 7,233,458. |
| 34 | Total liabilities and net assets/fund balances | 8,643,643. | 34 | 7,233,458. |

Form **990** (2014)

| 20-3088136 | Page |
|------------|------|

| | 1990 (2014) ENDOWMENT FOND | _20 | 2000 | <u> 100</u> | га | ge Z |
|----|---|----------|------------|---------------|------------|--------------|
| Pa | rt 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 | | <u>41</u> | <u>5,8</u> | <u>30.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1 | <u>,69</u> | <u>9,5</u> | <u>91.</u> |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | <1 | <u>, 28</u> | <u>3,7</u> | 61. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | <u>,64</u> | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | <u><12</u> | <u>6,4</u> | <u>24.</u> : |
| 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 | | | | <u>0.</u> |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | | | | | |
| | column (B)) | 10 | 7 | <u>, 23</u> | <u>3,4</u> | <u>58.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u>_</u> . | | | ᆜ |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Ο. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | _X_ | <u> </u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basıs | , | | | |
| | consolidated basis, or both | | | | | |
| | Separate basis Consolidated basis X Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audıt, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | | X |
| | 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 Sil | ngle Au | dıt | | | |
| | Act and OMB Circular A-133? | | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired aud | dit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | | 3b | | |
| | | | | Form | 990 | (2014) |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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.lrs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

| Name of | the organization | ROCHELLE ZI | ELL JEW | ISH HIGH | SCHOO |)L | | Employer | identification number |
|--------------|---|--------------------------|-----------------------|---------------------------------------|----------------------|-----------------------|---------------------------------------|--------------------|-------------------------------------|
| | | ENDOWMENT 1 | FUND _ | | | | | | <u>0-3088136</u> |
| Part I | Reason for F | Public Charity St | atus (All orga | inizations must d | complete th | is part) Se | ee instructions | 3. | |
| The organ | nization is not a priva | te foundation becaus | e it is: (For line | s 1 through 11, | check only | one box.) | | | |
| 1 🗀 | A church, convent | on of churches, or as | sociation of ch | nurches describe | ed in secti o | n 170(b)(| 1)(A)(i). | | |
| 2 🗀 | A school described | In section 170(b)(1) | (A)(ii). (Attach | Schedule E) | | | | | |
| з 🔲 | A hospital or a coo | perative hospital serv | ice organizatio | on described in s | section 170 |)(b)(1)(A)(i | ii). | | |
| 4 🔲 | A medical research | organization operate | d in conjuncti | on with a hospit | al describe | d in sectio | n 170(b)(1)(A) | (iii). Enter 1 | the hospital's name, |
| | city, and state. | | | | | | | | |
| 5 🔲 | An organization op | erated for the benefit | of a college o | r university own | ed or opera | ted by a g | overnmental u | nıt describ | ed in |
| | section 170(b)(1)(| A)(iv). (Complete Par | t II.) | | | | | | |
| 6 🔲 | A federal, state, or | local government or g | governmental i | unit described in | section 1 | 70(b)(1)(A) | (v). | | |
| 7 🔲 | An organization tha | at normally receives a | substantial pa | art of its support | from a gov | ernmental | unit or from th | ne general | public described in |
| | section 170(b)(1)(| A)(vi). (Complete Part | 11.) | | | | | | |
| 8 🗀 | A community trust | described in section | 170(b)(1)(A)(v | i). (Complete Pa | ırt II.) | | | | |
| 9 🔲 | | | | | | contribution | ons, members | hip fees, ai | nd gross receipts from |
| | | | | | | | | | from gross investment |
| | | ted business taxable | | | | | | | - |
| | See section 509(a | (2). (Complete Part II | 1) | | | | | | |
| 10 🔲 | An organization org | ganized and operated | exclusively to | test for public s | afety. See | section 50 | 09(a)(4). | | |
| 11 X | An organization org | anized and operated | exclusively fo | r the benefit of, | to perform | the functio | ons of, or to ca | rry out the | purposes of one or |
| | more publicly supp | orted organizations d | escribed in se | ction 509(a)(1) | or section | 509(a)(2). | See section 5 | 09(a)(3). C | heck the box in |
| | lines 11a through 1 | 1d that describes the | type of supp | orting organizati | on and con | nplete lines | s 11e, 11f, and | l 11g | |
| a 🔀 | Type I. A suppor | ting organization ope | rated, supervis | sed, or controlled | d by its sup | ported org | ganization(s), t | ypically by | giving |
| | the supported or | ganization(s) the pow | er to regularly | appoint or elect | a majority | of the dire | ctors or truste | es of the s | upporting |
| | organization. You | ı must complete Par | t IV, Sections | A and B. | | | | | |
| ь <u> </u> | | rting organization sup | ervised or con | itrolled in conne | ction with i | ts support | ed organizatio | n(s), by hav | ving |
| | control or manag | ement of the support | ing organizatio | on vested in the | same perso | ons that co | ontrol or mana | ge the sup | ported |
| | organization(s) Y | ou must complete F | art IV, Sectio | ns A and C. | | | | | |
| c L | $oldsymbol{ol{ol{ol}}}}}}}}}}}}}}}}}$ | ally integrated. A su | pporting organ | nzation operated | d in connec | tion with, a | and functional | ly integrate | d with, |
| | its supported org | anızatıon(s) (see ınstr | uctions) You | must complete | Part IV, Se | ections A, | D, and E. | | |
| d L | . ☐ Type III non-fun | ctionally integrated. | A supporting | organization ope | erated in co | nnection v | vith its suppor | ted organiz | zation(s) |
| | that is not function | onally integrated. The | organization g | enerally must sa | atisfy a dist | ribution re | quirement and | l an attenti | veness |
| | _ | instructions). You mi | ust complete | Part IV, Section | ns A and D, | and Part | V. | | |
| e LX | Check this box if | the organization rece | ived a written | determination fr | om the IRS | that it is a | Type I, Type | II, Type III | |
| | functionally integ | rated, or Type III non- | functionally in | tegrated suppor | tıng organı | zation. | | | |
| | • | ported organizations | | | | | | | 1 |
| | | ormation about the si | | | le 3 : | | · · · · · · · · · · · · · · · · · · · | | ·- ·- ·- |
| • | (i) Name of supported organization | (ii) EIN | 1 ' ' ' | be of organization ribed on lines 1.9 | (IV) Is the d | rganization n your | (v) Amount of | ľ | (vi) Amount of |
| | Organization | | 1 ' | e or IRC section | | document? | support Instructi | | other support (see Instructions) |
| | | | (se | e instructions)) | Yes | No | | | |
| | LLE ZELL | | | _ | | | | | |
| <u>JEWIS</u> | H HIGH SCH | OOL 36-4167 | 7962 | | <u> </u> | | 1,690 | ,904. | |
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| Total | | | 1 | | 1 | I | 1,690 | , 904. | 0. |

