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### DLN: 93493135069797

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

Department of the

Treasury

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 gov/form990</u>

Interr	al Re	venue Servi	ice					Inspection
A F	or th	he <b>2015</b> ca	alendar year, or tax year beginnin	g 07-01-2015 , and ending 06-30-2	016		•	
B Ch	neck if	fapplicable	C Name of organization JEWISH COMMUNITY CENTER OF			D Empl	oyer iden	tification number
_		s change	BALTIMORE INC			52-0	619002	
_ I	nıtıal r	change return	Doing business as					
returr		ninated ed return	Number and street (or P O box if m 3506 GWYNNBROOK AVENUE	ail is not delivered to street address) Room,	/suite		none numb ) 356-51	
		tion pending	City or town, state or province, cour BALTIMORE, MD 21117	ntry, and ZIP or foreign postal code			-	15,888,921
			<b>F</b> Name and address of princip	and officer	11/->		•	
			BARAK HERMANN 3506 GWYNNBROOK AVENUI			(s this a grou subordinates No		for
—— т Та	ax-ex	empt status	BALTIMORE, MD 21117			Are all subord ncluded?	dinates	□Yes □ No
			° ▼ 501(c)(3)	insert no ) 4947(a)(1) or 527		If "No," attac		(see instructions)
						Group exemp		
<b>K</b> For	m of	organizatior	n <b>✓</b> Corporation   Trust   Associa	tion Other ►	L Year	or formation 1	.951 MD	State of legal domicile
Pa	irt I	Sum	nmary					
Governance		INSPIRE	escribe the organization's mission D BY JEWISH VALUES, WE CRE LEBRATE A VIBRANT JEWISH C	ATE MEANINGFUL EXPERIENCES .	AND OPPO	RTUNITIES	TO ENR	ICH, CONNECT,
Gove	2	Check th	his box 🕨 🥅 if the organization di	scontinued its operations or dispose	d of more t	han 25% of it	s net as	sets
	3	Number	of voting members of the governi	ng body (Part VI, line 1a)			3	64
ties			-	of the governing body (Part VI, line 1			4	64
Activities &	5	Total nu	mber of individuals employed in c	alendar year 2015 (Part V , line 2a)			5	817
AC	6	Total nu	mber of volunteers (estimate if no	ecessary)			6	500
				art VIII, column (C), line 12			7a	51
	b	Net unrel	ated business taxable income fro	m Form 990-T, line 34			7b	
		6	which are and are the /Book VIII Is	4.5		Prior Year	1.6.0	Current Year
<u>di</u>	8 Contributions and grants (Part VIII, line 1h)				•	5,227 9,716		5,380,15 9,996,77
ën uë Aë	10	=		(A), lines 3, 4, and 7d)	: -		,440	44
ä	11			lines 5, 6d, 8c, 9c, 10c, and 11e)			,316	379,79
	12			(must equal Part VIII, column (A), l	ıne	15,373	,578	15,757,17
	13	Grant	and similar amounts paid (Part	IX, column (A), lines 1-3)		977	,130	1,299,19
	14	Benef	fits paid to or for members (Part I	X, column (A), line 4)			0	
Se.	15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)					9,726,95
Expenses	16		essional fundraising fees (Part IX,	, ,,	•		0	
Ä	b		undraising expenses (Part IX, column (D		-			
	17		, , , , , , , , , , , , , , , , , , , ,	lines 11a-11d, 11f-24e)		4,611	-	4,824,67
	18 19		•	st equal Part IX, column (A), line 25 18 from line 12	` <del>                                    </del>	15,229	,888	15,850,82 -93,64
Net Assets or Fund Balances		Kever	luc less expenses subtruct line	10 110111111111111111111111111111111111		ing of Current		End of Year
sset 3ala	20	Total	assets (Part X, line 16)			5,738	,620	4,371,60
M E	21	Total	liabilities (Part X, line 26)			5,132	,325	3,892,54
žŢ	22	Neta	ssets or fund balances Subtract	line 21 from line 20		606	,295	479,05
Unde my k	nowl arer	nalties of ledge and has any k *** Sign	belief, it is true, correct, and comenowledge  *** hature of officer  AK HERMANN PRESIDENT	amined this return, including accomp iplete Declaration of preparer (other				
			e or print name and title					-
Pai	d		Print/Type preparer's name JULIA FLANNERY CPA	Preparer's signature JULIA FLANNERY CPA	Date	Check If self-employed	_	
Pre		rer ⊢	Firm's name RSM US LLP	DIVE CUITE 1400		Firm's EIN ►		
Use	<b>O</b>	nly	Firm's address ► 100 INTERNATIONAL DF	XIVE 3011E 1400		Phone no (41	u) 246-93	υυ

BALTIMORE, MD 21202

. ✓Yes No

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . If "Yes," describe these new services on Schedule O

Did the organization cease conducting, or make significant changes in how it conducts, any program TYes √No. If "Yes," describe these changes on Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

