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

For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

**Return of Organization Exempt From Income Tax** 

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

foundations) ▶ Do not enter social security numbers on this form as it may be made public ► Information about Form 990 and its instructions is at <u>www IRS qov/form990</u>

DLN: 93493315022166 OMB No 1545-0047

. ✓Yes No

Form**990**(2015)

Cat No 11282Y

Treas	ury al Revenue Se	► Information about Form 990 and its instructions is	at <u>www IRS</u>	gov/form990		Inspection
		calendar year, or tax year beginning 01-01-2015 , and ending 12-3:	1-2015			
<b>B</b> Ch	eck ıf applıcab	C Name of organization Jewish Federation Council of Greater LA		D Emp	loyer ide	entification number
_	ddress change	% IVAN WOLKIND		95-1	164338	8
	ame change	Doing business as				
L E	nitial return inal			E Telep	hone nun	nber
return	/terminated	Number and street (or P O box if mail is not delivered to street address) Roc 6505 WILSHIRE BLVD	om/suite			
	nended return			(323	3)761-	8000
I Ap	plication pend	LOS ANGELES, CA 90048		<b>G</b> Gross	s receipts	\$ 53,677,022
		F Name and address of principal officer	H(a)	Is this a grou	ıp returi	n for
		IVAN WOLKIND 6505 WILSHIRE BLVD		subordinates	•	☐ Yes 🗸
		LOS ANGELES, CA 90048	""	No Are all subor	dinates	
<b>I</b> Ta	x-exempt stat	us $\checkmark$ 501(c)(3) $\checkmark$ 501(c)( ) $\checkmark$ (insert no ) $\checkmark$ 4947(a)(1) or $\checkmark$ 52	, , ,	included?	amates	\[\text{Yes}  \text{No}\]
J W	ebsite: ► \	VWW JEWISHLA ORG		·	h a list	(see instructions)
			H(c)			
K For	m of organizat	on    Corporation    Trust    Association    Other    Ot	L Ye	ar of formation	1937	State of legal domicile CA
Pa	rt I Su	mmary				
	<b>1</b> Briefly	describe the organization's mission or most significant activities				
_	SEE SC	HEDULE O				
nce						
Activities & Governance						
o Ve	2 Check	this box $\blacktriangleright$ $\sqsubset$ if the organization discontinued its operations or disposition	sed of more	than 25% of i	ts net a	ssets
Ğ	3 Number	er of voting members of the governing body (Part VI, line 1a)			3	56
<b>&gt;</b> 5 √		er of independent voting members of the governing body (Part VI, line 1a)			4	56
Æ		number of individuals employed in calendar year 2015 (Part V., line 2	•		5	243
cti		number of volunteers (estimate if necessary)	•		6	1,997
٩		unrelated business revenue from Part VIII, column (C), line 12 .			7a	2,762
	<b>b</b> Net unr	elated business taxable income from Form 990-T, line 34			7b	1,184
				Prior Year		Current Year
	<b>8</b> Cor	tributions and grants (Part VIII, line 1h)		47,281	.,505	47,593,509
ēnuē∧ē	<b>9</b> Pro	gram service revenue (Part VIII, line 2g)		2,006	,993	2,045,693
		estment income (Part VIII, column (A), lines 3, 4, and 7d)		2,915	<del>.</del> +	1,524,400
<u></u>		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-205	,034	-347,682
	12 Tot 12)	al revenue—add lines 8 through 11 (must equal Part VIII, column (A	), line	51,998	3,629	50,815,920
	<u> </u>	nts and similar amounts paid (Part IX, column (A), lines 1–3)		26,032	2,463	24,660,360
	<b>14</b> Ber	efits paid to or for members (Part IX, column (A), line 4)			0	0
		aries, other compensation, employee benefits (Part IX, column (A), li	nes	16,970	570	17,364,358
Expenses	5-1	•			·	. ,
D G		fessional fundraising fees (Part IX, column (A), line 11e)		29	,185	61,428
型		I fundraising expenses (Part IX, column (D), line 25) ▶9,689,471		10,918	110	11.667.022
		er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)... al expenses Add lines 13-17 (must equal Part IX, column (A), line :		53,950		11,667,922 53,754,068
		enue less expenses Subtract line 18 from line 12		-1,951	· -	-2,938,148
გ <del>გ</del>		,		nning of Curren		End of Year
Net Assets or Fund Balances			begii			
Ass		al assets (Part X, line 16)	•	150,254		148,224,361
ž į		al liabilities (Part X, line 26)		29,545		33,593,166
		assets or fund balances Subtract line 21 from line 20	•	120,709	7,019	114,631,195
Unde my k	r penalties	of perjury, I declare that I have examined this return, including accorded belief, it is true, correct, and complete Declaration of preparer (other)				•
	<b>\</b>			2016-11-07		
Sign	זן וי	gnature of officer		Date		
Her	1 1	AN WOLKIND COO & CFO				
	<b> </b>	/pe or print name and title  Print/Type preparer's name  Preparer's signature	Date		PTIN	
Pai	Ч	KARA ADAMS  KARA ADAMS  KARA ADAMS	Date	Check If self-employed	P0002	3315
	u parer	Firm's name FRNST & YOUNG US LLP		Firm's EIN ▶	- 1	
	only	Firm's address ► 18101 VON KARMAN AVENUE SUITE 1700		Phone no (94	19) 794-2	2300
Jac	. Only	IRVINE, CA 92612				

Form	990 (2015)					Page <b>2</b>				
Par	t IIII Statement	of Program Serv	rice Accomp	lishments						
	Check if Sche	dule O contains a res	ponse or note t	o any line in this Part	III					
1		organization's missio		•		1.				
SEE	SCHEDULE O									
2	Did the organization	undertake anv signifi	cant program se	ervices during the vea	r which were not listed on					
_		r990-EZ?				<b>Yes</b> ✓No				
	•	ese new services on S				, , , , ,				
3	Did the organization cease conducting, or make significant changes in how it conducts, any program									
_	-		-	-		Yes √No				
		ese changes on Sche				, ,-				
4	Describe the organiz	ration's program servi	ce accomplishi	nents for each of its th	nree largest program services,	as measured by				
•					t the amount of grants and allo					
	the total expenses, a	and revenue, if any, fo	r each program	service reported						
_	/6-4-	\ /F	24.042.447		15 000 105 \ /D	2.045.602.)				
<b>4</b> a	(Code	) (Expenses \$	24,012,147	including grants of \$	15,068,195 ) (Revenue \$	2,045,693 )				
	SEE SCHEDULE O									
4b	(Code	) (Expenses \$	12,905,254	including grants of \$	9,231,281 ) (Revenue \$	0 )				
	SEE SCHEDULE O	, (=p==== +	,,		-,,	-,				
4c	(Code	) (Expenses \$	2,994,573	including grants of \$	360,884 ) (Revenue \$	0 )				
	SEE SCHEDULE O	, (	_,,		, , , , , , , , , , , , , , , , , , , ,	- /				
4d	Other program serv	/ices (Describe in Sch	nedule O )							
	(Expenses \$	inc	luding grants o	f \$	) (Revenue \$	)				
4e	Total program servi	ice expenses <b>&gt;</b>	39,911,974							
_	. 3	-				Form <b>990</b> (2015)				

VIII, IX, or X as applicable

If "Yes," complete Schedule D, Part X 🛸

17

Form	1990 (2015)			Page.
Pai	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 💆	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
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		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
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	Yes	
	i i i i i i i i i i i i i i i i i i i		I	i

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  $^{f 2}$  . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

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 💆 . . . . . . . . . . .

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

**d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

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 🥦

**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 . . . . . . . . . . 🔧 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . 🛂

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆 . . . . . . . . .

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

14a Did the organization maintain an office, employees, or agents outside of the United States? ..

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . 💃

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

assistance to or for foreign individuals? If "Yes," complete Schedule F, Paits III and IV 🔒 🔒 💆

Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E

Yes

Nο

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Nο

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**11d** 

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14a

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20a

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

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, Pait I . . . . . . . . . . . . 🖠 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🔧 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

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," 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

23 24a

21

22

24b

24c

24d

25a

25b

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28a

28b

**28**c

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35a

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Yes

Yes

Yes

Yes

Yes

Form 990 (2015)

Yes

Yes

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Nο

Nο

Nο

Νo

Νo

Νo

Nο

Νo

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

29

orm	990 (2015)			Page !
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		. <u></u>
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   104		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b  0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
b	by this return	2b	Yes	
За	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c		No
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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
<b>9</b> a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	]   		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	-		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			l

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*.

Νo

14a

14b

ındependent

year by the following The governing body? .

Section C. Disclosure

Νo

Νo

Νo

Νo

Nο

No Νo

	_	 	 	_
0	(2015)			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below,

describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management Yes No 1a 56 body, or if the governing body delegated broad authority to an executive committee

1a Enter the number of voting members of the governing body at the end of the tax If there are material differences in voting rights among members of the governing or similar committee, explain in Schedule O

Did the organization become aware during the year of a significant diversion of the organization's assets?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

**b** Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . .

**b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . .

**b** Describe in Schedule O the process, if any, used by the organization to review this Form 990

Did the organization have a written document retention and destruction policy? . . . .

a The organization's CEO, Executive Director, or top management official . . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

▶IVAN WOLKIND 6505 WILSHIRE BLVD LOS ANGELES, CA 90048 (323) 761-8000

List the States with which a copy of this Form 990 is required to be filed▶

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

**b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply 

State the name, address, and telephone number of the person who possesses the organization's books and records

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.

organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . .

Enter the number of voting members included in line 1a, above, who are

Did the organization have members or stockholders? . . . . . . . . .

**10a** Did the organization have local chapters, branches, or affiliates? .

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 

1 h

Did the organization delegate control over management duties customarily performed by or under the direct

56 supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was

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7a

10a

10b

11a

12a

12h

**12**c

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15a

15b

**16**a

16b

Yes

Νo

Form 990 (2015)

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2,1033 (1130)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

(F)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<b>(A)</b> Name and Title	A verage hours per week (list any hours	erage Position (do not check riss per more than one box, unless compensate (list person is both an officer hours and a director/trustee) reganization					Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,2033 11207		related organizations
See Additional Data Table										
1b Sub-Total		 ection A				. •				

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 32

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensation

	ındıvıdual								
1	For any individual listed on line 1a, is the sum of reportable organization and related organizations greater than \$150,00		•						
	on line 1a? If "Yes," complete Schedule J for such individual	•	•	 •	•	 	•	•	

2,159,720		0	38	4,84

Section B. Independent Contractors

ated employee from the

Yes 4 Yes

Νo

No

# Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

Total (add lines 1b and 1c) . . . . .

Total number of independent contractors (including but not limited to those listed above) who received more than

services rendered to the organization? If "Yes," complete Schedule I for such person

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

SECURITY SERVICES

TRAVEL SERVICES

BOOK DISTRIB SVCS

EVENT SERVICES

IT STRATEGIC SVCS

(B)

Description of services

(C)

Compensation

Nο

924,877

591,173

511,378

315,902

254,347

Form 990 (2015)

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A)

\$100,000 of compensation from the organization > 18

Name and business address

NASTEC INTERNATIONAL

CALABASAS, CA 91302

67 HUNT ST SUITE 100 AGAWAM, MA 01001 BEVERLY WILSHIRE HOTEL,

9500 WILSHIRE BLVD BEVERLY HILLS, CA 90212 STARNET DATA DESIGN INC.

WORLD EXPRESS TRAVEL

23945 N CALABASAS ROAD SUITE 208

18425 BURBANK BLVD SUITE 512 TARZANA, CA 91356

2659 TOWNSGATE RD SUTIE 227

HAROLD GRINSPOON FOUNDATION,

(A) (R) (0) (D) (F)

Form 99	•	<u> </u>						Page
Part V	* + + +	Statement o						_
		Check if Schedi	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns 1a					
unt	ь	Membership du	es <b>1b</b>	121,516				
Gra	c	Fundraising eve	ents <b>1c</b>	9,754,462				
fs				7,703,802				
Gif ila	d	•	zations 1d					
ns, Sim	e	Government grant	s (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	29,642,912				
별	g		ons included in lines	2,504,934				
Conti		1a-1f \$  Total. Add lines	- 1 - 1 f	· · · ·	47,593,509			
<u>ت =</u>	l n	Total. Add lines	5 1d-11	· · · •	47,333,303			
<del>-</del>		DD 00D 111 0ED) 50		Business Code				
Program Service Revenue	2a	PROGRAM SERVICE		900099	101,239	101,239	0	
a <del>ž</del>	b	RENT REIMBURSE	MENI	531120	1,944,454	1,944,454	0	
Š	C	-						
<b>₹</b>	d	-						
ram	e f	All other progra	am service revenue					
Togi	'							
<u> </u>	g		s 2a-2f		2,045,693			
	3		ome (including dividen ar amounts)		1,212,845		2,762	1,210,08
	4		stment of tax-exempt bond	F	0			
	5	Royalties	<u> </u>	•	0			
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	c c	Rental income	0	0				
	d	or (loss) Net rental inco	l me or (loss)		О			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	1,868,932					
	ь	Less cost or	4 557 277					
		other basis and sales expenses	1,557,377					
	c	Gain or (loss)	311,555		244 555			244 55
	d		ss)	· · · · <b>&gt;</b>	311,555			311,55
Other Revenue	8a	events (not inc \$9,754	,462 s reported on line 1c) ne 18					
hei	ь	Loca diretti	penses b	872,137				
ō	l		(loss) from fundraising	1,303,725 events <b>&gt;</b>	-431,588			-431,58
			rom gaming activities					· · · · · · · · · · · · · · · · · · ·
	l		penses <b>b</b> (loss) from gaming acti	vities	0			
	10a	Gross sales of returns and allo						
	ь	Less cost of q	oods sold <b>b</b>					
	C		(loss) from sales of inv	entory <b>&gt;</b>	0			
		Miscellaneous		Business Code				
	11a	REIMBURSEM	ENTS	900099	76,139	0	0	76,13
	ь	OTHER		900099	7,767	0	0	7,76
	С							
	d	All other reven						
	e	Total. Add lines	s 11a-11d	•	83,906			
	12	Total revenue.	See Instructions .	· · · · •	50,815,920	2,045,693	2,762	1,173,95
	-			J			,	Form 000 /2 0 1 E

#### Part IX Statement of Functional Expenses

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► \_\_\_ if following SOP 98-2 (ASC 958-720)