Schedule A (Form 990 or 990-EZ) 2014



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

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

| Sec | tion A. Public Support | | | | | | |
|-----|---|-------------------|----------------------|--|--------------------|----------------------|-----------------|
| | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| | Gifts, grants, contributions, and | (-) | (-/ | 157 5 5 5 | | | |
| • | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | • | | |
| 2 | Tax revenues levied for the organ- | | | | _ | | |
| - | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 2 | The value of services or facilities | | | | | | |
| 3 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | - | | | | | |
| | The portion of total contributions | | | | <u> </u> | | |
| 3 | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | , | | | | | |
| | amount shown on line 11, | ! | | | | | |
| | column (f) | | | | | | |
| _ | · · · | | | | | | |
| | Public support. Subtract line 5 from line 4 | | | 1 | <u> </u> | <u> </u> | <u> </u> |
| | | (=) 2010 | (b) 2011 | (c) 2012 | (4) 2012 | (a) 2014 | (f) Total |
| | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (6) 2012 | (d) 2013 | (e) 2014 | (i) Total |
| - | | · - | | | | _ | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| _ | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| | Total support. Add lines 7 through 10 | | <u> </u> | | | 40 | |
| | Gross receipts from related activities, | | | | | 12 | |
| 13 | First five years. If the Form 990 is for | _ | s first, second, thi | ra, iourin, or illin ta | ax year as a secuc | on 501(c)(3) | ▶□ |
| Sec | organization, check this box and stop tion C. Computation of Publ | ic Support Pe | rcentage | | | | |
| | Public support percentage for 2014 (I | | | column (fl) | | 14 | |
| | ,, , | | | column (i)) | | 15 | <u>%</u> % |
| | | | | | | | |
| 104 | a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and | | | | | | |
| L | stop here. The organization qualifies as a publicly supported organization > 3.1/3% support test = 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33.1/3% or more check this box | | | | | | |
| D | b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box | | | | | | |
| 47- | and stop here. The organization qualifies as a publicly supported organization - 10% foots and singurateness test. 2014 If the organization did not shock a box on line 13, 16e, or 16h, and line 14 is 10% or more | | | | | | |
| ı/a | a 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 | | | | | | |
| | <u> </u> | | | • | - | iri vi now the orgal | iization _ |
| | meets the "facts-and-circumstances" | | | · · · · · · · · · · · · · · · · · · · | | 47a and 5 45 | 100/ -:: |
| b | 10% -facts-and-circumstances test | _ | | | | | |
| | more, and if the organization meets the | | | | • | | , |
| | organization meets the "facts-and-circ | | = | | | | ▶⊨ |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | oa, 165, 17a, or 17i | | | |
| | | | | | Sch | edule A (Form 990 | or 990-EZ) 2014 |