(Code ) (Expenses \$ 2,267,597 including grants of \$ 52,039 ) (Revenue \$ 1,001,070) 4a FITNESS, WELLNESS & RECREATION FITNESS, WELLNESS & RECREATION IS A KEY POINT OF ENTRY FOR MEMBERSHIP TO THIS END, THE JCC IS FULLY COMMITTED TO ENHANCING MEMBERSHIP GROWTH AND RETENTION FOR ITS 16,000 MEMBERS. THIS YEAR, YOUTH PROGRAMMING CONTINUED TO EXPAND REACHING ADDITIONAL HOUSEHOLDS AND CHILDREN THE AQUATICS DEPARTMENT IS CONTINUING TO PROVIDE YEAR ROUND PROGRAMS FOR ALL LEVELS AND AGES THE JCC IS THE LARGEST PROVIDER OF AMERICAN RED CROSS CERTIFICATION PROGRAMS IN THE BALTIMORE AREA WHICH INCLUDE LIFEGUARDING, WATER SAFETY INSTRUCTOR, CERTIFIED POOL OPERATOR, BABYSITTING, FIRST AIDE AND CPR TRAININGS

(Code ) (Expenses \$ 2,261,603 including grants of \$ 215,777 ) (Revenue \$ 2.804.265 ) 4b EARLY CHILDHOOD EDUCATION PROGRAM THE JCC'S EARLY CHILDHOOD EDUCATION (ECE) PROGRAM PROVIDES A NON-DENOMINATIONAL JEWISH PRE-SCHOOL PROGRAM AND AN INTEGRATED, DEVELOPMENTALLY APPROPRIATE CURRICULUM DESIGNED TO PROMOTE SELF ESTEEM TO SEND THEIR CHILDREN TO THE PRESCHOOL, FAMILIES MUST BE MEMBERS OF THE CENTER. THE OWINGS MILLS ECE INCLUDES PRE-SCHOOL CLASSES AS WELL AS A KINDERGARTEN AND SERVES. 300 FAMILIES THE PARK HEIGHTS ECE SERVES 85 FAMILIES AND ALSO OFFERS AN INFANT/TODDLER DAY CARE PROGRAM BOTH ECE'S PROVIDE PART-TIME PROGRAMS FOR CHILDREN WITH ONE STAY-AT-HOME PARENT OR FAMILIES WITH HOME SUPPORT THAT CAN PICK UP THE CHILDREN MID-DAY. AS WELL AS THE FULL-DAY PRESCHOOL PLUS PROGRAM

including grants of \$ 4c (Code ) (Expenses \$ 1,330,201 154,282 ) (Revenue \$ 1,380,151) SUMMER CAMP PROGRAMS AT THE JCC OF GREATER BALTIMORE THE JCC OFFERS 16 DIFFERENT TOTAL CAMP EXPERIENCES FOR AGES 5 TO 15 INCLUDING TENNIS, SWIMMING, SPORTS, THEATER AND ARTS OUR CAMPS OFFER SEVERAL RECREATIONAL PROGRAMS FOR CAMPERS WITH COGNITIVE, DEVELOPMENTAL

AND PHYSICAL DISABILITIES THROUGH OUR INCLUSION PROGRAM, AS WELL AS A SELF CONTAINED PROGRAM FOR TEENS WITH DISABILITIES ALTOGETHER THE JCC SERVES MORE THAN 1,000 CHILDREN & TEENS THROUGHOUT OUR SUMMER CAMP SEASON

See Additional Data

Other program services (Describe in Schedule O )

4d 8.513.786 including grants of \$ 877.097 ) (Revenue \$ 4,810,156) (Expenses \$ Total program service expenses ▶ 14.373.187

Page 2

√No.

orm	990 (2015)			Page <b>3</b>
Par	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? <i>If "Yes," complete Schedule C, Part I</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		No
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 2	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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕲	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11</b> c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current			

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

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

**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

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 own 100% of an entity disregarded as separate from the organization under Regulations

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

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

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

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . .

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

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

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

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

instructions for applicable filing thresholds, conditions, and exceptions)