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 t	this Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	23,806,762	23,806,762		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	853,598	853,598		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,487,240	1,029,236	229,002	229,002
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	12,353,412	6,595,913	757,265	5,000,234
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	1,500,034	604,196	136,311	759,527
9	Other employee benefits	931,910	388,413	74,574	468,923
10	Payroll taxes				
		1,091,762	618,357	78,016	395,389
11	Fees for services (non-employees)	<u> </u>			
a	Management	0	0	0	0
b	Legal	37,078	0	37,078	0
C	Accounting	156,273	0	156,273	0
d	Lobbying	63,000	63,000	U	•
e	Professional fundraising services See Part IV, line 17	61,428	0	125 112	61,428
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A)	135,113	U	135,113	0
g	amount, list line 11g expenses on Schedule O)	998,335	745,042	196,608	56,685
12	Advertising and promotion	903,988	462,372	19,392	422,224
13	Office expenses	538,380	230,288	97,746	210,346
14	Information technology	404,780	127,261	139,114	138,405
15	Royalties	0	0	0	0
16	Occupancy	2,385,657	1,668,101	552,815	164,741
17	Travel	510,271	424,728	52,681	32,862
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	219,113	101,111	79,053	38,949
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	1,632,817	1,078,905	440,708	113,204
23	Insurance	579,815	115,963	243,522	220,330
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	EQUIPMENT REPAIRS/MAINT	814,758	420,698	234,302	159,758
b	SPECIAL EVENT EXPENSE	1,077,298	112,427	0	964,871
c	TEMPORARY LABOR	341,756	98,189	77,567	166,000
d	ALL OTHER EXPENSES	869,490	367,414	415,483	86,593
e	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	53,754,068	39,911,974	4,152,623	9,689,471
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined				

Form 9	990 (2	2015)					Page <b>11</b>
Part	t X	Balance Sheet					
		Check if Schedule O contains a response or note to any l	line in th	ııs Part X	T		<u> </u>
				!	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			19,554,942	1	21,154,891
I	2	Savings and temporary cash investments			4,734,040		7,577,061
ļ	3	Pledges and grants receivable, net			11,568,128		11,484,414
I	4	Accounts receivable, net	·		0		0
	5	Loans and other receivables from current and former off trustees, key employees, and highest compensated em II of Schedule L			0		0
Assets	6	Loans and other receivables from other disqualified persection 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins II of Schedule L	8(c)(3)(E of section	B), and n 501(c)(9)			
Ase	7	Notes and loans receivable, net			7,558,432		3,715,356
	8	Inventories for sale or use			7,558,432		0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	9	Prepaid expenses and deferred charges			499,650	<u> </u>	418,850
I	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis			700,00	>	110,00
I	104	Complete Part VI of Schedule D	10a	37,390,127			
ļ	b	Less accumulated depreciation	<b>10</b> b	21,669,731	16,835,359	10c	15,720,396
1	11	Investments—publicly traded securities			30,342,211	11	31,304,818
1	12	Investments—other securities See Part IV, line 11 .	!	48,486,797	12	42,049,173	
1	13	Investments—program-related See Part IV, line 11 .		0	13	0	
1	14	Intangible assets			0		0
I	15	Other assets See Part IV, line 11			10,674,570		14,799,402
1	16	Total assets.Add lines 1 through 15 (must equal line 34			150,254,129	-	148,224,361
	17	Accounts payable and accrued expenses			4,059,345	17	3,810,181
1	18	Grants payable		!	14,196,225	18	13,818,138
1	19	Deferred revenue		!	0	19	250,000
I	20	Tax-exempt bond liabilities			0	20	0
I	21	Escrow or custodial account liability Complete Part IV		dule D	9,540,498	21	13,906,026
lities	22	Loans and other payables to current and former officers key employees, highest compensated employees, and c	s, directo	ors, trustees,			
Liabiliti		persons Complete Part II of Schedule L	-	!	0	22	0
Lia	23	Secured mortgages and notes payable to unrelated third	rd parties	s	0	23	0
1	24	Unsecured notes and loans payable to unrelated third p	parties	!	0	24	0
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to relat	ed third parties,	7.0040		
I	<u>.                                    </u>				1,749,042	25	1,808,821
	26	Total liabilities. Add lines 17 through 25			29,545,110	26	33,593,166
ces		Organizations that follow SFAS 117 (ASC 958), check h lines 27 through 29, and lines 33 and 34.	iere 🕨	<b></b> and complete			
lar.	27	Unrestricted net assets		!	98,762,577	27	90, 104, 474
မ္ထ	28	Temporarily restricted net assets		!	17,133,100	28	19,613,379
pu!	29	Permanently restricted net assets		!	4,813,342	29	4,913,342
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check he	ere ▶ ┌ and			
įts	30	Capital stock or trust principal, or current funds		!		30	
556	31	Paid-in or capital surplus, or land, building or equipmen	ıt fund	!		31	
Ă '	32	Retained earnings, endowment, accumulated income, or	r other f	unds		32	
Sel	33	Total net assets or fund balances			120,709,019	33	114,631,195
- '	1	Total liabilities and not assets found balances		,	150 054 100	<b>—</b>	1

150,254,129

148,224,361 Form **990** (2015)

34

Total liabilities and net assets/fund balances .

50,815,920

53,754,068

-2,938,148

120,709,019

-3,138,206

0

0

-1,470

No

Νo

Νo

Form 990 (2015)

114,631,195

Yes

Yes

Yes

2a

2b

2c

3a

3b

3

4

5

6

7

8

9

10

Total revenue (must equal Part VIII, column (A), line 12) . . . . 1 Total expenses (must equal Part IX, column (A), line 25) . . . . 2

Both consolidated and separate basis

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities .

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Prior period adjustments .

Revenue less expenses Subtract line 2 from line 1 . . . .

Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

1 Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☐ Other

Consolidated basis

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

**b** Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Part XII Financial Statements and Reporting

Separate basis Consolidated basis

Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Software ID: Software Version:

**EIN:** 95-1643388

Name: Jewish Federation Council of Greater LA

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors												
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization		
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	MISC)	MISC)	and related organizations		
LESLIE BIDER DIRECTOR/CHAIRMAN	0 0	х		×				0	0	0		
SHARON JANKS DIRECTOR/VICE CHAIRMAN	1 0	×		×				0	0	0		
ALBERT PRAW DIRECTOR/VICE CHAIRMAN	1 0 0 0	×		×				0	0	0		
ALAN ROSEN DIRECTOR/VICE CHAIRMAN	1 0	х		×				0	0	0		
TERRI SMOOKE DIRECTOR/TREASURER	1 0	х		x				0	0	0		
NANCY GLASER DIRECTOR	1 0	х						0	0	0		
DANIEL GRYCZMAN DIRECTOR	1 0	х						0	0	0		
ORNA WOLENS DIRECTOR	1 0	х						0	0	0		
LYNNETTE BROWN DIRECTOR	1 0	х						0	0	0		
DEREK BROWN DIRECTOR	10	х						0	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

DIRECTOR

DIRECTOR

KEN KAHAN DIRECTOR

KEN PRESSBERG

(A) Name and Title	(B) Average hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
JULIE PLATT	1 0									
DIRECTOR		×						0	0	1
	00									
LEON JANKS	1 0	<sub>x</sub>							0	
DIRECTOR	0.0	^						١		
ROCHELLE COHEN	1 0									
DIRECTOR/SECRETARY	0 0	×		×				0	0	(
IRVING WEINTRAUB	1 0									
DIRECTOR	0 0	×						0	0	1
HEIDI MONKARSH	1 0									
		×						0	0	
DIRECTOR	0.0									
KARMI MONSHER	1 0									
DIRECTOR	0 0	×						0	0	
PAUL PEPPERMAN	1 0									
DIRECTOR	0 0	×						0	0	
JONATHAN ANSCHELL	1 0									

Х

Х

0 0 10

0 0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

JOSH FEFFER

CECE FEILER

(A) Name and Title	(B) A verage hours per week (list any hours for related	unle:	ore t ss pe	han erso cer tor/i	not one n is and trus	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	and related organizations	
RODNEY FREEMAN	1 0										
DIRECTOR		×						0	0	1	
DIRECTOR	0.0										
ANDREW ALTSHULE	1 0	l x						٥ .	0		
DIRECTOR	0.0	^								]	
DEBBIE ATTANASIO	1 0										
		X						0	0		
DIRECTOR	0.0										
HOWARD BERNSTEIN	1 0										
DIRECTOR		×						0	0	1	
DIRECTOR	0.0										
LYNN BIDER	1 0							_			
DIRECTOR	0 0	×						0	0	ĺ	
	1 0										
JERRY COBEN		l x						0	0		
DIRECTOR	0.0	"						<b> </b>			
JONATHAN COOKLER	10										
		×						0	0		
DIRECTOR	0.0										
RABBI ELLIOT DORFF	1 0										
		×						0	0	•	

0 0 10

0 0 10

0 0

. . . . . . . . . . . . . . . . . . .

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) (B) (C) (D) (E)

(A) Name and Title	(B) Average hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	and related organizations
RABBI ED FEINSTEIN	1 0									
DIRECTOR	0 0	X						0	0	1
LARRY FREEMAN	1 0									
DIRECTOR	0 0	×						0	0	(
JESSE GABRIEL	1 0									
DIRECTOR	0 0	×						0	0	(
ABNER GOLDSTINE	1 0									
DYNECTOR		×						0	0	•
DIRECTOR	0.0									
STEVEN GORDON	1 0									
DIRECTOR	0 0	X						0	0	
DEBI GRABOFF	1 0									
DIRECTOR	0 0	×						0	0	1
ADA HORWICH	1 0									
DIRECTOR	0 0	×						0	0	
	l								l	

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NANCY JOSEPHSON

JONATHAN LITTMAN

DIRECTOR

DIRECTOR

DIRECTOR

MARK LAINER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (A) (C)

( <b>A)</b> Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
FRANK MAAS	1 0									
DIRECTOR	0 0	×						0	0	
VIRGINIA MAAS	1 0									
DIRECTOR	0 0	×						0	0	9
HAROLD MASOR	1 0									
DIRECTOR	0 0	×						0	0	
STEVEN NICHOLS DIRECTOR	1 0	×						0	0	
LAWRENCE POST DIRECTOR	1 0	×						0	0	
	1 0			_						
MARC ROHATINER		×						0	0	
DIRECTOR	0.0									
LENNY SANDS DIRECTOR	1 0	×						О	0	
DANA SAYLES	1 0			$\vdash$						
DIRECTOR	0 0	×						0	0	

0 0 10

0 0 10

0 0

......

Χ

JESSE SHARF

NANCY SHER COHEN

DIRECTOR

DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	unle:	ore t ss pe offi direct	han erso cer tor/t	not one n is and rus	tee)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee		ployee	Highest compensated employee			
BRIAN SHIRKEN	1 0							_	
DIRECTOR	0 0	×					0	0	
GLENN SONNENBERG	1 0	x					0	0	
DIRECTOR	0.0								
MARK WEINSTEIN	1 0								
DIRECTOR	0 0	×					0	0	
BRIAN WEISBERG DIRECTOR	0 0	×					0	0	
RABBI DAVID WOLPE	1 0	x					0	0	
DIRECTOR	0.0								
MICHAEL ZIERING	1 0						_	_	
DIRECTOR	0 0	×					0	0	ľ
IVAN WOLKIND	38 0								
CFO/COO	0 0			×			299,948	0	30,969
JAY SANDERSON	38 0								
CEO/PRESIDENT	0 0			×			526,080	0	59,01
	t	_					 <b>.</b>		

38 0

0 0

ANDREW CUSHNIR

CAROL KORANSKY

EVP CHIEF DEVELOPMENT OFFICER

EVP DIRECTOR VALLEY ALLIANCE

38,22

33,63

0

0

276,148

223,227

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(F)

62,26

23,98

23,29

148,281

172,784

168,662

(A)	(B)			(C	:)			(D)	(E)	(F)
Name and Title	A verage	Pos	ıtıon	(do	not	t chec	k	Reportable	Reportable	Estimated
	hours per	m	ore t	han	one	e box,		compensation	compensation	amount of
	week (list	unle	ss pe	erso	n is	both	an	from the	from related	other
	any hours		offi	cer	and	a		organization	organizations	compensation
	for related	0	lirect	tor/	trus	tee)		(W- 2/1099-	(W- 2/1099-	from the
	organizations	25		Ю	$\boldsymbol{x}$	ΦI	73	MISC)	MISC)	organization
	below		n s	Officer	<u>\$</u>	Highest employe	Former			and related
	dotted line)	풀질	<b>1</b>	₹	<u>1</u> 23	98	[₹			organizations
		individual or director	Institutional		employ		_			
		e f	าอ		9	ÿğ				
		เ	₹.		0	compensated e				
		S. Dele	ust			1 13				
		*	Ţ			g				
						8				
DENISE OSSO	38 0									
						X		163,029	0	68,69
CHIEF CREATIVE DIRECTOR	0 0									
CYNTHIA AYALA	38 0									
						Х		181,561	0	44,76!
SVP ADMINISTRATION & HR	0 0									· I

38 0

0.0 38 0

00

AMY POPKIN

LORI TESSEL

JOHN MAGOULAS

SVP WOMEN'S CAMPAIGN

ASSOC CHIEF DEVELOPMENT OFCR

CHIEF DEVEL OFCR VLY ALLIANCE

efil	le GF	RAPHIC pr	int - DO I	NOT PROCES	SS	As Filed Da	ta -		DLN: 9	3493315022166
(Fo			<b>&gt;</b>	Complete if the Information al	orga 49 • • • • •	narity Statu anization is a sec 947(a)(1) nonexo Attach to Form Schedule A (Form	O <b>rt</b> rasection	2015 Open to Public Inspection		
Treasu	ury		w	ww.irs.gov/fo	rm99	<u>90</u> .				Inspection
Name	e of tl	enue Service he organizat ration Council o							Employer identific	cation number
									95-1643388	
Pa	rt I	Reason	for Publi	c Charity S	tatu	ı <b>s</b> (All organıza	ations must d	complete this p	part.) See instructi	ons.
The	organı	ızatıon ıs not	a private fo	oundation beca	use	ıtıs (Forlines 1	through 11, c	heck only one b	ox)	
1		A church,	convention	of churches, o	ass	ocıatıon of churc	hes described	in <b>section 170(</b>	b)(1)(A)(i).	
2		A school d	escribed in	section 170(b)	(1)(	<b>A)(ii).</b> (Attach S	chedule E (Foi	rm 990 or 990-E	EZ))	
3		A hospital	or a cooper	ative hospital	servi	ice organization	described in <b>s</b>	ection 170(b)(1)	)(A)(iii).	
4					rated	d in conjunction (	with a hospital	described in <b>se</b>	ction 170(b)(1)(A)(ii	ii). Enter the
5	Г	An organı				of a college or ur	niversity owne	d or operated by	a governmental unit	described in <b>section</b>
6				' <del>-</del> '		overnmental unit	t described in	section 170(b)(	1)(A)(v).	
7	<b>▽</b>	described	ın <b>section 1</b>	70(b)(1)(A)(v	i). (C	Complete Part II	)	-	ental unit or from the	general public
8 9			•			70(b)(1)(A)(vi)		•		
10 11	· 	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 su from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. Seesection 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 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Che 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								
b c	Г	organization Type II. A manageme must comp Type III fo	on You mus supporting int of the su lete Part IV unctionally	t complete Pai organization s ipporting organ V, Sections A a integrated. A s	rt IV, uperv ization nd C. suppo	, Sections A and vised or controlled on vested in the orting organization	<b>B.</b> ed in connections are persons on operated in	on with its supportion that control or i	, and functionally inte	by having control or d organization(s) <b>You</b>
d	Г	Type III n not functio	on-function nally integr	<b>ally integrated</b> ated The orga	I. A s nızat	ion generally mu	ızatıon operate ıst satısfy a dı	ed in connection stribution requir	, and E. with its supported or ement and an attentiv	
e	Г	Check this	box if the o	organization re	ceive	art IV, Sections A ed a written detei ntegrated suppoi	rmınatıon from	the IRS that it i	s a Type I, Type II, <sup>-</sup>	Гуре III functionally
f	Ente	_							<u> </u>	
g		Provide th	e following i	nformation abo	ut th	e supported orga	anızatıon(s)			
									1	T
Nan	ne of s	(i) supported or	ganızatıon	(ii)EIN	(des	(iii) Type of organization scribed on lines 9 above (see nstructions))	(iv Is the org listed in you docun	ianization ir governing	A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
							Yes	No		
Tota	<u> </u>						l		1	
For P	aperv	work Reduct	ion Act Noti	ice, see the In	st ruc	tions for Form 9	90 or 990EZ.	Cat No 112		n 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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 (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 45,503,542 44,804,424 44,654,777 47,281,505 47,593,509 229,837,757 membership fees received (Do not include any unusual grants ) Tax revenues levied for the alf governmental unit to the organization without charge Total. Add lines 1 through 3 45,503,542 44,804,424 44,654,777 47,281,505 47,593,509 229,837,757 The portion of total contributions by each person (other than a

	organization's benefit and eithe
	paid to or expended on its beha
3	The value of services or
	facilities furnished by a

governmental unit or publicly

Public support. Subtract line 5

Section B. Total Support Calendar year

royalties and income from

Net income from unrelated business activities, whether or

10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part

11 Total support. Add lines 7

supported organization

instructions

not the business is regularly

(or fiscal year beginning in) ▶

Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents,

sımılar sources

carried on

through 10

VI)

