

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



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

OMB No 1545-0047

2015

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

Open to Public ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service For the 2015 calendar year, or tax year beginning 2015, and ending 20 C Name of organization Yehuda & Anne Neuberger Foundation, Inc. D Employer identification number Check if applicable Address change Doing business as 27-1040796 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 101 West Mount Royal Avenue Initial return 410-727-4828 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return Baltimore, MD 21201 G Gross receipts \$ 94,368,766 F Name and address of principal officer Application pending H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No If "No," attach a list (see instructions) X 501(c)(3) 501(c) ( Tax-exempt status ) ◀ (insert no ) ☐ 4947(a)(1) or Website: ▶ H(c) Group exemption number ▶ Form of organization X Corporation Trust Association ☐ Other ▶ L Year of formation 2009 M State of legal domicile MD Part I Briefly describe the organization's mission or most significant activities: The Foundation was created to carry out the Activities & Governance charitable, educational and religious purposes of The Associated: Jewish Community Federation of Baltimore, Inc. (The Associated) The Foundation makes grants to public charitable organizations in furtherance of the mission of The Associated. 2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** Contributions and grants (Part VIII, line #17). 265,000 93.053.000 Program service revenue (Part VIII, line 2g) 9 Investment income (Part VIII, line 29) AUG 1/2 2016 Investment income (Part VIII, column (A), lines 3, 4, and 70) 10 41,009 1,315,766 Other revenue (Part VIII, column (A), lines-5, 6d, 8c, 9c, 10c, and 1e). 11 12 Total revenue—add lines 8 through 11 (must equal Early III Loblumn A), line 12) 94,368,766 306,009 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 430,760 670,710 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) €ø€ Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 15,044 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 445,804 673,782 Revenue less expenses. Subtract line 18 from line 12 . . (139,795)93,694,984 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 400,242 96,622,245 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 400,242 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 Signature of officer Here President Type or print name and title Print/Type preparer's name Date Preparer's signature Paid Check self-employed **Preparer** Firm's name Firm's EIN ▶ Use Only

Yes No Form 990 (2015)

Firm's address ▶

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

For Paperwork Reduction Act Notice, see the separate instructions.

	of Baltimore, Inc				
	33.23.33.33.33.33.33.33.33.33.33.33.33.3				
	/O : 1:				
)	(Code:) (Expenses \$	including	grants of \$	) (Revenue \$	)
			*		
		*******		***************************************	
<u> </u>	(Code:) (Expenses \$	including	grants of \$	) (Revenue \$	)
<del>-</del>	(Code:) (Expenses \$	including	grants of \$	) (Revenue \$	)
<del>-</del>	(Code:) (Expenses \$	including	grants of \$	) (Revenue \$	)
-	(Code:) (Expenses \$	including	grants of \$	) (Revenue \$	)
<b>-</b>	(Code:) (Expenses \$	including	grants of \$	) (Revenue \$	)
3	(Code:) (Expenses \$	including	grants of \$	) (Revenue \$	)
3	(Code:) (Expenses \$	including	grants of \$	) (Revenue \$	)
C	(Code:) (Expenses \$	including	grants of \$	) (Revenue \$	)
;	(Code:) (Expenses \$	including	grants of \$	) (Revenue \$	)
C	(Code:) (Expenses \$	including	grants of \$	) (Revenue \$	)
<b>C</b>	(Code:) (Expenses \$	including	grants of \$	) (Revenue \$	)
C	(Code:) (Expenses \$	including	grants of \$	) (Revenue \$	)
<b>C</b>	(Code:) (Expenses \$	including	grants of \$	) (Revenue \$	)
			grants of \$	) (Revenue \$	)
	Other program services (Describe in S		grants of \$	) (Revenue \$	)
	Other program services (Describe in Strength (Expenses \$ includin	Schedule O.)		) (Revenue \$	)
	Other program services (Describe in Strength (Expenses \$ includin	Schedule O.) g grants of \$	grants of \$		
1	Other program services (Describe in S	Schedule O.)			Form <b>990</b> (2011

**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 (see instructions)?	2	Х	
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		v
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 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		X
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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	清		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	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		х
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		х
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		х
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 (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		x

Part	Checklist of Required Schedules (continued)		· · · ·	
20 a	Did the examination experts one or more beguital facilities? If "Vee " complete Schedule II	00-	Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		<u> </u>
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		
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		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		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 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	*	-	A
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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	35a 35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			
38	Part VI	37 38	x	X
		Forn		(2015)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
		,	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>!</b>		
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		
28				
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 frat least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	<del>     </del>		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		v
h	If "Voo " onter the name of the feveren country.	4a		X
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	ĝ.	Ì	,
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del></del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	[		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
† ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	'11		
-	sponsoring organizations maintaining donor advised folias, bid a donor advised folia maintaining donor advised folias, bid a donor advised folia maintaining donor advised folias, bid a donor advised folia maintaining donor advised folias, bid a donor advised folia maintaining donor advised folias, bid a donor	8		
9	Sponsoring organizations maintaining donor advised funds.	┝┷┤		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		I
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	]		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	ļ		<b></b>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	<b>!</b>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
<b>I</b>	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	Alter a manufacture of the second the leaves and office of the other plane.			
_	Enter the amount of reserves on hand			
·				

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

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

14a

FOIIII 98	(2013)			rage <b>o</b>
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins		
Sooti	Check if Schedule O contains a response or note to any line in this Part VI	···	•	<u>. Ц</u>
Secu	on 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.		2.4.	1
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		* ***	* * *
_	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		X
6	Did the organization have members or stockholders?	6	X	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
р	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		<u>x</u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		^
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b	X	
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	х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		,	
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		,	1
	with a taxable entity during the year?	16a	,	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Cook	organization's exempt status with respect to such arrangements?	16b		1
<u>Secti</u>	List the states with which a copy of this Form 990 is required to be filled None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	(c)(3)s	oniy)
19	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year			y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Manlyn Loux 101 West Mount Royal Avenue Baltimore, MD 21201 410-727-4828	cords	:▶	

_	_
Page	•

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

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

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

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

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

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

Check the Box it Helder the organization i		<u> </u>			C)	<del></del>				,
(A)	(B)	(do n	not ch		ition	than c	ne	(D)	(E)	(F)
Name and Title	Average hours per	(do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation	Reportable compensation from	Estimated amount of
•	week (list any hours for related organizations below dotted line)	Individual trustee	-		Key employee	Highest compensated employee	e) Former	i	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Marc B Terrill	25									
President and Public Director	40 0	X		X				0	574,947	79,866
(2) Yehuda Neuberger	.25	Ţ.								
Vice President and Donor Director		X		X	_			0	0	0
(3) Anne Neuberger  Secretary/Treasurer and Donor Director	25	X		x				0	0	0
(4) Bruce Sholk	. 25			^				0	V	0
Public Director		х						0	0	0
(5) Genine Macks Fidler	.25									
Public Director		X						0	0	0
(6) Laurence Katz	.25									_
Public Director (7)		X						0	0	0
(8)										
		 		_				 		
(9)										
(10)										
(11)										
(12)										-
(13)										
(14)							-			