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

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28a

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28c

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35a

35b

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Yes

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Νo

Nο

Nο

Nο

Νo

Nο

Νo

Nο

Nο

Nο

Nο

Νo

Pai		Itements Regarding Other IRS Filings and Tax C eck if Schedule O contains a response or note to any	-		V			_
	CII	eck if Schedule O contains a response of flote to any	illie ill tills	rait	<u>v</u>	• •	Yes	No No
1a	Enter the i	number reported in Box 3 of Form 1096 Enter -0- if not applic	able	1a	48			
b	Enter the i	number of Forms W-2G included in line 1a Enter -0 - if not app	plicable	1b	0			
c		ganization comply with backup withholding rules for reportable ambling) winnings to prize winners?		vend	dors and reportable	<b>1</b> c	Yes	
2a	Enter the I	number of employees reported on Form W-3, Transmittal of Wanners, filed for the calendar year ending with or within the year urn	age and r covered	2a	817			
b	If at least	one is reported on line 2a, did the organization file all required sum of lines 1a and 2a is greater than 250, you may be requ	d federal emp	loym	ent tax returns?	2b	Yes	
3a	Did the org	ganization have unrelated business gross income of \$1,000 o	r more during	g the	year <sup>,</sup>	3a		Νo
b	If "Yes," h	as it filed a Form 990-T for this year? <i>If "No" to line 3b, provide</i>	e an explanatio	on in S	Schedule O	3b		
4a		e during the calendar year, did the organization have an intere ancial account in a foreign country (such as a bank account, s · · ·				4a		No
b	If "Yes," e See instru (FBAR)	nter the name of the foreign country  ctions for filing requirements for FinCEN Form 114, Report of	Foreign Bank	and	Financial Accounts			
5a	Was the o	ganization a party to a prohibited tax shelter transaction at a	ny tıme durır	g the	tax year?	5a		No
b	Did any ta	xable party notify the organization that it was or is a party to a	a prohibited t	ax sh	elter transaction?	5b		Νo
c	If"Yes," t	o line $5a$ or $5b$ , $did$ the organization file Form $8886\text{-}\text{T}$ ?						
6a		organization have annual gross receipts that are normally grea			·	5c 6a		No
b	If "Yes," d	on solicit any contributions that were not tax deductible as ch id the organization include with every solicitation an express ax deductible?	statement th	at su	ch contributions or gifts	6b		
7		ons that may receive deductible contributions under section 1		•				
а		ganization receive a payment in excess of \$75 made partly as rovided to the payor?			d partly for goods and	7a		No
b	If"Yes," d	id the organization notify the donor of the value of the goods o	or services p	rovide	ed?	<b>7</b> b		
	file Form 8	ganization sell, exchange, or otherwise dispose of tangible per 282?				<b>7</b> c		No
d	If "Yes," II	ndicate the number of Forms 8282 filed during the year	[	7d				
е	Did the org	ganization receive any funds, directly or indirectly, to pay prer	miums on a p	erson	al benefit contract?	7e		Νo
f	Did the org	ganization, during the year, pay premiums, directly or indirectl	ly, on a perso	nal b	enefit contract?	<b>7</b> f		Νo
g	If the orga required?	nization received a contribution of qualified intellectual prope	•	rganız • •	zation file Form 8899 as	<b>7</b> g		
h	If the orga Form 1098	nization received a contribution of cars, boats, airplanes, or o 3-C?	ther vehicles	, dıd	the organization file a	7h		
8		norganizations maintaining donor advised funds. In advised fund maintained by the sponsoring organization hav  year?	e excess bu	sines:	s holdings at any time	8		
9a	Did the sp	onsoring organization make any taxable distributions under se	ection 4966			9a		
b	Did the sp	onsoring organization make a distribution to a donor, donor ad	dvisor, or rela	ited p	erson?	9b		
10	Section 50	1(c)(7) organizations. Enter						
а	Initiation f	ees and capital contributions included on Part VIII, line 12		10a				
b	Gross reco	eipts, included on Form 990, Part VIII, line 12, for public use	of club [	10b				
11		1(c)(12) organizations. Enter	1		1			
		ome from members or shareholders		11a				
b		ome from other sources (Do not net amounts due or paid to othe nounts due or received from them )	ner sources	11b				
		47(a)(1) non-exempt charitable trusts. Is the organization file	· .	ın lıe	u of Form 1041?	12a		
	year	nter the amount of tax-exempt interest received or accrued d	uring the	<b>12</b> b				
13	Section 50	1(c)(29) qualified nonprofit health insurance issuers.						
	additional	anization licensed to issue qualified health plans in more than information the organization must report on Schedule O	1	ote. S	See the instructions for	13a		
b		amount of reserves the organization is required to maintain by e organization is licensed to issue qualified health plans .	the states	13b				
c	Enter the a	amount of reserves on hand	[	<b>13</b> c				
	•	ganization receive any payments for indoor tanning services d	-	•		14a		No
b	If "Yes," h	as it filed a Form 720 to report these payments? If "No," provide	de an explana	tion ir	Schedule O	14b		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI 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 Enter the number of voting members of the governing body at the end of the tax **1**a 64 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are ındependent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Yes Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo 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 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? . . . . . . . . . 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . . . Yes

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the a organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Νo **10a** Did the organization have local chapters, branches, or affiliates? . . **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b 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 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes 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? a The organization's CEO, Executive Director, or top management official . . . . . 15a Yes 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

### Section C. Disclosure

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

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

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

**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? . . . . . . . . . . . . . . . . . .

Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

▶KENNETH H KARSH SVP & CFO 3506 GWYNNBROOK AVENUE OWINGS MILLS, MD 21117 (410) 559-3503

Νo

**16**a

16b

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

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
						<b>*</b>				
<ul><li>c Total from continuation she</li><li>d Total (add lines 1b and 1c)</li></ul>				٠.	٠.	•		499,186	0	52,504