15

column (f)

from line 4

supported organization) included on line 1 that exceeds 2% of the amount shown on line 11,

**12** Gross receipts from related activities, etc. (see instructions)

Section C. Computation of Public Support Percentage

Public support percentage for 2014 Schedule A, Part II, line 14

(a)2011

Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

45,503,542

1,057,288

**(b)**2012

44,804,424

1,755,379

613,490

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,

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

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

16a 33 1/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

(c)2013

44,654,777

1,878,837

(d)2014

47,281,505

2,150,936

(e)2015

12

14

15

47,593,509

1,212,845

7.767

0

5,983,667

223,854,090

229,837,757

8,055,285

621,257

238,514,299

12,459,008

93 854 %

93 660 %

▶▽

▶□

▶□

Schedule A (Form 990 or 990-EZ) 2015

(f)Total

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.)

	II. If the organization	n fails to qualify	under the tes	ts listea below,	please comple	ete Part II.)				
Section A. Public Support										
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	( <b>d)</b> 2014	(e)2015	<b>(f)</b> ⊤otal			
(or t	iscal year beginning in) > 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									
3	Gross receipts from activities									
	that are not an unrelated trade or business under section 513									
4	Tax revenues levied for the									
	organization's benefit and either									
	paid to or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to the organization without charge									
6	<b>Total.</b> Add lines 1 through 5									
	Amounts included on lines 1, 2,									
	and 3 received from disqualified									
_	persons									
b	Amounts included on lines 2 and 3 received from other than									
	disqualified persons that exceed									
	the greater of \$5,000 or 1% of									
	the amount on line 13 for the year									
	Add lines 7a and 7b									
8	<b>Public support.</b> (Subtract line 7c from line 6)									
Se	ction B. Total Support			l						
	Calendar year	4.32.44	412242	4.3004.0	4 D204 4	4 22045	(5) =			
(or f	iscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total			
9	A mounts from line 6									
10a	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties and income from similar sources									
b	Unrelated business taxable									
	income (less section 511 taxes)									
	from businesses acquired after									
_	June 30, 1975 Add lines 10a and 10b									
с 11	Net income from unrelated									
	business activities not included									
	in line 10b, whether or not the									
	business is regularly carried on									
12	business is regularly carried on Other income Do not include									
12	business is regularly carried on Other income Do not include gain or loss from the sale of									
12	business is regularly carried on Other income Do not include									
12	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c,									
13	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	For the organization	an's first second	third fourth or	ifth tay year ac	section 501/cV	2) organization			
	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is the same of the same o	or the organization	on's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3	3) organization,			
13 14	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is the check this box and stop here			, third, fourth, or 1	ifth tax year as a	section 501(c)(	3) organization, ▶			
13 14	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is to check this box and stop here  Ction C. Computation of Pub	lic Support P	ercentage		ifth tax year as a		B) organization, ▶    □			
13 14 Se 15	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is facheck this box and stop here  ction C. Computation of Pub  Public support percentage for 2015	lic Support Position (line 8, column	ercentage (f) divided by line		ifth tax year as a	15	3) organization, ▶ □			
13 14 Se 15 16	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is the check this box and stop here  ction C. Computation of Pub  Public support percentage for 2015	lic Support Po (line 8, column of 14 Schedule A, P	ercentage (f) divided by line art III, line 15	13, column (f))	ifth tax year as a		3) organization, ▶    T			
13 14 Se 15 16	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is to check this box and stop here  ction C. Computation of Pub  Public support percentage from 2015  Ction D. Computation of Inv	lic Support Post (line 8, column of 14 Schedule A, Postment Inco	ercentage (f) divided by line art III, line 15 me Percenta	13, column (f))	· · · · · · · · · · · · · · · · · · ·	15	3) organization, ▶ □			
13 14 Se 15 16	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is to check this box and stop here  Ction C. Computation of Pub  Public support percentage for 2015  Public support percentage from 20;  ction D. Computation of Inv  Investment income percentage for	lic Support Position 8, column of 14 Schedule A, Pestment Inco	ercentage (f) divided by line art III, line 15 me Percenta olumn (f) divided	13, column (f)) <b>ge</b> by line 13, colum	· · · · · · · · · · · · · · · · · · ·	15	3) organization, ▶ □			
13 14 Se 15 16	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is to check this box and stop here  ction C. Computation of Pub  Public support percentage from 2015  Ction D. Computation of Inv	lic Support Position 8, column of 14 Schedule A, Pestment Inco	ercentage (f) divided by line art III, line 15 me Percenta olumn (f) divided	13, column (f)) <b>ge</b> by line 13, colum	· · · · · · · · · · · · · · · · · · ·	15 16	3) organization, ▶ □			

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2015

#### Part IV Supporting Organizations

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

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

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

11c

Page 5

No

Part IV Supporting Organizations (continued) Section B. Type I Supporting Organizations

Section b. Type I Supporting Organizations				
			Yes	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s)			

that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type II Supporting Organizations Yes No

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in  $\bf Part~VI$  how contiol or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior

tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 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 2 supported organization(s) 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? 3

If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test Complete line 2 below а

The organization is the parent of each of its supported organizations. Complete line 3 below b

c

The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test\_Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the

supported organization(s) to which the organization was responsive?

If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the

organization determined that these activities constituted substantially all of its activities

**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

3 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

each of the supported organizations? Provide details in Part VI

**b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Schedule A	(Form	990 or	990-EZ)	2015

2a

2b

3a

3b

Yes

No

(B) Current Year (optional)

Page **6** 

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov 20, 1970 <b>See inst</b>	ructions. All other
	Type III non-functionally integrated supporting organizations must complete Sections	s A through E	
	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Ye

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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		
	•		•	

6	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)			
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	A ggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		(opnonar)
_	, , , ,	-		
а	Average monthly value of securities	1a		
b	A verage monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	<b>1</b> c		
d	Total (add lines 1a, 1b, and 1c)	1d		

	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)	1		
а	Average monthly value of securities	<b>1</b> a		
b	Average monthly cash balances	<b>1</b> b		
c	Fair market value of other non-exempt-use assets	<b>1</b> c		
d	Total (add lines 1a, 1b, and 1c)	<b>1</b> d		
e	<b>Discount</b> 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		
1				

d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	

-	racept, me s s, sss	_	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	

4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable A mount.</b> 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-functionally-instructions)	ntegrat	ed Type III supporting o	rganization (see

Section D - Distributions			Current Year
A mounts paid to supported organizations to accomp	olish exempt purposes		
2 A mounts paid to perform activity that directly further excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets	1 1 3		
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru	,		
·	ictions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
<b>9</b> Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
a			
b			
С			
<b>d</b> From 2013			
<b>e</b> From 2014			
f Total of lines 3a through e			
<b>g</b> 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			
<u> </u>			
a Applied to underdistributions of prior years			-
<b>b</b> Applied to 2015 distributable amount			
c 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)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
а			
b			
<b>c</b> Excess from 2013			
d From 2014			
<b>e</b> From 2015		<u> </u>	/F 000 000 == 1 /2 1
		Schedule A	<b>(Form 990 or 990-EZ)</b> (2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A	Schedule A (Form 990 or 990-EZ) 2015 Page <b>8</b>				
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).					
		Facts And Circumstances Test			
R	eturn Reference	Explanation			
		Schedule A (Form 990 or 990-i	Z) 2015		

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493315022166 Political Campaign and Lobbying Activities OMB No 1545-004 **SCHEDULE C** (Form 990 or For Organizations Exempt From Income Tax Under section 501(c) and section 527 990-EZ) ▶ 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 Open to Public Department of the **Inspection** www.irs.gov/form990. Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, 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 • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number Jewish Federation Council of Greater LA 95-1643388 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes □ No Was a correction made? □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 2 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization fileForm 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) A mount paid from (e) A mount of political filing organization's contributions received funds If none, enter -0and promptly and directly delivered to a separate political organization If none, enter -0-

#### under section 501(h)). Check 🕨 🗔 If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

Check ▶ ☐ If the filing organization checked box A and "limited control" provisions apply (a) Filing (b) Affiliated Limits on Lobbying Expenditures organization's group totals (The term "expenditures" means amounts paid or incurred.) totals Total lobbying expenditures to influence public opinion (grass roots 1a lobbvina) Total lobbying expenditures to influence a legislative body (direct lobbying)

Total lobbying expenditures (add lines 1a and 1b)

Other exempt purpose expenditures

Total exempt purpose expenditures (add lines 1c and 1d)

The lobbying nontaxable amount is:

Lobbying nontaxable amount Enter the amount from the following table in both columns

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

Calendar year (or fiscal year

beginning in)

\$1,000,000

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

20% of the amount on line 1e

\$100,000 plus 15% of the excess over \$500,000

\$175,000 plus 10% of the excess over \$1,000,000

\$225,000 plus 5% of the excess over \$1,500,000

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

**(b)**2013

(a)2012

Yes

(c)2014

☐ No

(d)2015

Schedule C (Form 990 or 990-EZ) 2015

(e) Total

If the amount on line 1e, column (a) or (b) is:

Over \$500,000 but not over \$1,000,000

Over \$1,000,000 but not over \$1,500,000

Over \$1,500,000 but not over \$17,000,000

reporting section 4911 tax for this year?

Lobbying nontaxable amount

Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

Not over \$500,000

Over \$17,000,000

g

2a

Sche	edule C (Form 990 or 990-EZ) 2015				Pi	age <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	ТОГ				
		(	a)		(b)	
ror e activ	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying lity		No	Α	moun	nt
		Yes		 I		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No			
C	Media advertisements?		No			C
d	Mailings to members, legislators, or the public?		No			C
е	Publications, or published or broadcast statements?		No			C
f	Grants to other organizations for lobbying purposes?	Yes				63,000
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No			C
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			C
i	Other activities?		Νo			C
j	Total Add lines 1c through 1i					63,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	<b>501</b> (c	:)(5), c	r se		1
	W			_	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?	.01/-	\ <u>\</u>			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a	<u> </u>			
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					

political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference Explanation SCHEDULE C, PART II-B, LINE 1F LOBBYING EXPENSE ALLOCATIONS THE JEWISH PUBLIC AFFAIRS COMMITTEE OF CALIFORNIA (JPAC) IS THE LARGEST SINGLE STATE COALITION OF JEWISH ORGANIZATIONS IN THE NATION JPAC IS COMPRISED OF JEWISH FEDERATIONS, JEWISH COMMUNITY RELATIONS COMMITTEES, AND OTHER CALIFORNIA BASED JEWISH ORGANIZATIONS JPAC TAKES POSITIONS ON LEGISLATION DEALING WITH ISSUES IMPORTANT TO THE JEWISH COMMUNITY, SUCH AS CIVIL RIGHTS, SEPARATION OF CHURCH AND STATE, SOCIAL SERVICE DELIVERY, AND PUBLIC EDUCATION JPAC ALSO ADVOCATES ON THE FULL RANGE OF JEWISH COMMUNITY CONCERNS, INCLUDING SUPPORT ON BEHALF OF JEWISH SOCIAL SERVICE PROVIDER AGENCIES THAT SERVE THE POPULATION AT LARGE JPAC SERVES AS A RESOURCE TO LEGISLATORS ON VARIOUS

POLICY MATTERS LOBBYING ALLOCATION TO JPAC IS \$63,000

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DLN: 93493315022166 OMB No 1545-0047

Inspection

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.