A Name and this have and the second fine of the continue to th	Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees (	continu	ed)
Control check more than one   Control check more than						•	•						
Name and life		(A)	(B)	(do E	ot ch			than (	nne.	(D)	(E)		(F)
Plause per whome beta any content of the content		Name and title	Average							Reportable	Reportable Reportable Estima		
Total from continuation sheets to Part VII, Section A   Sub-total   Compensation of the method of			1 '							1 .		from	
155   165			1	오크	5	0	Ž	σΞ	ת	1	l		
155   165			1	흑	stiti	<del>ត</del> ្ត	ey e	夏호	Ĭ	ſ			•
(15) (16) (17) (18) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29			1	ecto	tto :	۳ ا	ğ	by e	9		(** 2 *****	,	
(15) (16) (17) (18) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29			1	4 =	nal		ģ	Ψĕ					
(15) (16) (17) (18) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29			line)	) ste	trus	ŀ	8	Per					organizations
(15) (16) (17) (18) (19) (20) (21) (23) (24) (25) (25) (26) (27) (28) (28) (29) (29) (29) (29) (29) (29) (29) (29				ď	stee			sat				1	
(15) (17) (18) (19) (20) (21) (22) (23) (24) (25)  1b Sub-total								8					
(17).  (18).  (19).  (20).  (21).  (22).  (23).  (24).  (25).  1b Sub-total	(15)		1									ŀ	
(17).  (18).  (19).  (20).  (21).  (22).  (23).  (24).  (25).  1b Sub-total			T										
(17).  (18).  (19).  (20).  (21).  (22).  (23).  (24).  (25).  1b Sub-total	(16)												
(19) (20) (21) (22) (23) (25)  1b Sub-total  1 Total from continuation sheets to Part VII, Section A  1 Total gladd lines 1b and 1c)  2 Total number of indeviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization by a preson listed on line 1a, is the sum of reportable compensation and related organization are related organization are greated organization are related organization are related organization are related organization and related organization are related organization and rel				1									
(19) (20) (21) (22) (23) (25)  1b Sub-total  1 Total from continuation sheets to Part VII, Section A  1 Total gladd lines 1b and 1c)  2 Total number of indeviduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization by a preson listed on line 1a, is the sum of reportable compensation and related organization are related organization are greated organization are related organization are related organization are related organization and related organization are related organization and rel	(17)												<del></del>
(20) (21) (22) (23) (24) (25)  1b Sub-total (26) (27) (28) (29)  1 Total (add lines 1b and 1c) (29)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization being a listed above) who received more than \$100,000 of reportable compensation from the organization being a listed above) who received more than \$100,000 of reportable compensation from the organization being a listed above) who received more than \$100,000 of reportable compensation from the organization and related organization seemployee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  6 Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (A)  (B)  (C)  (Compensation  Compensation  Compensation  Compensation	77		}	}									
(20) (21) (22) (23) (24) (25)  1b Sub-total (26) (27) (28) (29)  1 Total (add lines 1b and 1c) (29)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization being a listed above) who received more than \$100,000 of reportable compensation from the organization being a listed above) who received more than \$100,000 of reportable compensation from the organization being a listed above) who received more than \$100,000 of reportable compensation from the organization and related organization seemployee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  6 Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (A)  (B)  (C)  (Compensation  Compensation  Compensation  Compensation	(4.0)		<del> </del>			1		!	-	<del></del>			
(21) (22) (23) (25)  1b Sub-total	(18)	••••	<b>-</b>										
(21) (22) (23) (25)  1b Sub-total							<u> </u>		_				
(22)  (23)  (24)  (25)  1b Sub-total	(19)												
(22)  (23)  (24)  (25)  1b Sub-total												ŀ	
(23)  (24)  (25)  1b Sub-total  1 Total from continuation sheets to Part VII, Section A  1 Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual  4 For any individual listed on line 1a, is the sum or reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Completes above) who	(20)												-
(23)  (24)  (25)  1b Sub-total  1 Total from continuation sheets to Part VII, Section A  1 Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual  4 For any individual listed on line 1a, is the sum or reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Completes above) who		***************************************		1								l	
(23)  (24)  (25)  1b Sub-total  1 Total from continuation sheets to Part VII, Section A  1 Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual  4 For any individual listed on line 1a, is the sum or reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Completes above) who	(21)		<u> </u>										
(23)  1b Sub-total	37.27												
(23)  1b Sub-total	(22)	<u> </u>	-						$\vdash$				
24    25    25    25    25    26	(22)		<b></b>	-	İ								
24    25    25    25    25    26	<del>(00)</del>				_		<u> </u>		_				
1b Sub-total	(23)			<u> </u>					1				
1b Sub-total													
1b Sub-total	(24)		1						ŀ	İ			
1b Sub-total										_			
1b Sub-total	(25)								l				
Total from continuation sheets to Part VII, Section A    Total (add lines 1b and 1c)													
Total from continuation sheets to Part VII, Section A    Total (add lines 1b and 1c)	1b	Sub-total		l			· · · ·		<b>•</b>	0	574	047	70 866
Total (add lines 1b and 1c) ▶ 0 574,947 79,866  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			 VII Sectio	 n Δ				•		•	374	,,,,,	77,000
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who					•	•		•			574	047	70.066
Total number of independent contractors (including but not limited to those listed above) who							• •	<u> </u>	_				
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Total number of independent contractors (including but not limited to those listed above) who	2			to tr	iose	list	ed a	above	e) w	ho received m	ore than \$10	00,000	of
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  (B)  C)  Compensation  Compensation		reportable compensation from the organi	ization >										
employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual													
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3								emp	oloyee, or high	est compei	nsated	
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  (B)  Description of services  Compensation  Compensation		employee on line 1a? If "Yes," complete	Schedule J	for su	ıch .	ındı	vidu	ıal					3 X
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	4	For any individual listed on line 1a, is the	sum of rea	oortal	ble d	com	nper	nsatio	n a	nd other comp	ensation fro	om the	kg, 44g   (4, 125g ° kg + 4
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person													
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  (B)  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who					,				-, 				
for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who	5	Did any person listed on line 1a receive of	or accrue co	mno	neat	ion	fror	ກ ລກນ	 	related organia	ation or ind	Iwidual	
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Description of services  Total number of independent contractors (including but not limited to those listed above) who	3										anon or ma	IVIGUA	**************************************
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who			. 11 700, 0	- Crripi	CiC	00,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	outin person	• • •	<u> </u>	5   X
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  (B)  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who													. <u> </u>
year.  (A) Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	1												
(A) Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who		compensation from the organization. Rep	oort compe	nsatio	on fo	or th	ne c	alend	ar y	ear ending wit	h or within t	he org	anızation's tax
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who		year.											
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who		(A)								(B)			(C)
		Name and business add	Iress							Description of s	ervices	4	Compensation
									Г				
										-	-	-	
									$\vdash$				
									$\vdash$			-	
									$\vdash$				
									<u> </u>				
	2								) th	ose listed abo	ove) who	-	· , , , , , , , , , , , , , , , , , , ,