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

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

| Section A. Public Support | low, please com | piete Part II.) | | | | |
|--|--------------------|-----------------------|------------------------|--------------------|--|---------------------------------------|
| Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 Gifts, grants, contributions, and | (4) 2010 | 1 10/2011 | (0) 2012 | (4)2010 | (0) 20 / 1 | (1) 1014 |
| membership fees received (Do not | | | | | | |
| include any "unusual grants.") | | | | | | l |
| 2 Gross receipts from admissions, | | | | | | - |
| merchandise sold or services per- | | | | | | |
| formed, or facilities furnished in | | | | | | |
| any activity that is related to the | | | | 1 | | |
| organization's tax-exempt purpose | | | <u> </u> | | | |
| 3 Gross receipts from activities that | | | | i | | |
| are not an unrelated trade or bus- | | | | İ | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disgualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received | | | | | | · · · · · · · · · · · · · · · · · · · |
| from other than disqualified persons that | | | ļ | | | |
| exceed the greater of \$5,000 or 1% of the | | | | | | |
| amount on line 13 for the year | | | <u> </u> | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | <u> </u> | l <u></u> | 1 | |
| Section B. Total Support | | T | | | 1 | T |
| Calendar year (or fiscal year beginning in) ► 🗀 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, | | | | | | |
| dividends, payments received on securities loans, rents, royalties | | | 1 | | | |
| and income from similar sources | | | | L | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | 1 | |
| 11 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 | | | | | | |
| or loss from the sale of capital | | | | | | |
| assets (Explain in Part VI) | - | | | | <u> </u> | |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | | | | <u>l</u> | <u> </u> | <u> </u> |
| 14 First five years. If the Form 990 is for t | he organization' | s first, second, thii | rd, fourth, or fifth t | ax year as a secti | on 501(c)(3) organız | ation, |
| check this box and stop here | | | | <u> </u> | | <u> </u> |
| Section C. Computation of Public | | | _ | | | |
| 15 Public support percentage for 2014 (lin | ie 8, column (f) d | livided by line 13, o | column (f)) | | 15 | |
| 16 Public support percentage from 2013 S | | | | | 16 | |
| Section D. Computation of Invest | ment Incom | e Percentage | | | | |
| 17 Investment income percentage for 201 | 4 (line 10c, colu | mn (f) dıvıded by lıı | ne 13, column (f)) | | 17 | |
| 18 Investment income percentage from 20 |)13 Schedule A, | Part III, line 17 | | | 18 | |
| 19a 33 1/3% support tests - 2014. If the o | | | on line 14, and line | e 15 is more than | 33 1/3%, and line 1 | |
| more than 33 1/3%, check this box and | - | | | | | ▶□ |
| b 33 1/3% support tests - 2013. If the o | - | • | • • | • • • | | and |
| line 18 is not more than 33 1/3%, chec | - | | | | • | _ |
| 20 Private foundation If the organization | | | | | _ | ₹ F |

432023 09-17-14

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 and D and Complete Part V.)

| | Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V) | | | |
|-----|--|------|-----|----|
| Sec | tion 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 Part VI how the supported organizations are designated. If designated by | | | |
| | class or purpose, describe the designation If historic and continuing relationship, explain | 1 | X | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status | | | } |
| | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported | | | |
| | organization was described in section 509(a)(1) or (2) | 2 | | X |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer | | | |
| | (b) and (c) below | 3a | | X |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and | | | |
| | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI 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 Part VI 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 | | | ĺ |
| | "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below. | 4a | | Х |
| 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 | | | ŀ |
| | despite being controlled or supervised by or in connection with its supported organizations | 4b | | |
| С | 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 | 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 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). | 5a_ | | X |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already | | | |
| | designated in the organization's organizing document? | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | | | |
| | anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class | | | } |
| | benefited by one or more of its supported organizations; or (c) other supporting organizations that also | | | |
| | support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in | | | |
| | Part VI. | 6 | | X |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial | | | |
| | contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent | | | |
| | controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | | X |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? | | | |
| | If "Yes," complete Part I of Schedule L (Form 990). | 8 | | X |
| 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 | | | |
| | ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9a | | X |
| b | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which | | | |
| | the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | X |
| 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 Part VI. | 9c | | X |
| 10a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) | | | |
| | (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting |] | | |
| | organizations)? If "Yes," answer (b) below | 10a_ | | X |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | 1 | l | I |

determine whether the organization had excess business holdings)

LLE ZELL JEWISH HIGH SCHO Schedule A (Form 990 or 990-EZ) 2014 ENDOWMENT FUND 20-3088136 Page 5 Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a X b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c **Section B. Type I Supporting Organizations** No Yes Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported X organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. Type III Supporting Organizations No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s), 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions): The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below b ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions) С Y<u>es</u> Activities Test Answer (a) and (b) below. No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b