	_		Yes	NO
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
			1 63	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

## Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)

(B)
(C)

Name and business address	Description of services	Compensation
WOODLAWN MOTOR COACH INC	TRANSPORTATION	141,498
6523 BALTIMORE NATIONAL PIKE		
BALTIMORE, MD 21228		
TEXAS SCENIC COMPANY INC	ELECTRICAL SERVICES	105,500
PO BOX 680008 SAN ANTONIO, TX 78268		

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

orm 99		15)						Page <b>S</b>
Part V	/++	Statement o						
		Check if Schedi	ule O contains a respor	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ω 80	1a	Federated cam	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	ies <b>1b</b>					
Gr.	c	Fundraising eve	ents <b>1c</b>	81,940				
ffs. Ir A	d	Related organiz	zations 1d					
ig i≝	e	Government grants	s (contributions) <b>1e</b>	44,426				
Sir	f	All other contribution	ons, gifts, grants, and <b>1f</b>	5,253,785				
utio	'	similar amounts no						
	g	Noncash contributi 1a-1f \$	ons included in lines					
Cont and	h	Total. Add lines	s 1a-1f		5,380,151			
				Business Code				
Program Service Revenue	2a	MEMBERSHIP DUE	S	900099	3,955,233	3,955,233		
₽ ₹	b	PROGRAM SERVIC	E FEES	713990	2,970,541	2,970,541		
- Ce	c	EARLY CHILDHOOD	DEDUCAT	611600	2,804,265	2,804,265		
ξer	d	MISC REVENUE &	PRINTI	900099	225,783	225,783		
E 8	e	GUEST PASSES		713990	39,820	39,820		
gra	f	All other progra	am service revenue		1,137			1,13
ĕ	g	Total. Add lines	s 2a-2f	•	9,996,779			
	3		ome (including dividen		446		51	39:
	4		ar amounts) stment of tax-exempt bond ;		110			33.
	5			▶				
			(ı) Real	(II) Personal				
	6a	Gross rents	442,956					
	ь	Less rental	0					
	l c	expenses Rental income	442,956					
	d	or (loss)  Net rental inco	me or (loss)		442,956			442,956
		Week entar mee	(ı) Securities	(II) O ther	·			<u> </u>
	7a	Gross amount from sales of assets other than inventory		.,				
	b c	Less cost or other basis and sales expenses Gain or (loss)						
	d	Net gain or (los	ss)					
Other Revenue	8a	Ψ	luding ,940 s reported on line 1c)					
her			a	31,372				
õ	b c		penses <b>b</b> (loss) from fundraising (	101,480	-70,108			-70,108
		Gross income f	rom gaming activities ne 19	evenus •	70,100			70,100
	ь	less directev	penses b					
	1		(loss) from gaming activ	vities				
	102	Cross sales of	unyantary laga	<b>•</b>				
	100	Gross sales of returns and allo						
			а	37,217				
	b c	_	oods sold <b>b</b> (loss) from sales of inve	30,267 entory ▶	6,950			6,950
		Miscellaneous	s Revenue	Business Code				
	11a							
	ь							
	c	-						
	d	All other reven						
	e	Total. Add lines	s 11a-11d	•				
	12	Total revenue.	See Instructions	· · · · •	15,757,174	9,995,642	51	381,330

## Part IX Statement of Functional Expenses

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Check if Schedule O contains a response or note to any line in 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	195,828	195,828		
2	Grants and other assistance to domestic individuals See Part IV, line 22	1,103,367	1,103,367		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	382,418	305,934	57,363	19,121
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	7,642,321	6,877,892	709,756	54,673
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	240,236	217,414	21,621	1,201
9	Other employee benefits	887,391	749,845	133,109	4,437
10	Payroll taxes				
		574,591	485,529	86,189	2,873
11	Fees for services (non-employees)				
а	Management				
b	Legal	12,314		12,314	
С	Accounting	25,501	21,548	3,825	128
d	Lobbying				_
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				_
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	924,424	878,491	45,933	
12	Advertising and promotion	180,835	152,806	27,125	904
13	Office expenses	417,533	352,815	62,630	2,088
14	Information technology	151,727	128,209	22,759	759
15	Royalties				
16	Occupancy	1,511,479	1,367,889	136,033	7,557
17	Travel	45,981	38,854	7,127	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	66,170	55,914	10,256	
20	Interest	4,561	4,333	228	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	331,681	300,172	29,851	1,658
23	Insurance	165,101	149,416	14,859	826
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	PROGRAM SERVICES EXPENS	982,803	982,803		
b					
c					
d					
e	All other expenses	4,561	4,128	411	22
25	<b>Total functional expenses.</b> Add lines 1 through 24e	15,850,823	14,373,187	1,381,389	96,247
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