Par	VIII	Statement of Reve				Dort VIII		
***************************************		Check if Schedule C	o contains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns Membership dues	s 1a			revenue	**************************************	512-514
عَ ق	C	Fundraising events	1c					
ifts ir A	d	Related organizations				·		
a, G	e	Government grants (cor						
Sir	f	All other contributions, g	, <u> </u>				•	
outi her		and similar amounts not inc		93,053,000				
<u> </u>	g	Noncash contributions inclu		92,976,000				
Sor	h	Total. Add lines 1a-1		)2,770,000   •	93,053,000	Ť	4	
	<u> </u>	Total: Add in less 14 1	<u>,</u>	Business Code	93,033,000			
Program Service Revenue	2a							
æ	b							
ice	С							
e.	d							
Ē	е					·		
gra	f	All other program ser	vice revenue .					
Pro	g	Total. Add lines 2a-2	2f	•	0			
	3	Investment income	(including divid	ends, interest,				
		and other similar amo		▶	1,315,324			1,315,324
	4	Income from investmen	nt of tax-exempt be	ond proceeds ►				
	5	Royalties .		•				
		·	(ı) Real	(II) Personal				` *** '
	6a	Gross rents						
	b	Less: rental expenses				ÿ ;		
	С	Rental income or (loss)	0	0		*	* *	1 W.W
	d	Net rental income or		<b>▶</b>	0			
	7a	Gross amount from sales of	(i) Secunties	(II) Other	-			
		assets other than inventory	442			÷) *	****	
	b	Less: cost or other basis						
		and sales expenses .						
	C	Gain or (loss)	442	0				
	d	Net gain or (loss) .		>	442			442
nue	8a	Gross income from fu	undraising					
Other Revenue		events (not including \$ of contributions reported	ed on line 1c).					
ĕ		,	· · · a					
<del>=</del>	b	Less: direct expenses	s . <b>b</b>					
		Net income or (loss) f		events . <b>&gt;</b>	0			
	9a	Gross income from ga						
		See Part IV, line 19 .	···a					
	b	Less: direct expenses			- 0.000030000			
	С	Net income or (loss) f		ivities ▶	0			
	10a	Gross sales of in						
		returns and allowance	es <b>a</b>					
		Less: cost of goods s						
	С	Net income or (loss) f	from sales of inv	entory ►	0			
		Miscellaneous F	Revenue	Business Code				
	11a							•
	Ь							
	'c							
	d	All other revenue .						
	е	Total. Add lines 11a-	-11d	▶	0			
	12	Total revenue. See	nstructions	▶ [	94,368,766			1,315,766

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  Check if Schedule O contains a response or note to any line in this Part IX						
Do no	t include amounts reported on lines 6b, 7b,			(C)	(D)	
8b, 9b	, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses	
1	Grants and other assistance to domestic organizations					
•	and domestic governments See Part IV, line 21	670,710	670,710			
2	Grants and other assistance to domestic individuals See Part IV, line 22					
3	Grants and other assistance to foreign				•	
	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				8	
4	Benefits paid to or for members				y	
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)				<u></u>	
7	Other salaries and wages					
8	Pension plan accruals and contributions (include					
_	section 401(k) and 403(b) employer contributions)					
9 10	Other employee benefits					
11	Fees for services (non-employees).					
·· a	Management					
b	Legal				A	
С	Accounting					
d	Lobbying					
е	Professional fundraising services. See Part IV, line 17					
f	Investment management fees	3,072		3,072		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .					
12	Advertising and promotion					
13	Office expenses					
14	Information technology					
15 16	Royalties					
17	Travel					
18	Payments of travel or entertainment expenses		· · · · · · · · · · · · · · · · · · ·		<del></del>	
	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.)					
а						
b						
С						
d	A.D Ab					
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	(22.200	(30.310	2.000		
25 26	Joint costs. Complete this line only if the	673,782	670,710	3,072		
20	organization reported in column (B) joint costs					
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if					
	following SOP 98-2 (ASC 958-720)					

Part X Balance Sheet

_		Check if Schedule O contains a response or note to any line in this P	art X		
	_	,	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.	`		
			<del>, , , ,</del>	5	<del></del>
S	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	6	*
Assets	7	Notes and loans receivable, net		7	
As	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	-		* :
	ь	Less: accumulated depreciation 10b		10c	لىد. ــــــــــــــــــــــــــــــــــــ
	11	Investments—publicly traded securities		11	1,094,245
	12	Investments—other securities See Part IV, line 11	400,242	12	95,528,000
	13	Investments—program-related. See Part IV, line 11	400,242	13	73,320,000
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	400,242	16	96,622,245
	17	Accounts payable and accrued expenses	100,212	17	30,022,213
	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	
g	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	À	-00	
<u>ia</u>	23	Secured mortgages and notes payable to unrelated third parties		22	
_	23 24	Unsecured notes and loans payable to unrelated third parties		23	
	2 <del>4</del> 25	Other liabilities (including federal income tax, payables to related third		27	<del></del>
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.	, ,	*	i
au	27	Unrestricted net assets	400,242	27	- 99,622,245
3al	28	Temporarily restricted net assets		28	
p	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
0		complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Z	33	Total net assets or fund balances	400,242	33	99,622,245
	34	Total liabilities and net assets/fund balances	400,242	34	99,622,245