3 Parent of Supported Organizations. Answer (a) and (b) below.

a 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.*

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

| | 20- | 30 | 88 | 13 | 6 | Page 6 |
|--|-----|----|----|----|---|--------|
|--|-----|----|----|----|---|--------|

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | ng Orga | nizations | |
|----------|---|-------------|-----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust or | Nov 20, 1970 See instr | uctions. All |
| | other Type III non-functionally integrated supporting organizations must contain the supporting organizations and supporting organizations. | omplete S | Sections A through E | |
| Sect | tion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| _3_ | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| Sect | tion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year) | | | |
| a | Average monthly value of securities | 1a | | |
| <u> </u> | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| <u>d</u> | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI) | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 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 | | |
| Sect | tion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | | ted Type III supporting ord | janization (see |
| | , or instructions. | | | • |

Schedule A (Form 990 or 990-EZ) 2014

| _ | _ | | | | _ |
|--------|--------------|------|---------------|------|------|
| ROO | LLE | ZELL | JEWISH | HIGH | SCHO |
| T1 177 | TO 4 TO 3 TO | | • | | `` |

20-3088136 Page 7 Schedule A (Form 990 or 990-EZ) 2014 ENDOWMENT FUND Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount 10 (iii) (i) (ii) **Underdistributions Excess Distributions** Distributable Section E - Distribution Allocations (see instructions) Pre-2014 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) 3 Excess distributions carryover, if any, to 2014: b С d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount Carryover from 2009 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2014 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2014 distributable amount c Remainder Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2015. Add lines 3 and 4c. Breakdown of line 7: b d Excess from 2013

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

| Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information (See instructions). |
|--|
| SECTION B, LINE 2 |
| SUPPORTS ROCHELLE ZELL JEWISH HIGH SCHOOL BY GRANTING FUNDS TO AWARD |
| SCHOLARSHIPS. |
| SCHEDULE B, LINE 1 |
| ROCHELLE ZELL JEWISH HIGH SCHOOL HAS A SEPARATE BOARD OF DIRECTORS FROM |
| ROCHELLE ZELL JEWISH HIGH SCHOOL ENDOWMENT FUND. |
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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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ROCHELLE ZELL JEWISH HIGH SCHOOL

Employer identification number 20-3088136

| | ENDOWMENT FUND | | | 20-3088136 |
|-----|---|---|---------------|---------------------------------------|
| Pai | t I Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds | or Acc | counts. Complete if the |
| | organization answered "Yes" to Form 990, Part IV, line | | | |
| | | (a) Donor advised funds | (b) | Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advised | d frinds | |
| 3 | are the organization's property, subject to the organization's | | a lulius | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | - | cod onl | |
| 6 | for charitable purposes and not for the benefit of the donor of | | | |
| | impermissible private benefit? | of donor advisor, or for any other purpose of | JI II CITII I | Yes No |
| Pai | | ranization answered "Ves" to Form 990. Pa | rt IV/ Jun | |
| | | | 11 10, 1111 | 67 |
| 1 | Purpose(s) of conservation easements held by the organization | | | and and and |
| | Preservation of land for public use (e.g., recreation or e | | | |
| | Protection of natural habitat | Preservation of a certification | ea nista | one structure |
| _ | Preservation of open space | | _ | |
| 2 | Complete lines 2a through 2d if the organization held a quali | fied conservation contribution in the form of | a cons | ervation easement on the last |
| | day of the tax year. | | | |
| | | | \vdash | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | 2a |
| b | Total acreage restricted by conservation easements | | | <u>2b</u> |
| С | Number of conservation easements on a certified historic str | | | 2c |
| d | Number of conservation easements included in (c) acquired | after 8/17/06, and not on a historic structur | | |
| | listed in the National Register | | | 2d |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by the o | organiza | ation during the tax |
| | year > | | | |
| 4 | Number of states where property subject to conservation ea | | | |
| 5 | Does the organization have a written policy regarding the pe | riodic monitoring, inspection, handling of | | [-] [] |
| | violations, and enforcement of the conservation easements i | | | └ Yes |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | _ | - | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | | | · · · · · · · · · · · · · · · · · · · |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements of section 170(h |)(4)(B)(ı) | |
| | and section 170(h)(4)(B)(ii)? | | | └── Yes └── No |
| 9 | In Part XIII, describe how the organization reports conservation | on easements in its revenue and expense s | tateme | nt, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organiza | tion's financial statements that describes th | e orgar | nization's accounting for |
| _ | conservation easements | (A. Illian de l'English Chil | O: | |
| Pa | t III Organizations Maintaining Collections o | • | ner Si | milar Assets. |
| | Complete if the organization answered "Yes" to Form | | | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | | | |
| | historical treasures, or other similar assets held for public ex | | ce of pu | blic service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that descr | | | |
| b | If the organization elected, as permitted under SFAS 116 (AS | | | |
| | treasures, or other similar assets held for public exhibition, e | ducation, or research in furtherance of publ | ic servi | ce, provide the following amounts |
| | relating to these items. | | | |
| | (i) Revenue included in Form 990, Part VIII, line 1 | | | > \$ |
| | (ii) Assets included in Form 990, Part X | | | > \$ > \$ |
| 2 | If the organization received or held works of art, historical tre | asures, or other similar assets for financial g | gain, pr | |
| | the following amounts required to be reported under SFAS 1 | 16 (ASC 958) relating to these items | | |
| а | Revenue included in Form 990, Part VIII, line 1 | | | \$ |
| b | Assets included in Form 990, Part X | | ĺ | > \$ > \$ |