(B)

End of year

2,857

87,552

1,737,230

36,119

18,600

202,925

1.666.958

539,724

79 639

4,371,604

641 473

3,148,205

21,677

81,192

3,892,547

-365,346

522,846

321,557

479.057

4,371,604

Form 990 (2015)

(A)

Beginning of year

2,857

840,485

2,133,641

43,057

17,769

212,238

1,677,719

642,754

168,100

5,738,620

1,107,956

3,857,607

34,995

131,767

5,132,325

-342,018

626,756

321,557

606.295

5,738,620

4 513 555

2,846,597

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10b

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5

6

7

8

9

**10**c

11

12 13

14

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Part X	Balance	She

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Net Assets or Fund Balances

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

Form 990 (2	2015)	P
Part X	Balance Sheet	

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets .

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Cash-non-interest-bearing . . . . .

Savings and temporary cash investments

Pledges and grants receivable, net .

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Intangible assets . . . . .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

**Total assets.**Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . .

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation .

Accounts receivable, net . .

Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant?

a separate basis, consolidated basis, or both

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

Separate basis

Schedule O

Schedule O

Single Audit Act and OMB Circular A-133?

basis, consolidated basis, or both

Consolidated basis

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

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

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

Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

Both consolidated and separate basis

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

2b Yes

2c

3a

3b

Yes

2a

Νo

Nο

Form 990 (2015)

#### **Additional Data**

10-1-

MEMBERSHIPS

Software ID: Software Version:

**EIN:** 52-0619002

Name: JEWISH COMMUNITY CENTER OF

440 700 \

BALTIMORE INC

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	/40,325	including grants of \$	332,392 ) (Revenue \$	448,702)
ARTS & CULTURE	THE GORDON CENTER FOR	PERFORMIN	IG ARTS ON THE CAMP	US OF THE ROSENBLOOM OWING	SS MILLS JCC
PRESENTS MORE	THAN 60 DIVERSE PERFORM	IANCE OPPO	RTUNITIES EACH PER	FORMANCE SEASON, INCLUDING	3 MANY SOLD
OUT SHOWS AND	FILMS THROUGHOUT THE Y	'EAR, THE G	ORDON CENTER RECEI	IVES OPERATIONAL AND CAPITA	AL GRANTS
FROM PRIVATE A	ND PUBLIC FUNDERS IN US	E ON AVERA	GE 200 DAYS PER YEA	R, THE GORDON CENTER HAS MC	DRETHAN
28,000 PATRONS	OF ALL AGES THAT ENJOY T	HE AFFORD	ABLE, ACCESSIBLE, AN	ND MULTI-DISCIPLINARY PROGR	AMMING
PROVIDING THRO	DUGHOUT ITS SEPTEMBER T	O MAY SEAS	SON		
(Code	) (Expenses \$	1,027,994	including grants of \$	51,912 ) (Revenue \$	3,981,432 )

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 6,745,467 including grants of \$ 492,793 ) (Revenue \$ 380,022 )

OTHER PROGRAM SERVICES

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han erso cer tor/t	not one n is and trus			( <b>D</b> ) 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
ANNETTE SAXON  CHAIRMAN OF THE BOARD	10 00	x		х		_		0	0	0
MAURY GARTEN 1ST VICE CHAIRMAN	10 00	×		×				0	0	0
RANDI BUERGENTHAL VICE CHAIRMAN	10 00	x		×				0	0	0
RANDI HERTZBERG VICE CHAIRMAN	10 00	×		×				0	0	0
CAROL NOEL VICE CHAIRMAN	10 00	×		×				0	0	0
LARRY PLANT VICE CHAIRMAN	10 00	x		×				0	0	С
	40.00									

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KEVIN KEANE **TREASURER** 

SECRETARY

YONI ADLER

BOARD MEMBER

ANDY ATTMAN BOARD MEMBER

LAURA RUBENSTEIN

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	unles	ore tl ss pe	than ersor icer a	not one on 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	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
DMITRY CHERCHES BOARD MEMBER	4 00	x						0	0	0
MARTY COHEN BOARD MEMBER	4 00	x						0	0	0
DR HOWARD DAVIDOV BOARD MEMBER	4 00	x						0	0	0
ELLIE FEINERMAN BOARD MEMBER	4 00	x						0	0	C
FAITH GERSHOWITZ BOARD MEMBER	4 00	x						0	0	C
ROBERT GOLDSTEIN BOARD MEMBER	4 00	x						0	0	С
SHELLEY HENDLER	4 00	v		$\Box$	$\Box$			0	0	