Page	1	2

	<u> </u>				
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			•	. [X]
1	Total revenue (must equal Part VIII, column (A), line 12)	1		94,36	58,766
2	Total expenses (must equal Part IX, column (A), line 25)	2		67	73,782
3	Revenue less expenses Subtract line 2 from line 1	3		93,69	94,984
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4(	00,242
5	Net unrealized gains (losses) on investments	5		5,52	27,019
6	Donated services and use of facilities	6		-	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		99,62	22,245
Part	XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Cash Other				,
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain 11	ו		ا ا
	Schedule O				3 34
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 com	piled o	r 🗔	100	
	reviewed on a separate basis, consolidated basis, or both.		٠,		3 4
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1	Ĭ .
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	a		
-	separate basis, consolidated basis, or both				-
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o		t		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ir	า 📄		
	Schedule O.		iğ . Å		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		<b>ə</b>		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		

Form **990** (2015)

### 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.irs.gov/form990.

OMB-No-4545-0047 2015

> Open to Public Inspection

Name of the organization **Employer identification number** Yehuda & Anne Neuberger Foundation, Inc. Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II ) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II ) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C Type III functionally integrated A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-9) support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) The Associated: Jewish Community Federation of Baltimore 52-0607957 X 0 (B) (C) (D) (E)

supported organization

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Gifts, grants, contributions, membership fees received (Do not include any "unusual grants") . 2 levied Tax revenues for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than governmental unit publicly or 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 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on . . . Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI). Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) . . . . . % Public support percentage from 2014 Schedule A, Part II, line 14 15 15 331/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . b 10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

. . . . . .

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

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

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

	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	1)	
Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	,					
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose			1			
3	Gross receipts from activities that are not an						<del></del>
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the		;			İ	
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons				i	j	
b	Amounts included on lines 2 and 3						
	received from other than disqualified					1	
	persons that exceed the greater of \$5,000					İ	
	or 1% of the amount on line 13 for the year					j	
С	Add lines 7a and 7b					1	
8	Public support. (Subtract line 7c from	4. E. 18 20 20	SC PERSON	W	74	BOOK K.	
	line 6 )		4				
Section	on B. Total Support	3.2	A. 45. 45.4	en Frank vi k	220 4 4 B \$ 2 Mer - 2 - 1	The Carte of the C	
	dar year (or fiscal year beginning in) ▶	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	(-)	(4, 44, 14	(0) 20 10	(4) 20 1 1	(0, 2010	
_	Gross income from interest, dividends,	-	-				
···u	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
U	section 511 taxes) from businesses				i		
	acquired after June 30, 1975						
_	Add lines 10a and 10b .						
11	Net income from unrelated business						
	activities not included in line 10b, whether				-		
4.0	or not the business is regularly carned on	<b> </b>					
12	Other income Do not include gain or						
	loss from the sale of capital assets						
4.0	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12) .						
14	First five years. If the Form 990 is for the	-	n's first, secon	d, third, fourth	i, or fifth tax ye	ear as a section	
	organization, check this box and stop he						. ▶ 🗆
Section	on C. Computation of Public Suppor						
15	Public support percentage for 2015 (line 8	• • •	-	3, column (f))		15	%_
16	Public support percentage from 2014 Sci					16	%_
	on D. Computation of Investment In						
17	Investment income percentage for 2015 (			y line 13, colui	mn (f))	17	<u>%</u>
18	Investment income percentage from 2014					18	%
19a	331/3% support tests—2015. If the organ						
	17 is not more than 331/3%, check this box	•	-	*		-	_
b	331/3% support tests—2014. If the organiz						
	line 18 is not more than 331/3%, check this	box and stop h	ere. The organ	ızation qualifies	as a publicly s	upported organi	ization 🕨 🔲
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instruc	ctions 🕨 🗀

### Part IV Supporting Organizations

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

	Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete P	art V	)	
Secti	on A. All Supporting Organizations			
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	Yes	No ·
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2	<u> </u>	X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b	<u>.</u>	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с	À.	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	<u> </u>	X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	**	water to
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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		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	&	2.3
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.	5c		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		Х
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	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 in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		х
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		X
С	Did a disqualified person (as defined in line 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		X
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		<b> </b>	

determine whether the organization had excess business holdings )

10b

Scheut	ne A (FORM 990 of 990-EZ) 2015			Page 3
Part	IV Supporting Organizations (continued)	-		
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
''a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	:		,
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	X
Sect	ion B. Type I Supporting Organizations		V	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	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			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
2	Did the organization operate for the benefit of any supported organization other than the supported	1	X	
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	***	&á.	\ -1
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			> .
	supervised, or controlled the supporting organization.	2	X	
Sect	ion C. Type II Supporting Organizations		T	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ä	19%	·
	or management of the supporting organization was vested in the same persons that controlled or managed	385	38.	
	the supported organization(s)	1		
Sect	ion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	».	٠٠,	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	**;	,	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		^.	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2	l	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard			
Soot		3	L	
	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	S).
a b	☐ The organization satisfied the Activities Test. <i>Complete line 2 below</i> ☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>			
c	☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (	see in:	structi	ons)
2			Yes	
a	Activities Test <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part Vi identify</b>		1	
	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		<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>	-	
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	-	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		-

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			nstructions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			*
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		_
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	A profession of the second	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	Contravality and Contract	
4 Enter greater of line 2 or line 3	4	17 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions)	ly-ın	ntegrated Type III supporting	g organization (see

Part		) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	nizations	
4	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions		<u> </u>	
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which (provide details in <b>Part VI</b> ) See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
а				
b				
С				
d	From 2013 .			
е	From 2014 .			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i_	Carryover from 2010 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016 Add lines 3j and 4c			
8	Breakdown of line 7 <sup>-</sup>			
а	1			
b				
С	Excess from 2013			
d	Excess from 2014 .			
е	Excess from 2015 .			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
Part IV, Sec	tion A, Line 6 -
The Support	ted Organization works to preserve and enhance Jewish life It addresses charitable, educational, religious, humanitarian,
health, cultu	iral and social service needs of the Jewish community locally, nationally in Israel and throughtout the world.
In furtherand	ce of that mission, the Supported Organization encourages families to establish supporting organizations in
partnership	with it, in order to engage interested donors and succeeding generations in philanthropic pursuits and
enhance bot	h the Jewish and general communities in keeping with the Jewish tradition of repairing the world
All grants ar	e made to tax-exempt charitable organizations registered with the Internal Revenue Service
Part IV, Sec	tion B, Line 2 -
Grants to org	ganizations, other than the Supported Organization, are made at the discretion of the Board of the Supporting
Organization	n and are made in furtherance of the mission of the Supported Organization to support Jewish, cultural, educational
and social ju	istice work.
	•
	······································
	······································
	·