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

Schedule D (Form 990) 2014

E ZELL JEWISH HIGH SCHOOL Schedule D (Form 990) 2014 ENDOWMENT FUND 20-3088136 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs а Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV | Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes on Form 990, Part X? l No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year 1d Distributions during the year 1e **Ending balance** 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (d) Three years back (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance 7,856,252 7,676,981 7,190,938 7,098,340 6,712,477. Contributions 383,944 293,430 685,313 782,858 448,167, Net investment earnings, gains, and losses <14,453 647,848 428,244 261,255 85,571. Grants or scholarships 1,690,904 761,500 627,500 951,485 147,642. Other expenditures for facilities and programs Administrative expenses 10 507 14 30 233. End of year balance 6,534,829 7,190,938 7,856,252 7,676,981 7,098,340, Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as 100.00 Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization bν Yes No (i) unrelated organizations X 3a(i) X (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI | Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value

Schedule D (Form 990) 2014

1a Landb Buildings

d Equipmente Other

basis (other)

basis (investment)

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

c Leasehold improvements

depreciation

| ROCH, SE ZE Schedule D (Form 990) 2014 ENDOWNENT F | LL JEWISH HIG | | 0-3088136 Page 3 |
|--|----------------------------|-------------------------------------|---------------------------------------|
| Part VII Investments - Other Securities. | 0112 | | o socotso rage |
| Complete if the organization answered "Yes" | to Form 990, Part IV, line | 11b. See Form 990, Part X, line 12 | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or e | nd-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | <u> </u> |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | to Form 990, Part IV, line | 11c. See Form 990, Part X, line 13 | |
| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or e | nd-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | · · · · · · · · · · · · · · · · · · · |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | - <u>-</u> | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line 15. | |
| (a) | Description | | (b) Book value |

| (a) Description | (b) Book value | |
|--|----------------|------------|
| (1) INTEREST RECEIVABLE | | 23,172. |
| (2) DUE FROM ROCHELLE ZELL JEWISH HIGH SCHOOL | | 1,439,910. |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | > | 1,463,082. |

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.

| 1. | (a) Description of liability | | (b) Book value |
|--------|--|---|----------------|
| (1) | Federal income taxes | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25) | ▶ | |

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

Schedule D (Form 990) 2014

ROCHI E ZELL JEWISH HIGH SCHOOL ENDOWMENT FUND Schedule D (Form 990) 2014

20-3088136 Page 4

| Par | rt XI Reconciliation of Revenue per Audited Financial Statements With R | evenue per Retur | n. |
|------------|---|------------------------|---------------------|
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 280,729. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | 405 404 | |
| а | | <u><126,424.</u> > | |
| b | Donated services and use of facilities 2b | | |
| С | Recoveries of prior year grants | 0 677 | |
| d | Other (Describe in Part XIII.) | <u><8,677.</u> > | 125 101 |
| е | Add lines 2a through 2d | <u>2e</u> | <135,101. |
| 3 | Subtract line 2e from line 1 | 3_ | 415,830. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIII.) | | _ |
| c | Add lines 4a and 4b | <u>4c</u> | 415,830. |
| Dai | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With E | 5 Evnenses ner Retu | |
| rai | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a | -xpenses per nett | |
| _ | | | 1,690,914. |
| 1 | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25. | 1 | 1,030,314. |
| 2 | | | |
| a | | | |
| D | Prior year adjustments Other losses 2b 2c | | |
| ن م | Other losses Other (Describe in Part XIII.) 2d | <8,677.> | |
| e | | | <8,677. |
| 3 | Subtract line 2e from line 1 | 2e 3 | 1,699,591. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 3 | 1,000,001. |
| 7 | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| h | Other (Describe in Part XIII) 4b | | |
| 0 | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 1,699,591. |
| | rt XIII Supplemental Information. | | 2703370321 |
| | ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional informat | | X, line 2; Part XI, |
| PAF | RT V, LINE 4: | | |
| THE | E ENDOWMENT FUNDS ARE INTENDED TO HELP ROCHELLE ZI | ELL JEWISH H | IGH SCHOOL |
| FUI | LFILL ITS MISSION OF ENABLING STUDENTS TO DEVELOP | THE ATTITUD | ES, SKILLS |
| <u>ANI</u> | D WORK HABITS NECESSARY TO EXCEL IN COLLEGE AND TH | HROUGHOUT LI | FE. |
| | | | |
| PAF | RT X, LINE 2: | | |
| THE | E FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TA | AKEN OR EXPE | CTED TO BE |
| TAF | KEN ARE RECOGNIZED IN THE FINANCIAL STATEMENTS WHI | EN IT IS MOR | E LIKELY |
| THA | AN NOT, BASED ON THE TECHNICAL MERITS, THAT THE PO | OSITION WILL | BE |
| SUS | STAINED UPON EXAMINATION. AS OF JUNE 30, 2015, THE | HE ENDOWMENT | FUND HAD |
| | UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNIT | _ | |
| | F FINANCIAL STATEMENTS THE FEDERAL AND STATE TAX | | |