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BOARD MEMBER

BOARD MEMBER

JANET JACOBS

BOARD MEMBER

HARRY KOZLOVSKY BOARD MEMBER

GIL HORWITZ

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	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- MISC)	(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)	,	organization and related organizations
JON LEWIS BOARD MEMBER	4 00	х						0	0	0
SAMUEL LUXENBERG BOARD MEMBER	4 00	x						0	0	0
SIMON MARCIANO BOARD MEMBER	4 00	×						0	0	0
ZHANNA MAYDANICH BOARD MEMBER	4 00	×						0	0	0
BETSY NARROW BOARD MEMBER	4 00	×						0	0	0
JEN OSTERWEIL BOARD MEMBER	4 00	×						0	0	0
MITCHELL PLATT	4 00	v						0	0	0

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BOARD MEMBER

BOARD MEMBER

MARK RENBAUM

BOARD MEMBER

BETH RHEINGOLD BOARD MEMBER

RABBI SHLOMO PORTER

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	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 -	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
DAVID ROSEN BOARD MEMBER	4 00	x						0	0	0
SANDY ROSENBLOOM BOARD MEMBER	4 00	х						0	0	0
NINA ROSENZWOG BOARD MEMBER	4 00	х						0	0	0
RABBI DANA SAROKEN BOARD MEMBER	4 00	x						0	0	С
ANDREA SCHULMAN BOARD MEMBER	4 00	x						0	0	С
KEITH SHAPIRO BOARD MEMBER	4 00	х						0	0	С
SANDY SHAPIRO	4 00									

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BOARD MEMBER

BOARD MEMBER

LIZ SIMON-HIGGS

BOARD MEMBER

JENN STEIN BOARD MEMBER

SANDY SILBERMAN

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde	pendent Co	ntrac	tor	S					
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Pos m unle:	ition ore t	(C (do han erso cer tor/f	not one n is and crus		( <b>D</b> ) 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
VLAD VOLINSKY BOARD MEMBER	4 00	x					0	0	0
DEBBIE VOGELSTEIN BOARD MEMBER	4 00	х					0	0	0
WILL MINKIN BOARD MEMBER	2 00	х					0	0	0
NEIL DEMCHICK BOARD MEMBER	2 00	Х					0	0	0
ERIC NISLOW BOARD MEMBER	0 20	х					0	0	0
BETH MAYERS BOARD MEMBER	0 20	x					0	0	C
LAWRENCE I ROSENBERG	0 20								

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BOARD MEMBER

BOARD MEMBER

ARTHUR H ADLER

BOARD MEMBER

MICHAEL S SAXON BOARD MEMBER

DAVID M MAX

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

compensated Employees, and inde	pendent co	illiac	LOIS	3				i i	Ī	ı
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	Average hours per week (list any hours office						(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	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
MARCY K KOLODNY	0 20	x						0	0	٥
BOARD MEMBER										
JOSEPH MEYERHOFF II BOARD MEMBER	0 20	x						0	0	0
MYRNA E CARDIN BOARD MEMBER	0 20	x						0	0	0
BRUCE S HOFFBERGER BOARD MEMBER	0 20	×						0	0	0
ROBERT A MANEKIN BOARD MEMBER	0 20	×						0	0	0
PEGGY K WOLF BOARD MEMBER	0 20	х						0	0	0
MONTE FRIED	0 20							_	_	

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0 20

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BOARD MEMBER

JACOB COHEN

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

ROBERT M HANKIN

SUE GLICK LIEBMAN

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

40,708

6,843

4,953

256,820

127,204

115,162

Compensated Employees, and Inde					 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	٠, .			
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Pos m unle:	unless person is both an officer and a director/trustee)  Highest officer employee or director officer.		(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		
MICHAEL K HETTLEMAN BOARD MEMBER	0 20	x					0	0	C
PACY A OLETSKY BOARD MEMBER	0 20	×					0	0	0
WILBERT H SIROTA BOARD MEMBER	0 20	x					0	0	0
ROBERT W CATZEN	0 20								

80 00

65 00

55 00

BOARD MEMBER

BARAK HERMANN

KENNETH H KARSH

CHIEF FINANCIAL OFFICER

DIRECTOR OF FACILITIES

PRESIDENT

DAVID ZAHN

.....

hospital's name, city, and state

Employer identification number

52-0619002

SCHEDULE A (Form 990 or 990EZ)

JEWISH COMMUNITY CENTER OF

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.qov/form990.

**Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

(described on lines

1-9 above (see instructions))

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

OMB No 1545-0047

2015

Open to Public Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization

BALTIMORE INC

Part I

1

2

3

Total

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 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 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see

document?