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

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

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

OMB No 1545-0047 2015

Open to Public Inspection

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

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

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

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

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

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

	ection 501(c)(4), (5), or (6) orga	nizations Complete Part III			
Name	of organization			Employer ide	ntification number
Yehu	da & Anne Neuberger Fou	ndation, Inc.		27-1040796	
Part		e organization is exempt und			organization.
1 2 3	Provide a description of t Political expenditures Volunteer hours	he organization's direct and indire	ct political campa	•	\$
Part		e organization is exempt und			
1		excise tax incurred by the organiza		1 1000	\$ 
2	-	excise tax incurred by organization	•		\$ <del></del>
3	•	ed a section 4955 tax, did it file Fo	m 4720 for this ye	ear?	
	Was a correction made?				Yes No
b Dort	If "Yes," describe in Part	organization is exempt und	or section 501/	a) except section 50:	1/0/(3)
Part 1	Enter the amount direct	ly expended by the filing organization	ation for section	527 exempt function	1(0)(0).
•		· · · · · · · · · · · · · · · · · · ·			8
2		filing organization's funds contrib			
		vities			\$
3	Total exempt function e	expenditures. Add lines 1 and 2			
	line 17b			▶ 9	
4		file <b>Form 1120-POL</b> for this year			LYes LNo
5	organization made payme the amount of political co	ses and employer identification nui ents For each organization listed, ontributions received that were pro fund or a political action committe	enter the amount   mptly and directly	paid from the filling orgar delivered to a separate	nization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)			-		
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2015

Pa	irt II-	A Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and filed	d Form 5768 (ele	ection under
Ā	Che	ck ▶ ☐ if the filing organization belo	ongs to an affiliated group (and list in Part IV esses, and share of excess lobbying expenditur		oup member's
₿	Che	ck $ ightharpoonup$ if the filing organization che	cked box A and "limited control" provisions a	ipply.	
			ring Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1	a T	otal lobbying expenditures to influence i	oublic opinion (grass roots lobbying)		
	b T	otal lobbying expenditures to influence a	a legislative body (direct lobbying)	86,000	
	c T	otal lobbying expenditures (add lines 1a	and 1b)	86,000	
	<b>d</b> O	ther exempt purpose expenditures		584,710	
	e T	otal exempt purpose expenditures (add	lines 1c and 1d)	670,710	
	f Lobbying nontaxable amount. Enter the amount from the following table in both columns.				
	If	the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	,	
	No	ot over \$500,000	20% of the amount on line 1e		
	Lo	ver \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	0	ver \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	0	ver \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	0	ver \$17,000,000	\$1,000,000		
	g G	rassroots nontaxable amount (enter 259	% of line 1f)	31,402	
	h S	ubtract line 1g from line 1a. If zero or les	ss, enter -0	0	
	i S	ubtract line 1f from line 1c. If zero or les	s, enter -0	0	
		there is an amount other than zero oporting section 4911 tax for this year?	on either line 1h or line 1i, did the organization	file Form 4720	☐ Yes 🏻 No
		4-Yea	ar Averaging Period Under section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	(e) Total			
Lobbying nontaxable amount	75,000	62,024	90,152	125,607	352,783			
Lobbying ceiling amount (150% of line 2a, column (e))				7 / / ***	529,175			
Total lobbying expenditures	75,000	59,999	87,000		307,999			
Grassroots nontaxable amount	18,750	15,506	22,538	31,402	88,196			
Grassroots ceiling amount (150% of line 2d, column (e))	***	>			132,294			
Grassroots lobbying expenditures	0	0	0	0	0			
	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column (e))  Total lobbying expenditures  Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column (e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))  Grassroots ceiling amount (150% of line 2d, column (e))  Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Calendar year (or fiscal year beginning in)  Calendar y	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount 75,000 62,024 90,152 Lobbying ceiling amount (150% of line 2a, column (e))  Total lobbying expenditures 75,000 59,999 87,000 Grassroots nontaxable amount 18,750 15,506 22,538 Grassroots ceiling amount (150% of line 2d, column (e))  Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  75,000  Calendar year (or fiscal year beginning in)  Calendar year (or fiscal year beginning in)  (a) 2012  (b) 2013  (c) 2014  (d) 2015  125,607  15,000  Calendar year (or fiscal year beginning in)  (d) 2015  125,607			

Schedule C (Form 990 or 990-EZ) 2015

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled	Form	5768	3	
or e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)	
	ription of the lobbying activity.	Yes	No	•	\moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		,	:	, ,	ad
а	Volunteers?				•	*
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		·			
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .					
i	Other activities?					
j	Total Add lines 1c through 1					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					*
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					\$ A
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), c	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OI answered "Yes."  Dues, assessments and similar amounts from members	. [	Part 1	III-A,	, line	3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of	. ,			
a	Current year		2a			
b	Carryover from last year		2b			
C	Total	ļ	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part	IV Supplemental Information					
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grouinstructions), and Part II-B, line 1. Also, complete this part for any additional information.	ıp list	); Par	t II-A,	lines '	l and
<b></b> -			<del>-</del> .			
						<b></b>

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

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

lame o	f the organization		Employer identification number
ehud:	a & Anne Neuberger Foundation, Inc		27-1040796
Par		ised Funds or Other Similar Fun	nds or Accounts.
	Complete if the organization answered		
	· · · · · · · · · · · · · · · · · · ·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year .		
5	Did the organization inform all donors and donor	advisors in writing that the assets h	neld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?	•	☐ Yes ☐ No
Par	Conservation Easements.		
	Complete if the organization answered	'Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	•	f a historically important land area
	Protection of natural habitat		f a certified historic structure
	☐ Preservation of open space	<del>_</del>	
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easemen	ts .	2b
С	Number of conservation easements on a certified		2c
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not	on a
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or teri	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		spection, handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
_	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b> \$	Old) shows satisfy the recoverage of	f control 1700h\/4\/B\/6\
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	• • •	
_		· · · · · · · · · · · · · · · · · · ·	·
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text organization's accounting for conservation easem-		idiicidi statements mat describes me
Dari	III Organizations Maintaining Collection		r Other Similar Assets
ıaıı	Complete if the organization answered		
1a			
ıu	works of art, historical treasures, or other simila		
	public service, provide, in Part XIII, the text of the	•	
b	If the organization elected, as permitted under S		
D	works of art, historical treasures, or other similar		
	public service, provide the following amounts relati		
	(i) Revenue included on Form 990, Part VIII, line 1	=	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art	historical treasures or other similar	r assets for financial gain, provide the
_	following amounts required to be reported under S		
a	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
a h	Assets included in Form 990. Part X	·	\$