Schedule D (Form 990) 2014

29

Employer identification number 20-3088136 Open to Public Inspection ► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. ROCHELLE ZELL JEWISH HIGH SCHOOL General Information on Grants and Assistance ENDOWMENT FUND Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part

| OMB No 1545-0047 | 2014 |
|------------------|------|
| | |

ջ ⋈

☐ Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

| Ě | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | |
|-------|--|--|
| artII | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any | |
| | recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | |

| • | (h) Purpose of grant or assistance | TO SUPPORT ROCHELLE ZELL JEWISH HIGH SCHOOL AND ITS PROGRAMS, | |
|---|---|--|--|
| | (g) Description of non-cash assistance | | |
| | (f) Method of valuation (book, FMV, appraisal, other) | | |
| Jed. | (d) Amount of cash grant or assistance | *0 | |
| onal space is need | (d) Amount of cash grant | 1,690,904, | |
| ı be duplicated if addıtı | (c) IRC section if applicable | 501 (C)(3) | |
| 65,000. Part II can | (b) EIN | 36-4167962 501 (C)(3) | |
| recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | 1 (a) Name and address of organization or government | ROCHELLE ZELL JEWISH HIGH SCHOOL 1095 LAKE COOK ROAD DEERFIELD, IL 60015 | |

| 2 | Enter total number of section 501(c) | (3) and government or | ganizations listed in th | e line 1 table | |
|---|--|------------------------|--------------------------|----------------|--|
| ო | 3 Enter total number of other organization | ons listed in the line | 1 table | | |

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

Schedule I (Form 990) (2014)

ROCHELLE ZELL JEWISH HIGH SCHOOL

(Form 990) (2014) ENDOWMENT FUND Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2014)

20-3088136 Part III

Page 2

| | | | Part IV S | | | | | 432102 10-15-14 |
|---|--|--|---|--|--|--|--|----------------------------|
| (a) Type of grant or assistance | | | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. | | | | | 4 |
| (b) Number of recipients | | | uired in Part I, lin | | | | | |
| (c) Amount of cash grant | | | e 2, Part III, column | | | | | 31 |
| (c) Amount of (d) Amount of non- | | | (b), and any other a | | | | | |
| (e) Method of valuation (book, FMV, appraisal, other) | | | ddıtıonal ınformatıon. | | | | | |
| (f) Description of non-cash assistance | | | | | | | | Schedule I (Form 990) (201 |

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.lrs.gov/form990.

ROCHELLE ZELL JEWISH HIGH SCHOOL

Employer identification number

20-3088136 ENDOWMENT FUND Types of Property Part I (a) (b) (c) (d) Number of Noncash contribution Method of determining Check if contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art · Works of art 2 Art - Historical treasures 3 Art - Fractional interests Books and publications Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property R X 50,000. FAIR MARKET VALUE Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 19 Food inventory 20 Drugs and medical supplies Taxidermy 21 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts 25 Other 26 Other 27 Other > Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for X exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II X Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II

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

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2014)

33

describe in Part II

| Schedule | M (Form | 990) (2014 | ı١ |
|----------|---------|------------|----|

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.

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.