Yes

No

(see instructions)

instructions)

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.	)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
•	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any unusual grants )						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
	from line 4						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L1	<b>Total support.</b> Add lines 7						
12	through 10 [ Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and <b>stop here</b>	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	<b>33 1/3% support test—2015.</b> If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and <b>stop here.</b> The organization qua	-		•	•	•	▶□
b	<b>33 1/3% support test—2014.</b> If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and <b>stop here.</b> The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- <del>-</del>
h	organization  10%-facts-and-circumstances test		anization did nat	shock a how on his	0 12 16 3 16 4	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	<b>Private foundation.</b> If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s box and see	
	instructions				•		▶┌
							'

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

t

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

Se	ection A. Public Support	ir rails to quality	didei die test	s listed below,	please complet	e rait.	11.)	
	Calendar year	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d)2014	(e)20	115	<b>(f)</b> Total
•	iscal year beginning in) ▶	(a)2011	(6)2012	(0)2013	(u)2014	( <del>e</del> )20	113	(T) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,052,946	4,397,063	4,423,086	5,227,160	5	,380,151	23,480,406
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	9,139,786	9,102,909	9,663,887	9,652,046	9	,839,585	47,398,213
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	13,192,732	13,499,972	14,086,973	14,879,206	15	,219,736	70,878,619
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							0
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							0
с 8	Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c from line 6)							70,878,619
Se	ction B. Total Support	1	•	•				
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 20	15	<b>(f)</b> Total
•	fiscal year beginning in)		* *		· ·			
9 10a	A mounts from line 6 Gross income from interest, dividends, payments received	13,192,732	13,499,972	14,086,973	14,879,206	15	,219,736	70,878,619
	on securities loans, rents, royalties and income from similar sources	383,670	463,331	590,693	469,253		443,350	2,350,297
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	383,670	463,331	590,693	469,253		443,350	2,350,297
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	207,126	99,483	85,282	144,091		225,783	761,765
13	Total support. (Add lines 9, 10c, 11, and 12)	13,783,528	14,062,786	14,762,948	15,492,550		,888,869	73,990,681
14	First five years.If the Form 990 is	for the organizatio	on's first, second,	third, fourth, or fi	fth tax year as a s	ection!	501(c)(3)	
_	check this box and stop here							<b>_</b>
	ection C. Computation of Pub		<del>_</del>	13 -1 (3)				
15	Public support percentage for 201!		•	13, column (†))		15		95 790 %
16	Public support percentage from 20		<u> </u>			16		95 790 %
	ection D. Computation of Inv							
17	Investment income percentage for				n (t))	17		3 180 %
18	Investment income percentage fro	m <b>2014</b> Schedule <i>i</i>	A , Part III , line 1	7		18		3 150 %

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

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

### 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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		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		
	509(a)(1) or (2)			<u> </u>
3а	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")?			l
	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?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	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> .	<b>9</b> c		
0a	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)	<b>10</b> b		
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?	<b>11</b> a		
	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	<b>11</b> c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
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	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in <b>Part VI</b> how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes." describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		

#### Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a 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

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	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		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	<b>—</b>		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)			
Section D - Distributions			Current Year			
1 Amounts paid to supported organizations to accomp	olish exempt purposes					
2 Amounts paid to perform activity that directly furthe excess of income from activity	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in					
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons				
4 Amounts paid to acquire exempt-use assets						
5 Qualified set-aside amounts (prior IRS approval rec	uured)					
6 Other distributions (describe in Part VI) See instru						
·	ic tions					
7 Total annual distributions. Add lines 1 through 6						
<b>8</b> Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide				
9 Distributable amount for 2015 from Section C, line	6					
10 Line 8 amount divided by Line 9 amount						
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015			
1 Distributable amount for 2015 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)						
3 Excess distributions carryover, if any, to 2015						
a .						
b c						
d From 2013						
e 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 \$						
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						
a						
b						
c Excess from 2013						
d From 2014						
<b>e</b> From 2015						
		Schodulo A	/Form 990 or 990-F7) /2015			

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**SCHEDULE D** (Form 990)

Department of the

Treasury

## **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 <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

DLN: 93493135069797

Open to Public Inspection

<b>Na</b> JEV	nai Revenue Service  Mrsh Community Center of  JTIMORE INC			loyer identification number
	Irt I Organizations Maintaining Donor Complete If the organization answere		r Funds o	or Accounts.
	complete if the organization answers	(a) Donor advised funds		Funds and other accounts
1	Total number at end of year	(a) Bollot davised falles		and differ decoding
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to			sed Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			
Pa	rt III Conservation Easements. Comple	ete if the organization answered "Ye	s" on Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	ne organization (check all that apply)		
	Preservation of land for public use (e g , recreducation)		of an histor	rically important land area
	Protection of natural habitat	Preservation	of a certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution	n in the form	n of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme		2b	
c d	Number of conservation easements on a certified Number of conservation easements included in (	• • • • • • • • • • • • • • • • • • • •	2c	
u	historic structure listed in the National Register	e, acquired after 6,17,00, and not on a	2d	
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or termi	nated by th	e organization during the
	tax year ▶			
4	Number of states where property subject to cons	ervation easement is located ▶		
5	Does the organization have a written policy regar violations, and enforcement of the conservation of		handling of	┌ Yes
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and en	forcing cons	servation easements during the
	<b>-</b>			
7	A mount of expenses incurred in monitoring, insperse.	ecting, handling of violations, and enforci	ng conserva	ation easements during the year
8	Does each conservation easement reported on II (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy the requirements of	f section 17	(¹0(h)(4)
9	In Part XIII, describe how the organization reporbalance sheet, and include, if applicable, the text		•	se statement, and
	the organization's accounting for conservation ea	asements		
Par	t III Organizations Maintaining Collect Complete if the organization answere			ner Similar Assets.
<b>1</b> a	If the organization elected, as permitted under SI			tement and balance sheet
_u	works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	assets held for public exhibition, educat	ion, or resea	arch in furtherance of public
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, educat		