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

Internal Revenue Service Name of the organization

(Form 990)

Treasury

Department of the

**Employer identification number** Jewish Federation Council of Greater LA 95-1643388 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7

Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space

easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a

2b

Cat No 52283D

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

Number of conservation easements on a certified historic structure included in (a)

tax year ▶\_ Number of states where property subject to conservation easement is located ▶\_

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of

violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(I) and section 170(h)(4)(B)(II)? ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1

Total acreage restricted by conservation easements

(ii) Assets included in Form 990, Part X **▶** \$ \_

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2015

Sch	edule D (Form 990) 2015					Page 2					
Par	t III Organizations Maintainin (continued)	g Collections of	Art, Historical	Treasures, or	Other Similar A	ssets					
3											
а	Public exhibition		d ┌ ∟o	oan or exchange pro	grams						
b	Scholarly research		<b>e</b>	ther							
_	<u> </u>		·								
С	Preservation for future generation										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII  During the year, did the organization solicit or receive donations of art, historical treasures or other similar										
5	assets to be sold to raise funds rather					s  □No					
Pa	rt IV Escrow and Custodial Art Complete if the organization Part X, line 21.		n Form 990, Pai	rt IV, line 9, or re	ported an amoun	t on Form 990,					
1a											
b	, ,	Part XIII and comple	te the following ta	Ì		ount					
<b>c</b>	Beginning balance			1							
d	readitions daring the year			10							
e	Distributions during the year			1							
f	Ending balance			1							
<b>2</b> a	Did the organization include an amount	on Form 990, Part X,	line 21, for escro	w or custodial acco	unt liability? 🔽 Yes	s					
h						<b>~</b>					
0.0	If "Yes," explain the arrangement in Part V Endowment Funds. Comp					<u> </u>					
Fe	Endowment Funds. Comp	(a)Current year	(b)Pnor year	<b>b (c)</b> Two years back	(d)Three years back	(e)Four years back					
1a	Beginning of year balance	83,266,620	81,580,221	74,134,717	67,264,208	72,141,000					
b		5,597,769	3,707,776	2,089,662	1,055,573	1,559,930					
c	Net investment earnings, gains, and losses	-1,653,857	2,335,782	9,346,757	9,330,396	-626,730					
d											
е	Other expenditures for facilities and programs	6,149,847	4,101,572	3,764,817	3,319,758	5,662,869					
f	Administrative expenses	276,811	255,587	226,098	195,702	147,123					
g	End of year balance	80,783,874	83,266,620	81,580,221	74,134,717	67,264,208					
2	Provide the estimated percentage of th	e current year end ba	lance (line 1g, col	umn (a)) held as							
а	Board designated or quasi-endowment	<b>▶</b> 88 580 %									
b	Permanent endowment ► 6 080 %										
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2	5 340 % c should equal 100%	ı								
3a	A re there endowment funds not in the p	Are there endowment funds not in the possession of the organization that are held and administered for the									
	organization by				-	Yes No					
	(i) unrelated organizations					(i) Yes (ii) Yes					
ь	(ii) related organizations If "Yes" on 3a(ii), are the related organ				-	b Yes					
4	Describe in Part XIII the intended use:					103					
Pa	rt VI Land, Buildings, and Equ										
	Complete if the organization					<del>'</del>					
	Description of property		(a) Cost or other (investmen		Accumulated (c) depreciation	(d)Book value					
<b>1</b> a	Land			2,463,	991	2,463,991					
b	Buildings										
				28,459,	024 16,534,643	11,924,381					
	Leasehold improvements		•		477						
	Equipment		•	3,850,	3,408,617	7 441,560					
е	Other			2,616,	935 1,726,47	1 890,464					
Tota	al Add lines 1a through 1e (Column (d) m	ust equal Form 990 Pa	ert Y. column (B) lu		_,,	15 720 306					

Schedule D (Form 990) 2015			Page <b>3</b>
Part VII Investments—Other Securities. Comp See Form 990, Part X, line 12.	olete if the orga	anızatıon answered 'Ye	s' on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
(A) JEWISH COMMUNITY FOUNDATION		42,049,173	F
(B) COMMON INVESTMENT POOL		0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related.	<b>•</b>	42,049,173	
Complete if the organization answered 'Y	es' on Form 99	90, Part IV, line 11c. <sub>Se</sub>	ee Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
			occor ond or your manner value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization a		Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
(1) JIM JOSEPH FUND HSAI			13,906,026
(2) DUE FROM BROKER (3) CSV LIFE INSURANCE			573,353 198,954
(4) DEFERRED COMPENSATION 457 (B)			106,030
(5) DONATED REAL ESTATE			15,039
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15, Part X Other Liabilities. Complete if the organ			▶ 14,799,402
See Form 990, Part X, line 25.		<u>,                                      </u>	
1. (a) Description of liability	(b) Book val	ue	
Federal income taxes		0	
DB PENSION PLAN PAYABLE	1,169	7,109	
OTHER DEFERRED COMPENSATION	500	0,000	
		·	
DEFERRED COMPENSATION 457 (B) PLAN	100	5,030	
OTHER LIABILITIES	33	3,682	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	1,808	3,821	

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

XIII

•		nization answered 'Yes' on Form 990,			hei v	etuiii
1	·	r support per audited financial statements			1	46,020,700
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a	-3,138,206		
b	Donated services and use of fa	acılıtıes	2b			
c	Recoveries of prior year grants	s	<b>2</b> c			
d	Other (Describe in Part XIII )					
			2d			
e	Add lines 2a through 2d				2e	-3,138,206
3					3	49,158,906
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a	135,113		
b	Other (Describe in Part XIII)		4b	1,521,901		
c	Add lines <b>4a</b> and <b>4b</b>				4c	1,657,014
5		d <b>4c.</b> (This must equal Form 990, Part I, line	e 12 )		5	50,815,920
Par		xpenses per Audited Financial St nization answered 'Yes' on Form 990,			s per	Return.
1		r audited financial statements			1	52,097,054
- 2	•	It not on Form 990, Part IX, line 25				32,037,031
- а			2a			
b	Donated services and use of facilities					
c	Other losses		2c			
d			. 2d	0	1	
e	·		. <u>u</u>		2e	0
3	-		•		3	52,097,054
4		0, Part IX, line 25, but not on line <b>1:</b>	•		<u> </u>	32,037,034
a		uded on Form 990, Part VIII, line 7b	.  4a	135,113		
b	Other (Describe in Part XIII )		4b	1,521,901	-	
	,			1,321,301	4c	1,657,014
с 5		nd <b>4c.</b> (This must equal Form 990, Part I, I			5	53,754,068
	Total expenses Add lines 3 al	ilu 4C. (Tills illust equal i olili 990, Pait 1, i	ille 10	<u>,</u>		33,734,000
Par	t XIII Supplemental Inf	ormation				
Part		Part II, lines 3, 5, and 9, Part III, lines 1, lines 2d and 4b, and Part XII, lines 2d an				de any additional
	Return Reference	Explanation				
SCHE	EDULE D, PART IV, LINE 2B	THE JEWISH FEDERATION COUNCIL COMMUNITY FOUNDATION ("FOUNDATION ("FOUNDATION COUNCIL COMMUNITY FOUNDATION ("FOUNDATION HIGH SCHOOL ASSISTS THE HIGH SCHOOLS IN RAIS ONGOING CAPACITY TO SUPPORT JEACTS AS INTERMEDIARY BETWEEN THE HUNDS RECEIVED BY BJE FROM THE HINVESTMENT POOL MANAGED BY THE USE OF ENDOWMENT FUNDS THE BOARD DE	TION CHOO AFFOI SING E WISH HE BJE IGH S	"), BUREAU OF JEWISH LS ("HIGH SCHOOLS") RDABILITY INITIATIV NDOWMENT DOLLARS HIGH SCHOOL EDUCA AND THE FOUNDATIO CHOOLS FOR INVESTI	EDUC PARTI E THE WHIC TION N BY T NG IN O, PAR	ATION ("BJE"), AND (CIPATED IN THE JIM INITIATIVE H WILL BUILD THE FEDERATION FRANSFERRING THE COMMON T V, LINE 4 Intended

SUPPORT FOR CAMPING PROGRAMS

ONGOING SUPPORT FOR THE ORGANIZATION THROUGH AN ANNUAL DISTRIBUTION THE ANNUAL DISTRIBUTION IS BASED ON A SPENDING RATE OF 5% CALCULATED BASED ON THE TWELVE QUARTERS AVERAGE BALANCE AT SEPTEMBER 30TH ADDITIONALLY, THE BOARD DESIGNATED ENDOWMENT MAY BE USED TO SUPPORT SIGNIFICANT OPERATING OR PROGRAM INITIATIVES THAT EXCEED THE PROJECTED ANNUAL REVENUE AND EXPENSE BUDGET DISTRIBUTIONS THAT EXCEED THE ANNUAL SPENDING RATE ARE APPROVED BY THE BOARD OTHER ENDOWMENT FUNDS ARE INTENDED TO A) PROVIDE AN ENDOWMENT TO MATCH AREA JEWISH DAY SCHOOLS SCHOLARSHIP DISTRIBUTIONS, B) PROVIDE FUNDS FOR CAPITAL IMPROVEMENTS TO THE FEDERATION'S FACILITIES, AND C) PROVIDE

Schedule D (Form 990) 2015

efile GRAPHIC print -	DO NOT	PROCESS	As Filed Da	ta -	DLN	: 93493315022166
SCHEDULE F (Form 990)	Stat	tement of	Activities (	Outside the Unit	ed States	OMB No 1545-0047
(FOIII 990)		► Complete i	2015			
Department of the Treasury Internal Revenue Service	► Informati	on about Schedu		o Form 990. and its instructions is at w	ww.irs.gov/form990.	Open to Public Inspection
Name of the organization Jewish Federation Council of	f Greater L	.А			<b>Employer ide</b> 95-1643388	entification number
				<b>he United States.</b> orm 990, Part IV, line	14b.	
	e, the gra	antees' eligibil		Is to substantiate the ants or assistance, and	_	
assistance outside t	he United	d States		rocedures for monitori		•
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) program service, describe specific type of service(s) in region	
(1) Middle East and North	ı A frıca	1		Program services	SEE PART V	1,282,10
(2) Middle East and North	ı A frıc a			Grantmakıng		853,598
(3)						
(4)						
(5)						
3a Sub-total b Total from continuatio to Part I	n sheets	1	22			2,135,700
c Totals (add lines 3a ar		1	2.2		No 50082W <b>Sch</b>	2,135,706 edule F (Form 990) 2015

Schedule F (Form 990) 2015

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(	1)		Middle East and North Africa	GENERAL SUPPORT	754,598	CHECK			
( :	2)		Middle East and North Africa	GENERAL SUPPORT	90,000	CHECK			
( :	3)		Middle East and North Africa	GENERAL SUPPORT	9,000	CHECK			
7	4)								

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

Part II

Part III

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Schedule F (Form 990) 2015

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

Sch	edule F (Form 990) 2015			Рa	ge <b>4</b>
Pa	rt IV Foreign Forms				
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Г	Yes	<b>√</b>	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Г	Yes	✓	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Г	Yes	✓	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Г	Yes	<b>√</b>	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Г	Yes	<b>√</b>	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If				

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form

5713, do not file with Form 990)

Yes

Schedule F (Form 990) 2015

# **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation					
SCHEDULE F, PART I, LINE 2 AND PART I, LINE 3, COLUMN E	Procedures for Monitoring Use of Grants THE JEWISH FEDERATION OF LOS ANGELES' ISRAEL OFFIC					
OCESITAL E	E OVERSEES THE JEWISH FEDERATION'S POLICIES, PROGRAMS, ALLOCATIONS, AND INSTITUTIONAL RELA					
	TIONSHIPS IN ISRAEL SUPPORT FOR, AND THE RELATIONSHIPS WITH, THE PEOPLE OF ISRAEL ARE KEY					
	ASPECTS OF THE FEDERATION'S MISSION THE ISRAEL OFFICE PROVIDES COORDINATION FOR OVERSEAS					
	VISITS TO ISRAEL BY MISSIONS, INDIVIDUALS, FAMILIES, ELECTED OFFICIALS, INTER- ETHNIC AND					
	INTER-RELIGIOUS LEADERS AND EDUCATORS THE ISRAEL OFFICE REPRESENTS THE FEDERATION WITH TH					
	E JEWISH A GENCY FOR ISRAEL, THE JOINT DISTRIBUTION COMMITTEE, THE JEWISH FEDERATION OF NOR					
	TH AMERICA, UNITED ISRAEL APPEAL, ISRAEL OFFICES OF OTHER JEWISH FEDERATIONS, ISRAELI GOVE					
	RNMENT MINISTRIES, THE UNITED STATES EMBASSY, MUNICIPALITIES IN ISRAEL,  ACADEMIC INSTITUTI					
	ONS, AND ISRAELI NON-GOVERNMENTAL ORGANIZATIONS EXPENDITURES FOR THE OFFICE IN ISRAEL AMO					
	UNT TO \$423,714 EXPENDITURES RELATED TO OUR COMMUNITY MISSIONS TO ISRAEL AND ALL RELATED					
	COSTS ARE ALSO ON THIS LINE AND AMOUNT TO \$858,394					

990 Schedule F. Supplemental Information Return Reference Explanation SCHEDULE F. PART I. LINE 3. ACCOUNTING METHOD THE AMOUNT OF EXPENDITURES WAS DETERMINED USING THE ACCRUAL

METHOD OF ACCOUNTING

COLUMN F

Return Reference Explanation

SCHEDULE F. PART II IN ADDITION TO THE GRANTS REPORTED ON SCHEDULE F. PART II. THE JEWISH FEDERATION COUNCIL O

F GREATER LOS ANGELES REPORTS GRANTS ON SCHEDULE I TO THE JEWISH FEDERATIONS OF NORTH AMER ICA (JFNA), WHICH IS A 501(C)(3) DOMESTIC U.S. CHARITY. IN ADDITION, JFNA, AND ITS BENEFIC IARY AGENCIES, UNITED ISRAEL APPEAL (UIA), A SUBSIDIARY OF JFNA, AND THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE (JDC) BOTH 501(C)(3) ORGANIZATIONS EACH FILE A SEPARATE FORM 990 AND DETAILED SCHEDULE F. THE JFNA GRANT IS REPORTED ON SCHEDULE I, PART II

990 Schedule F. Supplemental Information

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493315022166

OMB No 1545-0047

Open to Public

Inspection

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

Attach to Form 990 or Form 990-EZ

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

Name of the organization Jewish Federation Council of Greater LA **Employer identification number** 

95-1643388

▼ Solicitation of non-government grants

Cat No 50083H

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Indicate whether the organization raised funds through any of the following activities Check all that apply

- - ▼ Internet and email solicitations **▼** Solicitation of government grants
  - ▼ Phone solicitations **▼** Special fundraising events

Form 990-EZ filers are not required to complete this part.

✓ Mail solicitations

- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising ✓Yes No
  - If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
SIEGEL MARKETING GROUP INC	TELE FUNDRAISING		No	290,311	61,428	228,883
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			<b>&gt;</b>	290,311	61,428	228,883

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2015 Page 2 **Fundraising Events.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 **(b)**Event #2 (c)Other events (d) Total events **REC DINNER LEGAL DINNER** 10 (add col (a) through (event type) (event type) (total number) col (c)) Revenue 1,663,546 761,713 8,201,340 1 Gross receipts . 10,626,599 646,653 2 Less Contributions. 1,345,946 7,761,863 9,754,462 3 Gross income (line 1 minus line 2) 317,600 115,060 439,477 872,137 4 Cash prizes 9 8 8 5 8

	. cusii pinzes				
	5 Noncash prizes				
s	<b>6</b> Rent/facility costs			4,450	4,450
unse	7 Food and beverages	306,334	108,763	272,582	687,679
Expenses	8 Entertainment	1,048		4,910	5,958
	9 Other direct expenses	23,258	15,576	566,804	605,638
Direct	10 Direct expense summary Add lines	4 through 9 in column (d	)	•	1,303,725
	11 Net income summary Subtract line 1	LO from line 3, column (d	)	🕨	-431,588
Par	<b>Gaming.</b> Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mor	e than \$15,000 on
Revernie		<b>(a)</b> Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
Re	1 Gross revenue				
ses	<b>2</b> Cash prizes				
Expenses	<b>3</b> Noncash prizes				
Direct	4 Rent/facility costs				
О	<b>5</b> Other direct expenses				
		Yes%	<b>☐ Yes</b> %	<b>☐ Yes</b> %	
	<b>6</b> Volunteer labor	├ No	├ No	☐ No	
	7 Direct expense summary Add lines	2 through 5 ın column (d	)		
	8 Net gaming income summary Subtra	act line 7 from line 1, col	umn (d)		
9	Enter the state(s) in which the organiza	tion conducts gaming ac	ctivities		
а	Is the organization licensed to conduct				Yes No
b	If "No," explain				_
10a	Were any of the organization's gaming l	ıcenses revoked, suspe	nded or terminated during	the tax year?	
b	If "Yes," explain				
				Schedule G (Fe	orm 990 or 990-EZ) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493315022166 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes." on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number Jewish Federation Council of Greater LA 95-1643388 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (c) IRC section (f) Method of (b) EIN (d) A mount of cash (e) A mount of non-(a) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 124 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