2014
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

ROCHELLE ZELL JEWISH HIGH SCHOOL ENDOWMENT FUND

Employer identification number 20-3088136

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|---|
| SCHOOL. |
| FORM 990, PART VI, SECTION A, LINE 2: |
| LYNN WIZNITZER AND MITCH FEIGER ARE SIBLINGS. |
| FORM 990, PART VI, SECTION B, LINE 11: |
| A DRAFT OF THE 990 WAS PROVIDED TO THE BOARD FOR REVIEW AND COMMENTS BEFORE |
| IT WAS FILED. |
| FORM 990, PART VI, SECTION B, LINE 15: |
| FORM 990, PART VI, SECTION B, LINE 15: THERE ARE NO EMPLOYEES OR |
| COMPENSATED BOARD MEMBERS. |
| FORM 990, PART VI, SECTION C, LINE 19: |
| DOCUMENTS ARE AVAILABLE UPON REQUEST TO THE PUBLIC. |
| |
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SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Open to Public Inspection 2014

OMB No 1545-0047

▶Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990 ROCHELLE ZELL JEWISH HIGH SCHOOL

Employer identification number 20-3088136

Direct controlling entity End-of-year assets **(e)** Total income 9 Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity <u>@</u> ENDOWMENT FUND Name, address, and EIN (if applicable) of disregarded entity Part

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

| (g) Section 512(b)(13) controlled entity? | No | × | | |
|--|------------|---|------|--|
| Section 5 contra | Yes | | | |
| (f) Direct controlling entity | | | | |
| (e) Public charity status (if section | 501(c)(3)) | 170B(I)(A)(I | | |
| (d) Exempt Code section | | 501(C)(3) | | |
| (c) Legal domicile (state or foreign country) | | ILLINOIS | | |
| (b) Primary activity | | TO ESTABLISH AND OPERATE A CONSERVATIVE JEWISH HIGH SCHOOL, | | |
| (a) Name, address, and EIN of related organization | | ROCHELLE ZELL JEWISH HIGH SCHOOL - TO ESTABLISH AND OPERATE 36-4167962, 1095 LAKE COOK RD, DEERFIELD, IL CONSERVATIVE JEWISH HIGH 60015 | | |

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

Schedule R (Form 990) 2014

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ROCHELLE ZELL JEWISH HIGH SCHOOL

Schedule R (Form 990) 2014 ENDOWMENT FUND

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

Page 2

20-3088136

General or Percentage managing ownership Schedule R (Form 990) 2014 (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year 3 Yes Code V-UBI General or Pramount in box managing c 20 of Schedule Parine? K-1 (Form 1065) Yes/No Percentage ownership Ξ Share of end-of-year assets <u>6</u> Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) **e** Share of total income (d)
Direct controlling
entity Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Legal domicile (state or foreign country) ত Direct controlling entity Ð Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 432162 08-14-14 Part IV

Page 3

Schedule R (Form 990) 2014

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

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

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | Š |
|--|----------------------------|--|--|----------|--------|-----|
| 1 During the tax year, did the organization engage in any of the following transaction | ns with one or more re | transactions with one or more related organizations listed in Parts II-IV? | ın Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | λı | | | 1a | | × |
| b Gift, grant, or capital contribution to related organization(s) | | | | 1 | × | |
| c Gift, grant, or capital contribution from related organization(s) | | | | 5 | | × |
| d Loans or loan guarantees to or for related organization(s) | | | | P | - | × |
| e Loans or loan guarantees by related organization(s) | | | | 1 | | × |
| | | | | | | |
| f Dividends from related organization(s) | | | | 1 | | × |
| g Sale of assets to related organization(s) | | | | 19 | | × |
| h Purchase of assets from related organization(s) | | | | ŧ | | X |
| i Exchange of assets with related organization(s) | | | | ;= | - | × |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | <u>-</u> | | × |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | 7 | | × |
| | anization(s) | | | = | | × |
| m Performance of services or membership or fundraising solicitations by related organization(s) | anization(s) | | | | × | ; |
| Sharing of facilities, equipment, mailing lists, or other assets with relate | tion(s) | | | 5 | : × | |
| o Sharing of paid employees with related organization(s) | | | | 2 | + | × |
| | | | | 2 | 1 | 1 |
| p Reimbursement paid to related organization(s) for expenses | | | | 9 | | × |
| q Reimbursement paid by related organization(s) for expenses | | | | 19 | | × |
| | | | | | | |
| Other transfer of cash or property to related organization(s) | | | | + | | × |
| s Other transfer of cash or property from related organization(s) | | | | 15 | | × |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | who must complete the | is line, including covered | relationships and transaction thresholds. | | | |
| (a) Name of related organization | (b) Transaction type (a·s) | (c) Amount involved | (d) Method of determining amount involved | volved | | |
| (1) ROCHELLE ZELL JEWISH HIGH SCHOOL | В | 1,690,904. | 690,904.CASH PAID | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (9) | | | | | | |
| 432183 08-14-14 | 37 | | Schedule R (Form 990) 2014 | R (Form | 990) 2 | 014 |