Pag	_	2
rau	E	4

Part	Organizations Maintaining	Collections of A	Art, Hist	orical T	reasures,	or Otl	her Similar As	sets (cont	inued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and otl	ner recor	ds, chec	k any of the	e follow	ring that are a s	ignificant us	se of its
а	☐ Public exhibition		<b>d</b> [	☐ Loan	or exchang	e progr	ams		
b	☐ Scholarly research		е [	☐ Other					
С	☐ Preservation for future generations	<b>;</b>							
4	Provide a description of the organizat XIII.								ın Part
5	During the year, did the organization assets to be sold to raise funds rather								☐ No
Part									
	Complete if the organization	answered "Yes"	on For	n 990, F	Part IV, line	9, or r	reported an an	nount on F	orm
	990, Part X, line 21					_			
1a	Is the organization an agent, trustee, included on Form 990, Part X? .	custodian or oth	er interm	ediary fo	or contributi	ions or	other assets no	ot Yes	□ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the fol	lowing ta	able.				
							Α	mount	
С	Beginning balance .	,				1c			
d	Additions during the year	·				1d			
е	Distributions during the year				•	1e			
f	Ending balance					1f	<u> </u>		
2a	Did the organization include an amour							/? ☐ Yes	☐ No
	If "Yes," explain the arrangement in Pa	art XIII Check here	e if the ex	planatio	n has been	provide	d on Part XIII		Ļ
Part			_						
	Complete if the organization								<del></del>
	_	(a) Current year	(b) Prio	r year	(c) Two year	s back	(d) Three years back	k (e) Four yea	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								<u>.</u>
d	Grants or scholarships								
- е	Other expenditures for facilities and programs .		<u> </u>				<u>.</u>		
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t		d balanc	e (line 1g	, column (a	)) held a	as.		
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	<u></u> %							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possession of th	e organiz	zation tha	at are held	and adi	ministered for th		
	organization by								s No
	(i) unrelated organizations			•	•		•	3a(i)	
	(ii) related organizations					٠		3a(ii)	
b	If "Yes" on line 3a(iı), are the related o							3b	
4	Describe in Part XIII the intended uses		n s enac	wment ii	unas				
Part	VI Land, Buildings, and Equip Complete if the organization		' or [	000 <b>'</b>	Dort IV / 10-1	- 11 <i>-</i> 1	200 Earm 000	Dod V !	0.10
	<del>-</del>				-				
	Description of property	(a) Cost or ot (investm		· ·	or other basis other)		Accumulated epreciation	(d) Book v	
1a	Land								
b	Buildings	·							
C	Leasehold improvements .					<u> </u>			
d	Equipment								
e	Other	·		L					
Total.	Add lines 1a through 1e (Column (d) r	nust equal Form 9	90, Part X	K, columi	n (B), line 10	Oc) .	•		

Part VII	Investments—Other Securitic Complete if the organization a		Form 990, Part IV, line	e 11b See Form 990	0, Part X, line 12
	(a) Description of security or cate (including name of security)	gory	(b) Book value	(c) Method of Cost or end-of-year	f valuation
(1) Financial		•		.,-	
	eld equity interests .		-		<del></del>
	& T Bank - Consolidated Investments		950,291	End-of-year market val	
	ent in Limited Partnership		143,954	End-of-year market val	ue
(B) (C)					
(D)	•				
<u>`´</u> (E)					
(F)					
(G)					•
(H)				a determ	3.5
	b) must equal Form 990, Part X, col (B) line 12)		1,094,245		
Part VIII	Investments—Program Rela		000 Dart IV I.a.	- 44 - Coo Form 00/	Dort V. line 12
	Complete if the organization a			(c) Method	
	(a) Description of investment		(b) Book value	Cost or end-of-ye	
(1)		·			
(2)					·
(3)					
(4)		·			
(5)					
(6)					
(7)					
(8)			<u> </u>		
(9)	the most arrest form 000. Bod V and /D) (ma 12)				
Part IX	b) must equal Form 990, Part X, col (B) line 13)  Other Assets.			<u> </u>	<u> </u>
FAILIA	Complete if the organization a	answered "Yes" on F	Form 990 Part IV lin	e 11d. See Form 99	0 Part X line 15
	Complete it the organization of	(a) Description	<u> </u>		(b) Book value
(1)					
(2)	•				
(3)					<u> </u>
(4)					
(5)					
_(6)					
(7)		<del></del>	<del></del>		<u>-</u>
(8)	-			-	<del></del>
(9) Total. (Colu	mn (b) must equal Form 990, Part >	X, col (B) line 15) .		<b>&gt;</b>	
Part X	Other Liabilities.	, , ,			
	Complete if the organization a	answered "Yes" on I	Form 990, Part IV, Im	e 11e or 11f See Fo	orm 990, Part X,
	line 25				
1.	(a) Description of liability	(b) Book valu	ıe e		
(1) Federal ır	ncome taxes				
(2)					
(3)					
(4)			<del></del>		
(6)					
(7)					
	<del></del>	_	-		
(8)		l			
(8)			"		
(9)	b) must equal Form 990, Part X, col (B) line 25,	) <b>&gt;</b>			

Part			ue per Return.	
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial stateme	nts .	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d .	•	2e	
3	Subtract line 2e from line 1 .		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	. 4b		
C	Add lines 4a and 4b .		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I,		5	
Part			ises per Return.	
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	*	
С	Other losses .	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d .		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
_	Other (December in Dest VIII.)	4b		
b	Other (Describe in Part XIII ) .	TD		
b c	Add lines 4a and 4b		4c	
с 5	Add lines <b>4a</b> and <b>4b</b> Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part		4c 5	
c 5 Part	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part and Supplemental Information.	I, line 18 )	5	
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		and 2b, Part V, line 4, Part X, I	ne
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part and Supplemental Information.		and 2b, Part V, line 4, Part X, I	ne
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		and 2b, Part V, line 4, Part X, I	ne
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		and 2b, Part V, line 4, Part X, I	ne
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		and 2b, Part V, line 4, Part X, I	ne
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		and 2b, Part V, line 4, Part X, I	ne
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		and 2b, Part V, line 4, Part X, I	ne
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		and 2b, Part V, line 4, Part X, I	ne
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		and 2b, Part V, line 4, Part X, I	ne
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		and 2b, Part V, line 4, Part X, I	
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		and 2b, Part V, line 4, Part X, I	ine
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		and 2b, Part V, line 4, Part X, I	ine
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		and 2b, Part V, line 4, Part X, I	ine
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		and 2b, Part V, line 4, Part X, I	ine
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		and 2b, Part V, line 4, Part X, I	ine
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		and 2b, Part V, line 4, Part X, I	ne
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		and 2b, Part V, line 4, Part X, I	ine
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		and 2b, Part V, line 4, Part X, I	ine
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		and 2b, Part V, line 4, Part X, I	ine
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		and 2b, Part V, line 4, Part X, I	
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		and 2b, Part V, line 4, Part X, I	ine
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		and 2b, Part V, line 4, Part X, I	ine
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		and 2b, Part V, line 4, Part X, I	ine
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		and 2b, Part V, line 4, Part X, I	ine
5 Part Provid	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		and 2b, Part V, line 4, Part X, I	ine

# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 Open to Publia Inspection 15 20

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

**Employer Identification number** 27-1040796

°N □ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Yehuda & Anne Neuberger Foundation, Inc Name of the organization Part

990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated it additional space is needed	or any recipient	that received m	ore than \$5,000	Part II can be d	uplicated if addition	onal space is needed	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) American Friends of Belz 1301 47th St. Brooklyn, NY 11219	11-3605086	501 (c)(3)	300,000			-	Operating support
(2) American Friends Yad Ellezer 1102 E 26th St. Brooklyn, NY 11210	11-3459952	501 (c)(3)	8,500				Operating support
(3) American Israel Public Affairs Committee	53-0217164	501 (c)(3)	86,000				Operating support
117	52-0613700	501 (c)(3)	7,200				Operating support
(5) Bnat Jacob Shaaret Zton Cong. 6602 Park Heights Ave Balto MD 21215	52-0618349	501 (c)(3)	000,6				Operating support
(6) Meslia International, Inc 1215 40th Street Brolklyn NY 11218	11-3597720	501 (c)(3)	8,300			,	Operating support
(7) Ohr Chadash Academy 7310 Park Heighis Ave Balto MD 21215	45-2187170	501 (c)(3)	5,000	:			Operating support
(8) Rence Schick Gemilas Chesed 1472 E 17th St. Brooklyn, NY 11230	11-3457356	501 (c)(3)	5,000				Operating support
(9) Suburban Orthodox Congregation 7504 Seven Mile Ln Balto MD 21208	52-1012261	501 (c)(3)	5,000				Operating support
(10) Women's Network for Single Parents 204 Avenue J Brooklyn, NY 11230	20-5555166	501 (c)(3)	155,000				Operating support
(11) The Chananya Backer Memorial Inst 7201 Park Heights Ave Balto MD 21215	st. 45-1623204	501 (c)(3)	25,000				Operating support
(12) Union of Orthodox Congregations of America 11 Broadway 11 Fl New York NY 10004	13-5623717	501 (c)(3)	18,300				Operating support
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and gov	ernment organiza	tions listed in the li	ine 1 table			12

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2015)

Part III Grants an

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-					
2					
3					
4					
5			:		
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information i	required in Part I, lin	e 2, Part III, columr	(b), and any other additi	onal information.
Grants are reviewed to ensure that they are permissible and in accord with applicable laws and regulations.	in accord with apply	cable laws and regulation	ns.		
The Foundation will request and receive periodic reports and updates from the grantees regarding how grants are utilized, and takes such information	nd updates from the g	, grantees regarding how g	rants are utilized, and te	kes such information	
nto account in considering future grant awards					
,					
-		•			
:					Schedule I (Form 990) (2015)

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

**Compensation Information** 

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

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

Yehuda & Anne Neuberger Foundation, Inc. 27-1040796 **Questions Regarding Compensation** Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) <u>نې</u> . If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the 44 organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee ☐ Written employment contract ☐ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee . idh During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. .3 Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of 5a The organization? X Any related organization? 5b X If "Yes" to line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? . 6a X Any related organization? 6b Х If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 Х Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

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

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

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

(B) Breakdown of W-2 and/or 1099-MISC compensation		(B) Breakdown of	W-2 and/or 1099-MIS		Bottomont and		:	(E) Composition
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	(C) Nontaxable benefits	(E) rotal of columns (B)(i)—(D)	in column (B) reported as deferred on prior Form 990
	Θ							
1 Marc B. Terrill	€	471,726	75,000	28,221	009'09	19,266	654,813	
	€ ़							
2								
c	€							
2	€ (€							
4	€							
	(1)							
5	(ii)							
	(1)							
9	<b>(E)</b>							
	Θ							
7	€							
	()							
8	(ii)							
	(J)							
6	<b>(E)</b>		,			,		
	€						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
10	<b></b>							
	(9)							
11	€							
	€		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
12	€							
	€							
13	€							
	<b>E</b>							
14	(E)							
	<u> </u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		11 11 11 11 11 11 11 11 11 11 11 11 11	
15	€							
	€							
16	(ii)							
							Sche	Schedule J (Form 990) 2015

Page 3

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No 1545-0047

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.irs.gov/form990.

Open To Public Inspection

Employer identification number

	a & Anne Neuberger Foundation, Inc			27-	104079	6			
Part	Types of Property	ı				1			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribut amounts reported Form 990, Part VIII, III	on	Method on noncash con			
1	Art—Works of art			<del></del>	<u> </u>				
2	Art—Historical treasures								
3	Art—Fractional interests								
4	Books and publications		,						
5	Clothing and household goods		હેં " 🍇						
6	Cars and other vehicles								
7	Boats and planes .								
8,	Intellectual property								
9	Securities—Publicly traded .	X	1 contribution	92,9	76,000	Fair market v	al <u>ue</u>		
10 11	Securities—Closely held stock Securities—Partnership, LLC, or trust interests								
12	SecuritiesMiscellaneous					-			
13	Qualified conservation contribution—Historic structures				•				
14	Qualified conservation contribution—Other								-
15	Real estate—Residential								
16	Real estate—Commercial								
17	Real estate—Other .								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy .								
22	Historical artifacts			,					
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ( )								
26	Other ► ( )								
27 28	Other ► () Other ► ()								
29	Number of Forms 8283 received	by the or	nanization during the tax v	l vear for contribution	s for	·			
	which the organization completed					29			
	•		, ,	·		<u> </u>		Yes	No
30a	During the year, did the organization	tion receive	e by contribution any prope	erty reported in Part	I. lines	1 through			i
•••	28, that it must hold for at least the								
	to be used for exempt purposes			•		•	30a		X
b	If "Yes," describe the arrangement	t in Part II							
31	Does the organization have a		tance policy that require	es the review of a	iny no	n-standard			
	contributions?				•		31	$\bar{\mathbf{x}}$	l 1
32a	Does the organization hire or us	e third part	ties or related organization	s to solicit, process	s, or se	ell noncash			
	contributions?				•		32a		х
b	If "Yes," describe in Part II								
33	If the organization did not report a	n amount ir	column <sub>.</sub> (c) for a type of pro	perty for which colu	mn (a)	is checked,			
	describe in Part II.						<u> </u>		

Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Part I. line 9	b In 2015 there was one contribution made during the year which included one publicly traded stock
	-
••••	
•••••	·····

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

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number
Yehuda & Anne Neuberger Foundation, Inc.	27-1040796
Form 990 Part VI, Section A,	
Line 2 - There are family relationships among the Donor Members and Directors Yehuda	Neuberger and Anne Neuberger have
	riveuberger and Affile iveuberger have
a family relationship.	
Line 6 - The organization has two members, a Public Member-The Associated Jewish Con	mmunity Federation of Baltimore, Inc. and
Donor Members consisting of Yehuda Neuberger and Anne Neuberger	
Line 7a - The Members appoint the Board of Directors The Public Member appoints the i	majority and the Donor Members
appoint the remainder	
Line 7b - Amendments to the Bylaws are subject to change or rescission by the Members b	perfore they are adopted
Line 11a - The Form 990 and supporting schedules are distributed to the officers and direct	tors upon completion for
review prior to filing.	
Line 12c - The supported organization monitors and enforces the potential of any conflict of	of interests by
regularly reviewing the Board of Directors, its actions and the investment of assets to ensure	that it is in compliance
with the conflict of interest policy	
Line 15 - Marc B. Terrill participates in a nonqualifed deferred compensation plan. No arr	nounts were vested during the year (2015),
however \$50,000 was deferred and is included on Form 990, Part Vii, Column F and Schedu	ıle J, Part II, Column C A new five-year
contract was executed beginning January 1, 2013 Ther terms and conditions of the deferred	compensation plan are outlined
in the contract with The Associated.	
Line 19 - The organization makes its governing documents and financial statements availal	ble to the public upon request
······	

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Yehuda & Anne Neuberger Foundation, Inc

Part I

E

2

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

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

OMB No 1545-0047	2015	
CME	CA.	

OMB No 1545-0047

Open to Public Employer identification number Inspection

(f)
Direct controlling
entity 27-1040796 (e) End-of-year assets (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (c)
Legal domicile (state
or foreign country) (b) Primary activity

(a) Name, address, and EIN (if applicable) of disregarded entity

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2015 ŝ X Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Yes (f)
Direct controlling
entity N/A (e)
Public charity status
(if section 501(c)(3)) \_ (d) Exempt Code section 501 (c)(3) (c) Legal domicile (state or foreign country) MD Exempt organization (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (1) The Associated Jewish Community Federation of Baltimore, Inc (a) Name, address, and EIN of related organization 101 W Mt Royal Avenue Baltimore, MD 21201 Part II 9 (9) (3) € 8 9 9 € 9 

(1) N/A

2

<u>ල</u>

4

9

9

 $\mathbf{E}$ 

Percentage ownership 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 (I) General or managing partner? ŝ Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h)
Disproportionate
allocations? ŝ Yes (g) Share of end-ofyear assets (f) Share of total income (e)
Predominant income (related, unrelated, excluded from tax under sections 512-514) (d)
Direct controlling
entity (c) Legal domicile (state or foreign country) Primary activity ê (a) Name, address, and EIN of related organization Part III

(I) Section 512(b)(13) controlled entity? ŝ 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 Yes (h) Percentage ownership end-of-year assets (g) Share of (f) Share of total income (e)
Type of entity
(C corp, S corp, or frust) (d)
Direct controlling entity (c)
Legal domicile
(state or foreign country) (b) Primary activity (a)Name, address, and EIN of related organization Part IV (1) N/A **(4)** 8 9 9 9 

Schedule R (Form 990) 2015

	5b, or 36
	Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36
	), Part IV,
i	Form 99
	I "Yes" or
	answered
	ganizatıon
	e if the or
	s Complet
	anizations
	ated Orga
	With Rel
2015	sactions
R (Form 990)	7 Trans
Schedule R	Part \

Note. Complete line 1 if any entity is listed in Parts li, III, or IV of this schedule  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IVP	sactions with one or	. more related orgar	ıızatıons lısted ın Part	ts II—V		Yes No	0
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	d entity				1a	×	اب
Gift, grant, or capital contribution to related organization(s)		•			<b>1</b> b	×	
Gift, grant, or capital contribution from related organization(s)		٠			10	Х	<b>,</b>
Loans or loan guarantees to or for related organization(s)					19	×	🌙
Loans or loan guarantees by related organization(s)					1e	1.3	
Dividends from related organization(s)					1f	×	<b>.</b>
Sale of assets to related organization(s)					1g	X	Ų
Purchase of assets from related organization(s)			•		1h	X	V
Exchange of assets with related organization(s)					1i	X	~
Lease of facilities, equipment, or other assets to related organization(s)					-	13	ابا
l pass of facilities aguinment or other assets from related organization(s)					7	<b>**</b> >	4
Ecase of recinities, equipment, or entire assets from states of gammanically.  Performance of services or membership or fundraising solicitations for related organization(s)	ed organization(s)			-	=	< ×	/l ~
Performance of services or membership or fundraising solicitations by relate	(ations by related organization(s)				5	×	-  -
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ganization(s)				1	×	✓
Sharing of paid employees with related organization(s)					9	×	1
					<b>於</b> <b>於</b> <b>於</b>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 200
Reimbursement paid to related organization(s) for expenses					1p	×	اب ا
Reimbursement paid by related organization(s) for expenses	•				19	×	اب
Other transfer of cash or property to related organization(s)	•				-	×	، اب
Other transfer of cash of property from related organization(s)					18	<b>×</b> [	J١
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	on who must cor	nplete this line, incl	uding covered relation	nships and transacti	on thres	splods	ļ
(a) Name of related organization		(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved	g amount	involved	-
		:					
				Schedule R (Form 990) 2015	R (Form	990) 20	1 ==

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

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

					-					
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Disproportionate	(i) Code V—UBI		(k) Percentage
		(state of foreign country)	uncome (related, unrelated, excluded from tax under	501(c)(3) organizations?	iotal incolle		allocalions	of Schedule K-1 (Form 1065)	managing partner?	Ownersing
			sections 512-514)	Yes No			Yes No		Yes No	
(1)	,									
(2)	į									
(3)										
(4)								٦		
(5)										
(9)								:		
(7)										
(8)										,
(6)					,					
(10)										
(11)	·									
(12)				`						
(13)	_		,							
(14)	•									
(15)	-									
(16)										
								Sche	dule R (For	Schedule R (Form 990) 2015