Schedule I (Form 990) 2015

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

## Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

### Return Reference Explanation SCHEDULE I, PART I, LINE 2 DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS THE RESPONSIBILITY FOR MONITORING $|\mathsf{GRANT}|$ AND PROGRAM DISTRIBUTIONS IS DISTRIBUTED TO THE THREE STRATEGIC INITIATIVES ENSURING THE JEWISH FUTURE, CARING FOR JEWS IN NEED AND COMMUNITY ENGAGEMENT EACH STRATEGIC INITIATIVE IS MANAGED BY PROFESSIONAL STAFF AND

Schedule I (Form 990) 2015

VOLUNTEERS WHO WORK TOGETHER TO IDENTIFY COMMUNITY NEEDS WITHIN THAT STRATEGIC INITIATIVE AREA THE STAFF AND VOLUNTEERS ARE RESPONSIBLE FOR DEVELOPING AN ANNUAL BUDGET AND FOR COMMUNICATING NEW PROGRAM NEEDS THAT MAY ARISE DURING THE YEAR TO EXECUTIVE MANAGEMENT, THE STRATEGIC PLANNING AND DISTRIBUTION COMMITTEE AND THE BOARD

ADDITIONALLY, THEY MAY WORK WITH GRANTORS AND CONTRIBUTORS WHO FUND RESTRICTED PROGRAMS ON AN ANNUAL BASIS,

IPROGRAM MANAGEMENT PROPOSES A BUDGET WHICH IS APPROVED BY THE BOARD OF DIRECTORS. THROUGHOUT THE YEAR, PROGRAM STAFF MONITORS THE DISTRIBUTIONS AGAINST BUDGETED ALLOCATIONS ADDITIONALLY, THE PROGRAM STAFF MONITORS THE PROGRAM CONTENT OF RESTRICTED GRANTS THE JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES REPORTS GRANTS ON SCHEDULE I TO THE JEWISH FEDERATIONS OF NORTH AMERICA (JFNA), WHICH IS A 501(C)(3) DOMESTIC US CHARITY IN ADDITION, JFNA, AND ITS BENEFICIARY AGENCIES, UNITED

SCHEDULE I, PART II ISRAEL APPEAL (UIA), A SUBSIDIARY OF JFNA, AND THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE (JDC) BOTH 501(C)(3)

ORGANIZATIONS EACH FILE A SEPARATE FORM 990 AND DETAILED SCHEDULE F

## **Additional Data**

30 YEARS AFTER

LA,CA 90067 ABRAHAM JOSHUA

ADAT ARI EL

VV,CA 91607

1925 CENTURY PARK 2140

HESCHEL DAY SCHOOL

12020 BURBANK BLVD

17701 DEVONSHIRE NORTHRIDGE, CA 91325

Software ID: **Software Version: EIN:** 95-1643388

501(C)(3)

501(C)(3)

501(C)(3)

26-1748436

95-2794822

23-7366318

Name: Jewish Federation Council of Greater LA

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 ` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance	

17,000

65,000

48,000

GENERAL SUPPORT

SCHOLARSHIPS &

SCHOLARSHIPS &

AID

AID

STUDENT FINANCIAL

STUDENT FINANCIAL

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) AISH TAMID OF LOS 90-0086051 501(C)(3) 35,000 GENERAL SUPPORT ANGELES 5909 WEST THIRD ST LA,CA 90036 LSUPPORT

AMERICAN JEWISH UNIVERSITY 15600 MULHOLLAND DRIVE LA,CA 90077	95-1684064	501(C)(3)	325,550		GENERAL SUPPORT
BAIS CHAYA MUSHKA SCHOOL FOR GIRLS	95-4439460	501(C)(3)	30,000		STUDENT FINANCIAL AID

9051 W PICO BLVD LA,CA 90035

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) 501(C)(3) 41,000 BAIS YAAKOV SCHOOL 95-3127279 STUDENT FINANCIAL AID FOR GIRLS 7353 BEVERLY BLVD LA.CA 90036 BEIT T'SHUVAH 77-0152646 501(C)(3) 100,000 LOCAL AGENCY 8831 VENICE BLVD SUPPORT

LA.CA 90034 BET TZEDEK LEGAL 23-7304205 501(C)(3) 371,545 LOCAL AGENCY SERVICES SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3250 WILSHIRE BLVD LA,CA 90010

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) BETH CHAVIM CHADACHIM 05-2044212 501/03/31 10.000 GENERAL SUPPORT

6090 W PICO BLVD LA,CA 90035	33-3344213	301(0)(3)	10,000		GLNERAL SUFFORT
BIRTHRIGHT ISRAEL FOUNDATION	13-4092050	501(C)(3)	1,730,116		GENERAL SUPPORT

45,000

GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

33 EAST 33RD ST 7TH FL NEW YORK, NY 10016 B'NAI B'RITH YOUTH

ORGANIZATION 800 EIGHTH STREET NW WASHINGTON, DC 20001

(a) Name and address of (b) EIN (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 56-2361891 501(C)(3) 6.000 BNFTAKIVA IGENERAL SUPPORT 520 8TH AVE 15TH FL NEW YORK, NY 10018 501(C)(3) 113.150 BNFI AKIVA LOS ANGELES 26-2103488 ICAMP GRANTS & 9030 WEST OLYMPIC BLVD SCHOLARAHIPS

BH.CA 90211

16,000

STUDENT FINANCIAL

AID

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

BNOS DEVORAH HIGH

461 N I A BREA AVENUE LOS ANGELES, CA 90036

SCHOOL

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance BRANDEIS UNIVERSITY 04-2103552 501(C)(3) 7,000 GENERAL SUPPORT

415 SOUTH STREET WALTHAM,MA 02454		,,,,	,		
BUILDERS OF JEWISH EDUCATION 6505 WILSHIRE BLVD STE 300	95-4280178	501(C)(3)	1,426,932		GENERAL SUPPORT

16,500

GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

LA,CA 90048

FΙ

BURBANK TEMPLE EMANU

1302 N GLENOAKS BLVD BURBANK, CA 91504

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CAMP RAMAH IN 95-1843131 501(C)(3) 327,750 CAMP GRANTS

CALIFORNIA INC 17525 VENTURA BLVD 201 ENCINO,CA 91316					
CENTER FOR INDEPENDENT DOCUMENTARY 680 SOUTH MAIN ST	04-2738458	501(C)(3)	50,000		GENERAL SUPPORT

13,000

GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

SHARON, MA 02067 CENTER FOR JEWISH

BH, CA 90210

102

CULTURE AND CREATIVITY
423 NORTH PALM DRIVE

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 20-8117991 501(C)(3) 15,000 GENERAL SUPPORT CHABAD AT CSUN 17933 DDAIDIE STDEET

NORTHRIDGE, CA 91325					
CHABAD AT USC 2713 SEVERANCE ST LOS ANGELES,CA 90007	61-1442258	501(C)(3)	60,000		GENERAL SUPPORT

CHABAD OF SANTA 95-4867184 501(C)(3) 20,000 GENERAL SUPPORT MONICA COLLEGE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2022 DELAWARE AVE 1 SANTA MONICA, CA 90404

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) ORT

CHABAD OF THE CONEJO 30345 CANWOOD ST AGOURA HILLS,CA 91301	77-0304127	501(C)(3)	27,600		GENERAL SUPPO

201 S CAMAC ST FL 2 PH, PA 19107

CHAI LIFELINE	11-2940331	501(C)(3)	59,000		GENER
475 SOUTH ROBERTSON					
BLVD					
BH CA 90211					

ERAL SUPPORT

475 SOUTH ROBERTSON				
BLVD				
BH,CA 90211				

BLVD				
BH,CA 90211				

BH,CA 90211					
CHALLAH FOR HUNGER	26-1540827	501(C)(3)	20,750		GENERAL SUPPORT

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 501(C)(3) 39,000 CHEDER MENACHEM 95-4434095 STUDENT FINANCIAL

MENDEL 1606 S LA CIENEGA BLVD LA,CA 90035					AID
COLEL CHABAD 806 EASTERN PARKWAY	11-3254483	501(C)(3)	10,000		GENERALS

BROOKLYN, NY 11213

LSUPPORT

SCHOLARSHIPS &

CONGREGATION NER 95-2546462 501(C)(3) 23,500

TAMID STUDENT FINANCIAL 5721 CRESTRIDGE ROAD AID PALOS VERDES, CA 90275

(a) Name and address of (b) EIN (c) IRC section (e) A mount of non- (f) Method of valuation (d) A mount of cash (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government other) assistance 17,500 CONGREGATION OR AMI 95-4614448 501(C)(3) IGENERAL SUPPORT 26115 MUDEAU DOAD B

CALABASAS,CA 91302					
DE TOLEDO HIGH SCHOOL	95-4805188	501(C)(3)	185,000		SCHOLARSH STUDENT FI

WEST HILLS, CA 91307

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SHIPS & FINANCIAL AID

EMEK HEBREW ACADEMY 95-6006492 501(C)(3) 59.000 ISTUDENT FINANCIAL

15365 MAGNOLIA BLVD AID

SHERMAN OAKS, CA 91403

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) ETTA ISRAEL CENTER 95-4308644 501(C)(3) 237,000 IGENERAL SUPPORT 12722 RIVERSIDE DR 105

ANGFLES

LA,CA 90034

1952 S ROBERTSON BLVD

NH,CA 91607					
FOOD FORWARD 7412 FULTON AVENUE 3 NH,CA 91605	31-1734705	501(C)(3)	35,000		GENERAL SUPPORT
FRIENDSHIP CIRCLE LOS	20-3270890	501(C)(3)	70,698		GENERAL SUPPORT

(a) Name and address of **(b)** EIN (e) A mount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (d) A mount of cash (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 501(C)(3) 7,500 **IGENERAL SUPPORT** GROCERYSHIPS 46-4312265 836 WESTHOLME AVE LOCANCELEC CA 00034 RANTS &

LOS ANGELES, CA 90024					
HABONIM DROR CAMP GILBOA 8339 W 3RD ST LOS ANGELES,CA 90048	95-1929706	501(C)(3)	116,000		CAMP GRANTS & SCHOLARSHIPS

69,250

SCHOLARSHIPS &

AID

ISTUDENT FINANCIAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

HARKHAM HILLEL HEBREW

9120 WEST OLYMPIC BLVD

ACADEMY

BH,CA 90212

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

501(C)(3)

JEWISH INST OF REL 1 WEST 4TH STREET NYC,NY 10012 HILLEL 818

17729 PLUMMER ST NORTHRIDGE, CA 91325 95-1831070

HAROLD GRINSPOON FOUNDATION 67 HUNT ST AGAWAN,MA 01001	04-6685725	501(C)(3)	118,000		GENERAL SUPPORT
HEBREW UNION COLLEGE -	31-0537067	501(C)(3)	7,500		GENERAL SUPPORT

216,750

IGENERAL SUPPORT

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) PORT

HILLEL AT UCLA 574 HILGARD AVENUE LOS ANGELES,CA 90024	46-0573247	501(C)(3)	184,350		GENERAL SUPPORT
HILLEL THE FNDN FOR	52-1844823	501(C)(3)	15,000		GENERAL SUPPORT

25,000

GENERAL SUPPORT

JEWISH LIFE ON CAMPUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

WASHINGTON, DC 20001

5870 W OLYMPIC BLVD LOS ANGELES, CA 90036 20-1210098

IKAR

800 EIGHTH STREET NW

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) ILAN RAMON DAY SCHOOL 95-4661185 501(C)(3) 25,000 SCHOLARSHIPS & 27400 W CANWOOD ST STUDENT FINANCIAL

AGOURA,CA 91301					AID
ISRAELI AMERICAN COUNCIL 5900 CANOGA AVE STE 390	22-3951652	501(C)(3)	25,700		CAMP GRANTS & SCHOLARSHIPS, GENERAL SUPPORT

633 3RD AVE 21ST FLOOR NEW YORK, NY 10017

5900 CANOGA AVE STE 390 WH,CA 91367					GENERAL SUPF
JEWISH AGENCY FOR	23-0053483	501(C)(3)	17,700		GENERAL SUPF

390 WH,CA_91367					
JEWISH AGENCY FOR	23-0053483	501(C)(3)	17,700		GENERAL SUPPORT

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıfapplıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) JEWISH BIG BROTHERS BIG 95-1691009 501(C)(3) 324,300 LOCAL AGENCY SISTERS SUPPORT WILCHIEDE DIVIDICELL

501(C)(3)

SAN DIEGO, CA 92123

OF LOS ANGELES

LA,CA 90036

JEWISH FAMILY SERVICE

338 NORTH FAIRFAX AVE

95-1691013

FL LA,CA 90048						
JEWISH COMMUNITY CAMP AND RETREAT CENTER 4950 MURPHY CANYON ROAD	91-2150831	501(C)(3)	5,250		I	CAMP GRANTS & SCHOLARSHIPS

3,152,197

LOCALAGENCY

SUPPORT

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) JEWISH FREE LOAN 95-1691014 501(C)(3) 100,000 LOCAL AGENCY 6505 WILSHIRE BLVD 7TH SUPPORT

FL _LA,CA 90048					
JEWISH FUNDERS NETWORK 150 WEST 30TH ST STE 900 NY,NY 10001		501(C)(3)	71,964		GENERAL SUPPORT
JEWISH VOCATIONAL	95-1691012	501(C)(3)	582,050		LOCAL AGENCY

JEWISH VUCATIONAL 95-1691012 501(C)(3) 582,050 SUPPORT SERVICE 6505 WILSHIRE BLVD SUITE 200

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LA,CA 90048

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

JEWISH WORLD WATCH	20-3406211	501(C)(3)	45,000		GENERAL SUPPORT
5551 BALBOA BLVD					
ENCINO,CA 91316					

501(C)(3)

LOS ANGELES, CA 90039 KADIMA HEBREW ACADEMY

7011 SHOUP AVENUE

WEST HILLS, CA 91307

95-3190850

ENCINO,CA 91316					
JQ INTERNATIONAL 2138 BAXTER STREET	68-0601176	501(C)(3)	97,199		GENERAL SUPPORT

54.000

GENERAL SUPPORT

AND STUDENT

FINANCIALAID

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) KCET LINK TV 95-2211661 501(C)(3) 10,000 IGENERAL SUPPORT 2900 W ALAMEDA AVE BURBANK.CA 91505

NEW YORK, NY 10023

LEO BAECK TEMPLE 1300 N SEPULVEDA BLVD LA,CA 90049	95-1916026	501(C)(3)	25,700		SCHOLARSHIPS & STUDENT FINANCIAL AID
LIMMUD FSU INTERNATIONAL FOUNDATION INC 80 CENTRAL PARK WEST 2D	26-1870256	501(C)(3)	20,000		GENERAL SUPORT

(a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) LOS ANGELES HEBREW 95-1644595 501(C)(3) 17,800 SCHOLARSHIPS & HIGH SCHOOL STUDENT FINANCIAL 5900 SEPULVEDA BLVD AID 560 VN.CA 91411 LOS ANGELES MUSEUM OF 46-0503824 501(C)(3) 77,500 IGENERAL SUPPORT THE HOLOCAUST