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20-3088136

ENDOWMENT FUND

Schedule R (Form 990) 2014

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) | (b) | (c) | (d) | | | (F) | (i) | 9 | (K) |
|-------------------------------------|------------------|-------------------|--|-------|-----------------------------------|-------------------------|---|-----------------------------------|-------------------------|
| name, address, and Ein of entity | Primary activity | (state or foreign | (related, unrelated, excluded from tax under | total | Share of end-of-year assets | tionate allocations? | usurguer Code V-UBI General or Percentage unatural amount in box 20 managing ownership of Schedule K-1 partner? | General o managing partner? | Percentage ownership |
| | | | Security 312-314) Yes No | . į | | Yes | (1001) | Yes | |
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Schedule R (Form 990) 2014

LLE ZELL JEWISH HIGH SCHO

FORM NFP 110.30 (rev. Dec. 2003) ARTICLES OF AMENDMENT General Not For Profit Corporation Act

Secretary of State Department of Business Services 501 S. Second St., Rm. 350 Springfield, IL 62756 217-782-1832 www.cyberdriveillinois.com

FILED

DEC 1 8 2015

JESSE WHITE SECRETARY OF STATE

Remit payment in the form of a

| ch | seck or money order payable Secretary of State. |
|----|---|
| _ | File # 1415-240-8 Filing Fee: \$25 Approved: Filing Fee: \$25 Approved: Filing Fee: \$25 Approved: |
| 1. | Corporate Name (See Note 1 on back.): Chicagoland Jewish High School Endowment Fund |
| 2. | Manner of Adoption of Amendment: The following amendment to the Articles of Incorporation was adopted on November 4, 2015 in the manner indicated below (check one only): Month Day, Year |
| | By affirmative vote of a majority of the directors in office, at a meeting of the board of directors, in accordance with Section 110.15. (See Note 2 on back.) |
| | ☐ By written consent, signed by all the directors in office, in compliance with Sections 110.15 and 108.45. (See Note 3 on back.) |
| | By members at a meeting of members entitled to vote by the affirmative vote of the members having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the Articles of Incorporation or the bylaws, in accordance with Section 110.20. (See Note 4 on back.) |
| | ☐ By written consent signed by members entitled to vote having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the Articles of Incorporation, or the bylaws, in compliance with Sections 107.10 and 110.20. (See Note 5 on back.) |
| 3. | Text of Amendment: (a.) When an amendment affects a name change, insert the new corporate name below. Use 3(b.) below for all other amendments. *Article 1: The Name of the Corporation is: |
| | Rochelle Zell Jewish High School Endowment Fund New Name |

(b.) All amendments other than name change.

If the amendment affects the corporate purpose, the amended purpose is required to be set forth in its entirety. If there is not sufficient space to add the full text of the amendment, attach additional sheets of this size.





 The undersigned Corporation has caused these Articles to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

All signatures must be in BLACK INK.

| Dated | December 16 | 2015 | Chicagoland Jewish High School Endowment Fund |
|-----------------|---|--------------|---|
| | Month Day | Year | Exact Name of Corporation |
| | Any Authorized Officer's Signature | | |
| | Alan Frankel, President | | |
| | Name and Title (type or print) | | |
| 5. If ther name | re are no duly authorized officers, the per and title. | sons desig | gnated under Section 101.10(b)(2) must sign below and print |
| The u | indersigned affirms, under penalties of pe | erjury, that | the facts stated herein are true. |
| Dated | I | · <u></u> | |
| | Month Day | Year | |
| | Signature | | Name and Title (print) |
| | | · | |
| | Signature | | Name and Title (print) |
| | Signature | | Name and Title (print) |
| | Signature | | Name and Title (print) |

NOTES

- State the true and exact corporate name as it appears on the records of the Secretary of State BEFORE any amendment herein is reported.
- 2. Directors may adopt amendments without member approval only when the corporation has no members, or no members entitled to vote pursuant to §110.15.
- 3. Director approval may be:
 - a. by vote at a director's meeting (either annual or special), or
 - b. by consent, in writing, without a meeting.
- 4. All amendments not adopted under Sec 110.15 require that:
 - a. the board of directors adopt a resolution setting forth the proposed amendment, and
 - b. the members approve the amendment.

Member approval may be:

- a. by vote at a members meeting (either annual or special), or
- b. by consent, in writing, without a meeting.

To be adopted, the amendment must receive the affirmative vote or consent of the holders of at least two-thirds of the outstanding members entitled to vote on the amendment (but if class voting applies, also at least a two-thirds vote within each class is required).

The Articles of Incorporation may supersede the two-thirds vote requirement by specifying any smaller or larger vote requirement not less than a majority of the outstanding votes of such members entitled to vote, and not less than a majority within each class when class voting applies. (Sec. 110,20)

5. When member approval is by written consent, all members must be given notice of the proposed amendment at least five days before the consent is signed. If the amendment is adopted, members who have not signed the consent must be promptly notified of the passage of the amendment. (Sec. 107.10 & 110.20)