501(C)(3)

95-1643334

LOYOLA MARYMOUNT

1 LMU DRIVE MALONE 301

UNIVERSITY

LA,CA 90045

100 S THE GROVE DRIVE LA,CA 90036

20,000

IGENERAL SUPPORT

(a) Name and address of (b) EIN (e) A mount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (d) A mount of cash (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 501(C)(3) 8,900 MACHANEH MAMOSH INC. 95-4518038 ICAMP GRANTS & 1444 17TH STREET 4 SCHOLARSHIPS SANTA MONICA.CA 90404 MAIMONIDES ACADEMY 95-3214146 501(C)(3) 51.500 ISCHOLARSHIPS &

MAIMONIDES ACADEMY 95-3214146 501(C)(3) 51,500 SCHOLARSHIPS & STUDENT FINANCIAL LOS ANGELES, CA 90048 AID

MALIBU JEWISH CENTER AND SYNAGOGUE 24855 PACIFIC COAST 95-3514894 S01(C)(3) 6,500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HWY

MALIBU, CA 90265

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) MATLISRAFII COMMUNITY 27-5571355 501(C)(3) 11,600 GENERAL SUPPORT CENTER INC. 19626 VENTURA BLVD 214A TARZANA, CA 91356 22-2624532 501(C)(3) 20,000 GENERAL SUPPORT

MAZON A JEWISH RESPONSE TO HUNGER 10495 SANTA MONICA BI V D 100

LA,CA 90025 MESIVTA BIRKAS 38-3738151 501(C)(3) 22,500

YITZCHAK

6022 W PICO BLVD LOS ANGELES, CA 90035

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ISTUDENT FINANCIAL AID

(a) Name and address of **(b)** EIN (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) 95-4621495 501(C)(3) 21.000 STUDENT FINANCIAL MESIVTA OF GREATER LOS AID ANGELES 25115 MUREAU RD CALABASAS, CA 91302

MILKEN COMMUNITY HIGH 95-4381008 501(C)(3) 200,000 STUDENT FINANCIAL AID SCHOOL 15800 ZELDINS WAY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LA,CA 90048

LOS ANGELES, CA 90049 MOISHE HOUSE 26-2599786 501(C)(3) 167,750 GENERAL

6505 WILSHIRE BLVD SUPPORT/LOCAL SUITE 405A AGENCY SUPPORT

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) MOVING TRADITIONS 24-2015014 501(0)(3) 111 200 GENERAL SUPPORT

261 OLD YORK RD 734 JENKINTOWN,PA 19046	34-2013014	301(0)(3)	111,800		GENERAL SUFFORT
NATIONAL CONFERENCE ON SOVIET JEWRY	13-2700517	501(C)(3)	10,000		GENERAL SUPPORT

GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

1120 20TH ST NW 300N

NATIONAL COUNCIL OF

95-1641433

WA.DC 20036

JEWISH WOMEN
543 N FAIRFAX AVENUE
LOS ANGELES, CA 90036

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 501(C)(3) 10,500 NFR ARYFH 95-4118740 ISTUDENT FINANCIAL AID 12422 CHANDLER BLVD VLLY VILLAGE.CA 91607 501(C)(3) 31.500 OCCIDENTAL COLLEGE 95-1667177 IGENERAL SUPPORT 1600 CAMPUS ROAD LOS ANGELES, CA 90041

OHEL CHANA 46-2869189 501(C)(3) 15,000 STUDENT FINANCIAL AID

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

7162 BEVERLY BLVD SUITE 341

LA,CA 90036

(a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 501(C)(3) 25,000 STUDENT FINANCIAL OR HACHAIM ACADEMY 31-1777687 AID 12411 SYLVAN ST

GENERAL SUPPORT

91606					
ORTHODOX UNION 11 BROADWAY 1301	13-5623717	501(C)(3)	123,500		GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

NEW YORK, NY 10004

26-3301983

PRESENTENSE GROUP INC.

115 EAST 23RD ST 301 NEW YORK, NY 10010

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) REBOOT 501(C)(3) 45,000 57-1154844 IGENERAL SUPPORT 44 W 28TH ST 8TH FL NEW YORK, NY 10001 STAR 18.500 95-4692703 501(C)(3) SCHOLARSHIPS & 6634 VALJEAN AVE STUDENT FINANCIAL

STUDENT FINANCIAL

AID

VAN NUYS, CA 91406 AID 95-4821608 501(C)(3) 7,000 SCHOLARSHIPS &

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SEPHARDIC EDUCATIONAL CENTER

6505 WILSHIRE BLVD

SUITE 300 LA,CA 90048

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) SHALHEVET HIGH SCHOOL 95-4330860 501(C)(3) 50,000 STUDENT FINANCIAL 910 S FAIRFAX AVENUE AID LOS ANGELES, CA 90036 BINIC

SHALOM HARTMAN	13-3014387	501(C)(3)	24,000		RABB:
INSTITUTE OF NORTH					LEAD
AMERICA					PROG
ONE PENNSYLVANIA					
PLAZA 1606					
NY,NY 10119					

MALIBU, CA 90265

DERSHIP **GRAM SUPPORT** SHALOM INSTITUTE CAMP 84-1652923 501(C)(3) 752,000 GENERAL SUPPORT AND CONFERENCE CENTER 34342 MULHOLLAND

**HGHWY** 

(a) Name and address of **(b)** EIN (c) IRC section (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (d) A mount of cash organization ıf applicable cash (book, FMV, appraisal, non-cash assistance grant or assistance or government other) assistance 501(C)(3) 88,000 SILVERLAKE JCC 32-0003071 IGENERAL SUPPORT

LOS ANGELES, CA 90029					
SINAI TEMPLE 10400 WILSHIRE BLVD LOS ANGELES.CA 90024	95-2103898	501(C)(3)	88,500		STUDENT FINANCIAL AID/GENERAL SUPPORT

LOCAL AGENCY

SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

01-0566033

STAND WITH US

P O BOX 341069

LOS ANGELES, CA 90034

(a) Name and address of **(b)** EIN (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) STEPHEN S WISE TEMPLE 95-6087552 501(C)(3) 111.400 STUDENT FINANCIAL 15500 STEPHEN S WISE **AID/EDUCATION** DRIVE GRANTS

LA,CA 90077					517,1115
TAWONGA JEWISH COMMUNITY CORPORATION 131 STEUART ST 460	94-3227261	501(C)(3)	8,250		CAMP GRANTS & SCHOLARSHIPS

GENERAL SUPPORT

SF,CA 94105

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

TEMPLE AHAVAT SHALOM

18200 RINALDI PLACE NORTHRIDGE, CA 91326 95-6122711

(a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (d) A mount of cash organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 501(C)(3) 21,150 CAMP GRANTS & TEMPLE AKIBA 95-1932032 5249 S SEPULVEDA BLVD SCHOLARSHIPS

501(C)(3)

TEMPLE BETH HILLEL

12326 RIVERSIDE DR VLLY VILLAGE, CA 91607 95-1765175

TEMPLE BETH AM 95-1656370 501(C)(3) 83,500 GE 1039 SOUTH LA CIENEGA BLVD LA,CA 90035	GENERAL SUPPORT

SCHOLARSHIPS & STUDENT FINANCIAL

AID

12,000

(a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) TEMPLE ISAIAH 501(C)(3) 16,250 95-1691319 IGENERAL SUPPORT 10345 WEST PICO BLVD NANCIAL

LOS ANGELES, CA 90064					
TEMPLE ISRAEL OF HOLLYWOOD 7300 HOLLYWOOD BLVD LOS ANGELES, CA 90046	23-7383024	501(C)(3)	46,000		STUDENT FIN AID/EDUCATI GRANTS

91364

TION TEMPLE KOL TIKVAH 77-0005548 501(C)(3) 15,000 GENERAL SUPPORT

20400 VENTURA BLVD WOODLAND HILLS, CA

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) THE JEWISH FEDERATIONS 13-1624240 501(C)(3) 8,009,146 GENERAL SUPPORT

501(C)(3)

OF NORTH AMERICAUJC 25 BROADWAY SUITE 1700 NEW YORK,NY 10004					
THE SURVIVOR MITZVAH PROJECT 2658 GRIFFITH PARK BLVD	36-4630389	501(C)(3)	31,618		GENERAL SUPPORT

247,800

GENERAL SUPPORT

299

23-7320631

THE WEXNER FOUNDATION

8000 WALTON PARKWAY

LA,CA 90039

NA,OH 43054

110

(a) Name and address of (b) EIN (e) A mount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (d) A mount of cash (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) 75-3002144 501(C)(3) 120,000 TOMCHET SHABBOS ILO CAL AGENCY PO BOX 481270 SUPPORT LOS ANGELES, CA 90048 TORAT HAYIM 95-4711877 501(C)(3) 18.000 STUDENT FINANCIAL 1210 S LA CIENEGA BLVD AID LA,CA 90035 UCLA CENTER FOR JEWISH 95-6006143 501(C)(3) 27,500 GENERAL SUPPORT

STUDIES 302 ROYCE HALL BOX 951485

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LA,CA 90095

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) UJA FEDERATION OF NEW 51-0172429 501(C)(3) 98,966 GENERAL SUPPORT

YORK 130 EAST 59TH STREET NEW YORK,NY 10022					
UNION FOR REFORM JUDAISM	13-1663143	501(C)(3)	143,400		GENERAL SUPPORT

CAMP GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

633 THIRD AVE 7TH FL NEW YORK, NY 10017 URI CAMP NEWMAN

1120 SF,CA 94104

235 MONTGOMERY STREET

94-1480908

(a) Name and address of **(b)** EIN (c) IRC section (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (d) A mount of cash organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) USC HILLEL 95-4867366 501(C)(3) 157,300 IGENERAL SUPPORT 3300 S HOOVER BLVD LOS ANGELES, CA 90007

VALLEY BETH SHALOM 15739 VENTURA BLVD ENCINO,CA 91436	95-1890769	501(C)(3)	92,337		SCHOLARSHIPS & STUDENT FINANCIAL AID
VALLEY FRIENDSHIP	45-5351558	501(C)(3)	10,000		GENERAL SUPPORT

VALLEY FRIENDSHIP CIRCLE

11927 VENTURA BIVD STUDIO CITY, CA 91604

(a) Name and address of **(b)** EIN (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) 95-3165544 501(C)(3) 42,000 STUDENT FINANCIAL VALLEY TORAH HIGH AID SCHOOL 12517 CHANDLER BLVD VLLY VILLAGE, CA 91607 95-1647832 501(C)(3) 20,000 IGENERAL SUPPORT

 VISTA DEL MAR CHILD & FAMILY SERVICE
 95-1647832
 501(C)(3)
 20,000
 GENERAL SUPPORT

 3200 MOTOR AVENUE LOS ANGELES, CA 90035
 Description of the control of

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

COMMUNITY CENTER
5870 WEST OLYMP BLVD

LA,CA 90036

(a) Name and address of (b) EIN (e) Amount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (d) A mount of cash (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) 501(C)(3) 280,500 WILSHIRE BOULEVARD 95-1691339 STUDENT FINANCIAL AID/CAMP GRANTS TEMPLE

3663 WILSHIRE BLVD LA,CA 90010					·
WISE FREEDOM SCHOOL PARTNERS	46-4535180	501(C)(3)	25,000		GENERAL SUPPORT

STUDENT FINANCIAL

AID

15510 CASIANO CT LOS ANGELES, CA 90077

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

95-2117190

YAVNEH HEBREW ACADEMY

LOS ANGELES, CA 90020

5353 W 3RD ST

(a) Name and address of **(b)** EIN (e) Amount of non- (f) Method of valuation (c) IRC section (d) A mount of cash (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) 95-3405695 501(C)(3) 35,500 YESHIVA AHARON YAAKOV STUDENT FINANCIAL AID 241 S DETROIT STREET LOS ANGELES, CA 90036 YESHIVA GEDOLAH OF LOS 95-3298317 501(C)(3) 16.000 STUDENT FINANCIAL ANGELES AID 5444 OLYMPIC BLVD LOS ANGELES, CA 90036

STUDENT FINANCIAL

AID

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

YESHIVA OHR ELCHONON

7215 WARING AVENUE LOS ANGELES, CA 90046

CHABAD

95-4384473

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 501(C)(3) 116.000 YESHIVA RAV ISACSOHN 95-1962397 STUDENT FINANCIAL AID 540 N LA BREA AVENUE LOS ANGELES, CA 90036 501(C)(3) 41.000 YULA BOYS SCHOOL 42-1746735 STUDENT FINANCIAL 9760 WEST PICO BLVD AID

AID

## LOS ANGELES, CA 90035 STUDENT FINANCIAL

YULA GIRLS SCHOOL 20-3081128 501(C)(3) 29,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1619 SOUTH ROBERTSON

BLVD LA,CA 90035

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or government assistance other)

ZIMMER CHILDREN'S MUSEUM 6505 WILSHIRE BLVD STE 100	20-1470992	501(C)(3)	356,000		LOCAI SUPPO

LA,CA 90048

CALAGENCY PORT

DLN: 93493315022166 **Compensation Information** OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 2015 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. Open to Public Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Inspection **Employer identification number** Name of the organization Jewish Federation Council of Greater LA 95-1643388 Questions Regarding Compensation Yes No 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 idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in 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 Yes 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Νo Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ✓ Compensation committee ✓ Written employment contract ✓ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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 Nο 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Νo Participate in, or receive payment from, an equity-based compensation arrangement? 40 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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 The organization? 5a Νo Any related organization? 5b Νo If "Yes," on 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 Any related organization? 6b Νo 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 in lines 5 and 6? If "Yes," describe in Part III 7 Yes Were any amounts reported on Form 990, Part VII, paid or accured 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 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? Schedule J (Form 990) 2015 Cat No 50053T For Paperwork Reduction Act Notice, see the Instructions for Form 990.

7 JOHN MAGOULAS

CHIEF DEVEL OFCR VLY

9 JAY SANDERSON

CEO/PRESIDENT

8 LORI TESSEL

OFCR

ALLIANCE

ASSOC CHIEF DEVELOPMENT

172,086

0

167,591

0

469,000

0

(i)

(ii)

(i)

(ii)

(i)

(ii)

0

0

0

0

36,000

0

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

For each individual whose compensation must be reported 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	)-(111)	for each listed individu	al must equal the total	amount of Form 990,	Part VII, Section A, lin	e 1a, applicable colui	nn (D) and (E) amount	s for that individual
(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D</b> ) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (ı) compensation	(II) (III)  Bonus & incentive Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 IVAN WOLKINDCFO/COO	(i)	291,668	0	8,280	13,250	17,719	330,917	0
	(ii)	0	0	0	0	0	0	0
2 ANDREW CUSHNIR EVP CHIEF DEVELOPMENT	(i)	267,292	0	8,856	30,431	7,795	314,374	0
OFFICER	(ii)	0	0	0	0	0	0	0
3 CAROL KORANSKY EVP DIRECTOR VALLEY	(i)	214,316	0	8,911	31,618	2,012	256,857	0
ALLIANCE	(ii)	0	0	0	0	0	0	0
4 DENISE OSSO CHIEF CREATIVE DIRECTOR	(i)	159,956	0	3,073	46,247	22,449	231,725	0
	(ii)	0	0	0	0	0	0	0
5 CYNTHIA AYALA SVP ADMINISTRATION & HR	(i)	172,359	0	9,202	41,819	2,946	226,326	0
	(ii)	0	0	0	0	0	0	0
6 AMY POPKIN SVP WOMEN'S CAMPAIGN	(i)	145,707	0	2,574	50,571	11,697	210,549	0
	(ii)	0	0	0	0	0	0	0

698

0

1,071

0

21,080

0

14,283

0

8,750

0

13,250

0

9,698

0

14,547

0

45,762

0

196,765

0

191,959

0

585,092

0

0

0

0

0

0

0

Part III Supplemental Information				
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information				
Return Reference				
Return Reference	Explanation			

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

INCLUDED IN TAXABLE COMPENSATION

SCHEDULE J, PART I, LINE 7

THE CEO'S EMPLOYMENT AGREEMENT PROVIDES FOR A DISCRETIONARY BONUS EACH YEAR AS MAY BE DETERMINED BY THE BOARD OF

DIRECTORS IN ITS SOLE DISCRETION

Software ID: Software Version:

**EIN:** 95-1643388

Name: Jewish Federation Council of Greater LA

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, Par	T I	<u>l - Officers, Direc</u>	tors, Trustees, Ke	<u>y Employees, and</u>	Hignest Compen	sated Employees	S	
(A) Name and Title	•	(B) Breakdown of (i) Base Compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1IVAN WOLKINDCFO/COO	(1)	291,668	0	8,280	13,250	17,719	330,917	0
	(11)	0	0	0	0	0	0	0
1ANDREW CUSHNIR EVP CHIEF DEVELOPMENT	(1)	267,292	0	8,856	30,431	7,795	314,374	0
OFFICER	(11)	0	0	0	0	- 0		0
2CAROL KORANSKY EVP DIRECTOR VALLEY	(1)	214,316	0	8,911	31,618	2,012	256,857	0
ALLIANCE	(11)	0	0	0	0			0
3DENISE OSSO CHIEF CREATIVE DIRECTOR	(1)	159,956	0	3,073	46,247	22,449	231,725	0
	(11)	0	0	0	0		- 0	0
4CYNTHIA AYALA SVP ADMINISTRATION & HR	(1)	172,359	0	9,202	41,819	2,946	226,326	0
	(11)	0	0	0	0			0
5AMY POPKIN SVP WOMEN'S CAMPAIGN	(1)	145,707	0	2,574	50,571	11,697	210,549	0
	(11)	0	0	0	0	- 0	0	0
6JOHN MAGOULAS ASSOC CHIEF DEVELOPMENT	(1)	172,086	0	698	14,283	9,698	196,765	0
OFCR	(11)	0	0	0	0		- 0	0
7LORI TESSEL CHIEF DEVEL OFCR VLY	(1)	167,591	0	1,071	8,750	14,547	191,959	0
ALLIANCE	(11)	0	0	0	0	-	0	0
8JAY SANDERSON CEO/PRESIDENT	(1)	469,000	36,000	21,080	13,250	45,762	585,092	0
	(11)	0	0	0	0		- 0	0

**SCHEDULE M** (Form 990) ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

**Noncash Contributions** 

2015

OMB No 1545-0047

DLN: 93493315022166

		Attach to Fon	11 990.							
reas	rtment of the ury nal Revenue Service		oout Schedu	lle M (Form 990) and its ins	tructions is at <u>www.irs.go</u>	ov/fori	<u>n990</u>	pen to Inspe		
lam	e of the organiza	ntion				Employ	yer identifica	tion nu	mber	
EW IS	in rederation Counci	I OI Gleatel DA				95-16	43388			
Pa	rt I Types	of Property								
			(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		Method of o		_	ts
	Art—Works of a									
	Art—Historical					-				
	Art—Fractional									
	Books and publ									
5	Clothing and ho goods									
6	Cars and other	vehicles	Х	26	32,475	COST	/SELLING P	RICE		
	Boats and plane									
8	Intellectual pro	perty								
	Securities—Pub	•	X	175	2,381,959	COST	/SELLING P	RICE		
		sely held stock .								
11	Securities—Par or trust interes									
12	Securities—Mis	cellaneous								
	Qualified consecontribution—H structures . Qualified conse	istoric ••••• ervation								
15	contribution—O Real estate—Re									
	Real estate—Co									
	Real estate—Ot									
	Collectibles .									
	Food inventory									
	Drugs and medi									
	Taxidermy .									
	Historical artifa									
23	Scientific speci	mens								
24	Archeological a	rtıfacts								
	Other ▶ (		X	16	90,500	COST	SELLING P	RICE		
	TEOFISRAELI									
	Other ▶ (									
	O ther ▶ (	)								
	Other ▶ (	)			<u> </u>	1				
29				inization during the tax yea 283, Part IV, Donee Ackno		29				
20-	During the year	r did the organiza	stion rocoly	e by contribution any prope	rty reported in Bart I. lines	1 thro	uah 20 that	_	Yes	No
JUa		•								1
		·		e date of the initial contribu		ired to	pe used	1		(
		'	٠.	period?				30a		Νo
b	If "Yes," descr	the the arrangeme	ent in Part 1	II				1		l
31	Does the organ	nization have a gif	t acceptano	ce policy that requires the r	eview of any non-standard	contrib	outions?	31	Yes	
32a	_		•	ies or related organizations						
	contributions?							32a	Yes	

**b** If "Yes," describe in Part II

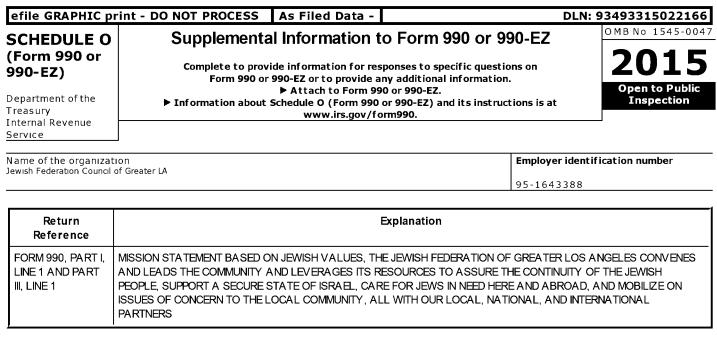
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2015)

Page 2

WILL PREPARE A LETTER TO THE DONOR THANKING THEM FOR THEIR DONATION TO THE FEDERATION, AND WILL DISCLOSE IN THE LETTER IF THE CAR WAS SOLD FOR LESS THAN OR

MORE THAN \$500 CARS IS AWARDED 30% OF THE GROSS SALES PRICE LESS EXPENSES, AND THE FEDERATION RECEIVES 70% OF THE GROSS SALES PRICE LESS EXPENSES Schedule M (Form 990) (2015)



Return Reference	Explanation
FORM 990, PART III, LINE 4	PROGRAM SERVICE ACTIVITY #1 - ENSURING THE JEWISH FUTURE THE FEDERATION CREATES OPPORTUNITIES FOR PEOPLE OF ALL AGES TO PARTICIPATE AND CELEBRATE IN JEWISH LIFE AND CONNECT WITH THE COMMUNITY AND ISRAEL TO DO SO, WE WORK TO ENSURE THE QUALITY AND REDUCE THE COST OF JEWISH EDUCATIONAL EXPERIENCES, TRAIN LEADERS WHO WILL TEACH JEWISH VALUES TO NEW GENERATIONS, ENGAGE LOCAL SYNAGOGUES, THE LIFEBLOOD OF THE JEWISH COMMUNITY, AND SEND THOUSANDS ON EDUCATIONAL MISSIONS TO ISRAEL, ENSURING THAT STRONG CONNECTIONS WILL PERSIST AS THE HUB OF THE COMMUNITY, THE FEDERATION IS UNIQUELY POSITIONED TO CONNECT JEWS TO ONE ANOTHER AND MAKE JEWISH LIFE ACCESSIBLE AND AFFORDABLE BY LEVERAGING THE STRENGTH OF OUR MEMBERS AND WORKING CLOSELY WITH OUR NETWORK OF TRUSTED PARTNERS PROGRAM SERVICE ACTIVITY #2 - CARING FOR JEWS IN NEED THE FEDERATION LEVERAGES THE STRENGTH OF ITS COMMUNITY TO PROVIDE AID FOR JEWS IN NEED THE WELL-BEING OF JEWISH SENIORS IS ALSO A CORE PRIORITY, ESPECIALLY WHEN A SENIOR IS A HOLOCAUST SURVIVOR OUR WORK ALSO INCLUDES SEEING TO DAILY NECESSITIES OF THOSE IN NEED, CONNECTING PEOPLE TO THE SKILLS AND SERVICES NECESSARY TO BE SELF-SUFFICIENT, AND ENSURING CHILDREN WITH SPECIAL NEEDS AND OTHER AT-RISK CASES HAVE THEIR NEEDS MET AND CAN PARTICIPATE IN JEWISH LIFE THE FEDERATION IS ABLE TO CARE FOR OUR OWN COMMUNITY BY WORKING WITH PARTNERS IN LOS ANGELES, ISRAEL, AND OVER 55 COUNTRIES AROUND THE WORLD PROGRAM SERVICE ACTIVITY #3 - COMMUNITY ENGAGEMENT FOR THE PAST 100 YEARS, THE JEWISH FEDERATION HAS ENGAGED IN OUR CITY, PROMOTING AN INCLUSIVE COMMUNITY THAT REFLECTS THE BEST OF AMERICAN AND JEWISH VALUES THE PURSUIT OF A JUST SOCIETY, ENSURING A STRONG JEWISH FUTURE AND PROMOTING A SAFE AND VIBRANT ISRAEL ARE THE ENDURING CORNERSTONES OF OUR WORK WE ENGAGE THE COMMUNITY BY PROVIDING ROBUST SERVICE AND VOLUNTEER OPPORTUNITIES, COMBATNIG ILLITERACY, FIGHTING HUNGER, SHAPING POLICY AND ADVOCATING FOR ISRAEL TOGETHER AS A COMMUNITY, AND WITH DIVERSE PARTNERS ACROSS LOS ANGELES, WE CAN SHAPE THE FUTURE OF OUR CITY

Explanation
LIE BIDER AND LYNN BIDER HAVE A FAMILY RELATIONSHIP, DEREK BROWN AND LYNETTE BROWN HAVE A
IILY RELATIONSHIP, RODNEY FREEMAN AND HEIDI MONKARSH HAVE A FAMILY RELATIONSHIP, LEON JANKS AND
RON JANKS HAVE A FAMILY RELATIONSHIP, AND FRANK MAAS AND VIRGINIA MAAS HAVE A FAMILY ATIONSHIP
IIL F

Return Reference	Explanation
FORM 990, PART VI,	DESCRIPTION OF MEMBERS AND STOCKHOLDERS MEMBERS ARE DEFINED AS CONTRIBUTORS WHO HAVE PAID
SECTION A, LINE 6	NOT LESS THAN \$100 TO THE ANNUAL COMMUNITY-WIDE FUND RAISING CAMPAIGN WITHIN THE TWELVE MONTHS
	PRECEDING THE DATE OF A MEMBERS MEETING

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS OR STOCKHOLDERS WHO MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY MEMBERS OF THE FEDERATION CONVENE AT LEAST BIENNIALLY (BIENNIAL MEETING) AND OTHERWISE AS DEEMED NECESSARY BY THE BOARD OF DIRECTORS OR CHAIR ONE HUNDRED MEMBERS CONSTITUES A QUORUM AT A MEETING OF THE MEMBERS MEMBERS ARE NOT ENTITLED TO VOTE OR ACT BY PROXY ONLY MATTERS OF WHICH NOTICE WAS GIVEN MAY BE ACTED UPON AT A MEMBERS MEETING THE AGENDA OF THE BIENNIAL MEETING SHALL INCLUDE THE ELECTION OF DIRECTORS PURSUANT TO THE BY LAWS MEMBERS SHALL ELECT DIRECTORS FOR A TWO-YEAR TERM AT THE BIENNIAL MEETING PRIOR TO THE BIENNIAL MEETING, THE NOMINATIONS COMMITTEE COORDINATES THE SELECTION OF PROPOSED DIRECTORS IN ACCORDANCE WITH THE PROCEDURES ENUMERATED IN THE BY LAWS VACANCIES CREATED BY RESIGNATION, DEATH, INCAPACITY OR OTHER DEPARTURE OF A DIRECTOR MAY BE FILLED BY THE CHAIR'S APPOINTMENT, FOR THE UNEXPRED PORTION OF THE TERM, SUBJECT TO APPROVAL BY VOTE OF THE BOARD AT THE NEXT BOARD MEETING A REPLACEMENT DIRECTOR MAY SERVE ON THE BOARD BY THE CHAIR'S APPOINTMENT ON AN INTERIM BASIS UNTIL SUCH NEXT BOARD MEETING

Return Reference	Explanation
FORM 990,	PROCESS TO REVIEW THE FORM 990 THE FORM 990 IS PREPARED BY THE FEDERATION'S FINANCE STAFF A PUBLIC
PART VI,	ACCOUNTING FIRM IS RETAINED TO PROVIDE TAX SERVICES FOR THE FEDERATION WHEN THE FORM 990 IS COMPLETE,
SECTION B,	BUT BEFORE IT IS FILED, THE AUDIT COMMITTEE MEETS WITH THE CFO AND VP OF FINANCE AND REPRESENTATIVES
LINE 11B	FROM THE PUBLIC ACCOUNTING FIRM TO PERFORM A THOROUGH REVIEW OF THE FORM 990 THE BOARD HAS
	EMPOWERED THE AUDIT COMMITTEE TO PERFORM THIS REVIEW OF THE FORM 990 PRIOR TO FILING PRIOR TO FILING, THE
	MEMBERS OF THE BOARD OF DIRECTORS ARE PROVIDED AN ELECTRONIC COPY OF THE FORM 990 FOR REVIEW

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY THE JEWISH FEDERATION HAS A WRITTEN CONFLICT OF INTEREST POLICY BOARD MEMBERS, COMMITTEE MEMBERS, OFFICERS, KEY EMPLOYEES AND SELECTED STAFF ARE SUBJECT TO COMPLIANCE WITH THE POLICY THE POLICY IS POSTED ON THE ORGANIZATION'S INTRANET ADDITIONALLY, THE POLICY IS CIRCULATED ON AN ANNUAL BASIS TO AFFECTED PERSONS ALONG WITH A QUESTIONNAIRE TO FURTHER IDENTIFY RELATIONSHIPS THAT REQUIRE DISCLOSURE ON THE FORM 990. THE POLICY DEFINES PROCEDURES FOR THE CONFLICTED PERSON AND/OR OTHERS TO ENSURE THAT BUSINESS TRANSACTIONS ARE IN THE BEST INTEREST OF THE ORGANIZATION, BUSINESS AND FAMILY RELATIONSHIPS ARE FULLY DISCLOSED, AND DISCIPLINARY MEASURES ARE ENFORCED WHEN A POTENTIAL CONFLICT OF INTEREST IS IDENTIFIED BY THE CONFLICTED PARTY OR THE JEWISH FEDERATION, THE NATURE OF THE INTEREST OR INVOLVEMENT IS IMMEDIATELY COMMUNICATED TO THE PRESIDENT, BOARD CHAIR, AND THE RESPECTIVE COMMITTEE CONSIDERING THE TRANSACTION IF THE PARTICULAR TRANSACTION REQUIRES A VOTE, THE CONFLICTED PARTY SHALL NOT BE COUNTED FOR PURPOSES OF A QUORUM NOR SHALL HE OR SHE VOTE ON THE MATTER PERSONS PREPARING AND SIGNING THE FORM 990 ARE FAMILIAR WITH BOARD MEMBERS, COMMITTEE MEMBERS, FINANCIAL TRANSACTIONS (INCLUDING CONTRACTUAL ARRANGEMENTS) AND THE RULES AND POLICIES RELATED TO CONFLICTS OF INTEREST

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A AND 15B	PROCESS FOR DETERMINING EXECUTIVE COMPENSATION THE BY LAWS PROVIDE FOR AN INDEPENDENT EXECUTIVE COMPENSATION COMMITTEE WHICH REVIEWS AND APPROVES THE COMPENSATION, INCLUDING BENEFITS, OF THE PRESIDENT, CHIEF OPERATING AND FINANCIAL OFFICER, EXECUTIVE VICE PRESIDENT OF FINANCIAL RESOURCE DEVELOPMENT, AND OTHER SELECTED EMPLOYEES WHO COMPRISE THE FIVE HIGHEST PAID EMPLOYEES OF THE FEDERATION THE REVIEW AND APPROVAL PROCESS INCLUDES ENGAGING AN OUTSIDE CONSULTANT WHO USES SALARY SURVEYS AND STUDIES OF NON-PROFIT ORGANIZATIONS TO PROPOSE A COMPENSATION PACKAGE THE REVIEW AND APPROVAL OCCUR UPON HIRING OF THE OFFICER, RENEWAL OR EXTENSION OF THE EMPLOYEE'S EMPLOYMENT AGREEMENT, OR WHEN THE COMPENSATION IS MODIFIED AFTER THE EXECUTIVE COMPENSATION COMMITTEE HAS SETTLED ON A COMPENSATION MATTER, THE RESULTS ARE REPORTED TO THE BOARD THE COMPENSATION OF THE CURRENT CHIEF EXECUTIVE OFFICER WAS APPROVED BY THE EXECUTIVE COMPENSATION
	FEDERATION THE REVIEW AND APPROVAL PROCESS INCLUDES ENGAGING AN OUTSIDE CONSULTANT WHO USES SALARY SURVEYS AND STUDIES OF NON-PROFIT ORGANIZATIONS TO PROPOSE A COMPENSATION PACKAGE THE REVIEW AND APPROVAL OCCUR UPON HIRING OF THE OFFICER, RENEWAL OR EXTENSION OF THE EMPLOYEE'S EMPLOYMENT AGREEMENT, OR WHEN THE COMPENSATION IS MODIFIED AFTER THE EXECUTIVE COMPENSATION COMMITTEE HAS SETTLED ON A COMPENSATION MATTER, THE RESULTS ARE REPORTED TO THE BOARD THE

Return Reference	Explanation
FORM 990, PART	PUBLIC INSPECTION OF DOCUMENTS THE JEWISH FEDERATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE FOR
VI, SECTION C,	INSPECTION AT THE OFFICE OF THE ORGANIZATION THE JEWISH FEDERATION MAKES ITS CONFLICT OF INTEREST
LINE 19	POLICY AND AUDITED FINANCIAL STATEMENTS AVAILABLE FOR INSPECTION AT THE OFFICE OF THE ORGANIZATION,
	AND COPIES WILL BE PROVIDED ON REQUEST IF THEY CANNOT BE ACCESSED FROM THE PUBLIC WEBSITE

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN FUND BALANCE ROUNDING \$(1,470)

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493315022166 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) 2015 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Attach to Form 990. Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization Jewish Federation Council of Greater LA 95-1643388 Part I Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. (c) (f) (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (a) (c) (d) (e) (f) (g) Direct controlling Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No See Additional Data Table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2015

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	)	(i)	Canad	)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income(related,	Share of total income	Share of end-of-vear	alloca	rtionate itions?	Code V-UBI amount in box	Gener mana	ai or	Percentage ownership
		(state or		unrelated,		assets			20 of	partr	ner?	
		foreign		excluded from					Schedule K-1			
		country)		tax under sections 512-					(Form 1065)			
				514)						<u> </u>	$\longrightarrow$	
							Yes	No		Yes	No	
											1	
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										$\Box$	$\Box$	
											1	
											$\Box$	
Part TV Identification of Related Organizations Taxable a	s a Cornor	ation	or Trust (	omplete if th	e organiza	tion answ	wered	"Vec"	on Form 9	190 E	art 1	IV line

Part IV 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.

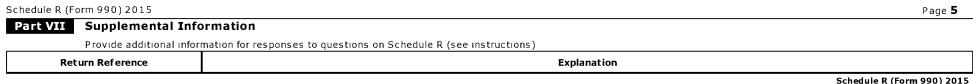
			T					т	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	Section (b)(: contro entit	L3) olled :y <sup>?</sup>
								Yes	No
LA - STEUBENVILLE (1)PROPERTIES INC  10866 WILSHIRE BLVD 1100 LOS ANGELES, CA 90024 20-1164918	REAL ESTATE	СА	NA	S CORP				Yes	

Part V	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.								
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No					
1 During	g the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
a Red	ceipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity	1a	Yes						
<b>b</b> Gift	t, grant, or capital contribution to related organization(s)	<b>1</b> b		No					
<b>c</b> Gift	t, grant, or capital contribution from related organization(s)	<b>1</b> c	Yes						
d Loans or loan guarantees to or for related organization(s)									
<b>e</b> Loa	ans or loan guarantees by related organization(s)	1e		No					
<b>f</b> Div	ridends from related organization(s)	1f		No					
<b>g</b> Sal	le of assets to related organization(s)	<b>1</b> g		No					
<b>h</b> Pur	rchase of assets from related organization(s)	1h		No					
i Exc	hange of assets with related organization(s)	1i		No					
<b>j</b> Lea	se of facilities, equipment, or other assets to related organization(s)	1j		No					
k lea	ase of facilities, equipment, or other assets from related organization(s)	1k		No					
Performance of services or membership or fundraising solicitations for related organization(s)									
	· · · · · · · · · · · · · · · · · · ·		l	<u> </u>					
<b>m</b> Perf	formance of services or membership or fundraising solicitations by related organization(s)	1m		No					
<b>n</b> Sha	ring of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes						
<b>o</b> Sha	aring of paid employees with related organization(s)	10		No					
<b>p</b> Rei	imbursement paid to related organization(s) for expenses	<b>1</b> p		No					
-	imbursement paid by related organization(s) for expenses	<b>1</b> q	Yes						
r Oth	ner transfer of cash or property to related organization(s)	1r		No					
s Oth	ner transfer of cash or property from related organization(s)	<b>1</b> s		No					
<b>2</b> If th	he answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshold	S							
	(a) Name of related organization  (b) Transaction Transaction type (a-s)  (c) Method of determining a	imount	involved	i					
ee Additioi	nal Data Table								

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

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

revenue) that was not a related organization. See instructions r							(c)	/h)		(1)	(1)		(k)	
<b>(a)</b> Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 601(c)(3) anizations?	ners Share of total Income asset		(g) Share of end-of-year assets  (h) Disproprtion allocations		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership	
			317)	Yes	No			Yes	No		Yes	No		
												7	ı	



THE EMQUIES FAMILY SUPPORT FOUNDATION

6505 WILSHIRE BLVD SUITE 1200

LOS ANGELES, CA 90048

26-1573706

Software ID: Software Version:

**EIN:** 95-1643388

Name: Jewish Federation Council of Greater LA Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (b) (c) (d) (e) (f) (g) (a) Direct controlling Name, address, and EIN of related organization Primary activity Legal domicile Exempt Code Public charity Section 512 (state status (b)(13) section entity or foreign country) (If section 501(c) controlled entity? (3)) Yes No GENERAL SUPT 501(C)(3) 11,1 ljce CAYes THE ABRASBA FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 05-0545566 GENERAL SUPT CA501(C)(3) 11,1 JCF Yes BERKE FAMILY FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 33-0782972 GENERAL SUPT CA501(C)(3) 11,1 JCF Yes BILL & BONNY LEVINE FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4199489 11,1 GENERAL SUPT 501(C)(3) IJCF CAYes THE IVAN AND VILAM HALAJ FAMILY FDN 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4700852 GENERAL SUPT CA 501(C)(3) 11,1 JCF Yes JACK E & RACHEL GINDI FDN 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4068700 GENERAL SUPT 11,1 JCF CA501(C)(3) Yes KASL FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4105774 GENERAL SUPT CA501(C)(3) 11,1 JCF Yes KURTZMAN FAMILY FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4684563 11,1 lice GENERAL SUPT CA501(C)(3) Yes LEE & HERMAN OSTROW FAMILY FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 01-0734263 GENERAL SUPT СА 501(C)(3) 11,1 JCF Yes LEONARD & ANNETTE SHAPIRO FAMILY FDN 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4582899 GENERAL SUPT CA501(C)(3) 11,1 JCF Yes THE NEWTON D & ROCHELLE F BECKER FDN 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4095134 GENERAL SUPT CA501(C)(3) 11,1 JCF Yes THE NIZNICK FAMILY FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4830603 GENERAL SUPT 11,1 lice CA501(C)(3) Yes The Goren Family Foundation 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4092926 GENERAL SUPT CA501(C)(3) 11,1 JCF Yes RICHARD & ROBERTA MARANTZ FAMILY FDN 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4088934 GENERAL SUPT CA501(C)(3) 11,1 JCF Yes RUTH & SONNY SINGER FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4364781 GENERAL SUPT CA501(C)(3) 11,1 IJCF Yes THE SABAN CHARITABLE SUPPORT FUND 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 68-0517051 GENERAL SUPT 501(C)(3) 11,1 JCF Yes SINDER FAMILY FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4092908 GENERAL SUPT СА 501(C)(3) 11,1 JCF Yes THE STEVEN & LOTTIE WALKER FAMILY FDN 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4095677 GENERAL SUPT  $\mathsf{C}\mathsf{A}$ 501(C)(3) 11,1 JCF Yes THE EDNA & MICKEY WEISS FAMILY FDN 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4455777 GENERAL SUPT JCF  $\mathsf{C}\,\mathsf{A}$ 501(C)(3) 11,1 Yes THE EDWARD RAPHAEL FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 68-0493061 GENERAL SUPT CA 501(C)(3) 11,1 JCF Yes

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (c) Legal domicile **(d)** Exempt Code (e) Public charity **(f)** Direct controlling (g) Section 512 (a)
Name, address, and EIN of related organization Primary activity entity (state section status (b)(13) controlled entity? or foreign country) (if section 501(c) (3)) Yes No GENERAL SUPT 11,1 JCF CA 501(C)(3) Yes THE HELENE & LOUIS GALEN FAMILY FDN 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 02-0778652 GENERAL SUPT 501(C)(3) 11,1 JCF Yes CA THE JOYCE & LAWRENCE POWELL FAMILY FDN 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4826900 GENERAL SUPT СА 501(C)(3) 11,1 lice Yes THE JUDY & BERNARD BRISKIN FAMILY FDN 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 80-0143565 JCF GENERAL SUPT CA 501(C)(3) 11.1 Yes THE LEVEY CHERRY FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 GENERAL SUPT СА 501(C)(3) 11,1 JCF Yes THE LOUIS & JUDITH MILLER FAMILY FDN 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4773791 GENERAL SUPT СА 501(C)(3) 11,1 JCF Yes THE MARK SCHULMAN & ESTHER SCHULMAN FDN 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4250205 GENERAL SUPT CA 501(C)(3) 11,1 1CF Yes THE MELISSA MARANTZ NEALY FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 35-2303167 GENERAL SUPT СА JCF 501(C)(3) 11,1 Yes THE PALERMO-RAVICH FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4717551 GENERAL SUPT СА 501(C)(3) 11,1 JCF Yes THE PEPP FAMILY SUPPORT FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 56-2669586 GENERAL SUPT СА 501(C)(3) 11,1 JCF Yes THE SALTER FAMILY CHARITABLE FDN 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-3924344 501(C)(3) JCF GENERAL SUPT СА 11,1 Yes THE SEYMOUR & ELAINE MASOR FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4621783 GENERAL SUPT СА 501(C)(3) 11,1 JCF Yes THE SHIRLEY & BURT HARRIS FAMILY FDN 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4246144 GENERAL SUPT СА 501(C)(3) 11,1 JCF Yes THE TOM & SONDRA RYKOFF FAMILY FDN 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4651913 GENERAL SUPT CA501(C)(3) 11,1 JCF Yes THE TRENA & STANLEY GREITZER FAMILY FDN 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4<u>716089</u> GENERAL SUPT СА 501(C)(3) 11,1 JCF Yes THE ZIERING FAMILY FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4556596 GENERAL SUPT CA 501(C)(3) 11,1 JCF Yes TIKUN OLAM FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4871770 GENERAL SUPT CA501(C)(3) 11,1 IJCF Yes WHIZIN SUPPORT FOUNDATION 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4571058 GENERAL SUPT СА 501(C)(3) ΡF JCF Yes THE JEWISH COMMUNITY FDN CHARITABLE FUND 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-3507310 GENERAL SUPT СА 501(C)(3) ΡF JCF Yes THE JEWISH COMM FDN CHARITABLE FUND II 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-4695562 GENERAL SUPT  $\mathsf{C}\mathsf{A}$ 501(C)(3) JFC Yes JEWISH COMMUNITY FDN OF LA 6505 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 90048 95-6111928

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) (d) Name of related organization Amount Involved Transaction Method of determining amount type(a-s) involved (1) JEWISH COMMUNITY FOUNDATION OF LA 5,699,000 FMV С FMV (1) JEWISH COMMUNITY FOUNDATION OF LA 319,000 а FMV (2) THE NEWTON D & ROCHELLE F BECKER FDN C 225,000 FMV (3) THE PEPP FAMILY SUPPORT FOUNDATION 200,000 С FMV (4) THE NIZNICK FAMILY FOUNDATION 125,000 С (5) THE ZIERING FAMILY FOUNDATION С 100,000 FMV (6) FMV THE JUDY & BERNARD BRISKIN FAMILY FDN 60,000 FMV (7) LEONARD & ANNETTE SHAPIRO FAMILY FDN С 56,000 FMV (8) OSIAS G & DOROTHY S GOREN FOUNDATION 52,750 C (9) SINDER FAMILY FOUNDATION FMV 50,000 С (10) THE TOM & SONDRA RYKOFF FAMILY FDN 50,000 FMV C