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

**>** \$ \_

						rage Z
Par	<b>t III</b> Organizations Maintaining (continued)	Collections of	Art, Historical	Treasures, or	Other Similar A	ssets
3	Using the organization's acquisition, acc collection items (check all that apply)	ession, and other re	cords, check any o	of the following that	are a significant us	e of its
а	Public exhibition		d $\Gamma$ Lo	an or exchange pro	grams	
b	Scholarly research		<u> </u>	ther		
c	Preservation for future generations					
4	Provide a description of the organization Part XIII	's collections and ex	oplain how they fur	ther the organizatio	n's exempt purpose	ın
5	During the year, did the organization soli assets to be sold to raise funds rather th					<b>-</b>
Pai	rt IV Escrow and Custodial Arra		as part of the orga	anizacion's coneccio	on? Ye	s No
	Complete if the organization Part X, line 21.		n Form 990, Par	t IV, line 9, or re	ported an amour	nt on Form 990,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	stodian or other inte	rmediary for contr	lbutions or other as	sets not	s No
ь	If "Yes," explain the arrangement in P	art XIII and comple	te the following tal	hle	Am	ount
c	Beginning balance	are XIII and comple	te the following tal	10		
d	Additions during the year			10		
e	Distributions during the year			16		
f	Ending balance			11	F	
<b>2</b> a	Did the organization include an amount of	on Form 990, Part X,	line 21, for escro	w or custodial acco	unt liability?   Ye	s No
b	If "Yes," explain the arrangement in Part	XIII Check here if	the explanation ha	as been provided in	Part XIII	
Pa	rt V Endowment Funds. Comple	ete if the organiza	tion answered "	Yes" to Form 990	, Part IV, line 10	
		(a)Current year	(b)Pnor year	<b>b (c)</b> Two years back		(e)Four years back
1a	Beginning of year balance	642,754	671,850		496,355	582,355
b	Contributions	2,446	1,440	2,750	153,406	2,344
c	Net investment earnings, gains, and losses	-33,589	1,885	103,731	72,134	-11,181
d	Grants or scholarships					
e	Other expenditures for facilities and programs	65,566	32,421	127,405	29,121	71,651
f	Administrative expenses	6,321				5,512
g	End of year balance	539,724	642,754	671,850	692,774	496,355
2	Provide the estimated percentage of the	current year end ba	lance (line 1g, coli	umn (a)) held as		
а	Board designated or quasi-endowment <b>&gt;</b>					
b	Permanent endowment ► 59 580 %					
c	Temporarily restricted endowment ►	40 420 %				
	The percentages on lines 2a, 2b, and 2c	should equal 100%				
3а	Are there endowment funds not in the poorganization by	ssession of the orga	inization that are h	eld and administere	ed for the	Yes No
	(i) unrelated organizations					n(i) Yes
	(ii) related organizations				<del>                                     </del>	(ii) No
ь 4	If "Yes" on 3a(II), are the related organize Describe in Part XIII the intended uses				· · · · <u>· · · · · · · · · · · · · · · </u>	Bb
	rt VI Land, Buildings, and Equip					
	Complete if the organization					
	Description of property		(a) Cost or other (Investmer		Accumulated (c) depreciation	(d)Book value
	Land		, investmen	(other)		
	Buildings					1
	Leasehold improvements			2,186,	745 1,392,62	24 794,121
	Faunment			1.063		

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

486,525

1,666,958

776,515

1,263,040

. . . . . . .

See Form 990, Part X, line 12.	ties complete in the orga	inizacion answered Tes	on Form 990, Part IV, line 11b.
(a) Description of security or (including name of secur		<b>(b)</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 INVESTMENT FUND	)	539,724	F
Total. (Column (b) must equal Form 990, Part X, col (B)  Part VIII Investments—Program Rel	lated.	539,724	
Complete if the organization a  (a) Description of invest		00, Part IV, line 11c. <sub>See</sub> (b) Book value	Form 990, Part X, line 13.  (c) Method of valuation
		. ,	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) I.		Form 000 Bart IV line 11	d Coo Form OOO Dart V line 15
Part IX Other Assets. Complete if the o	(a) Description	Form 990, Part IV, line II	(b) Book value
Total. (Column (b) must equal Form 990, Part X, co	ol (B) line 15 )		•
Part X Other Liabilities. Complete if See Form 990, Part X, line 25.		ed 'Yes' on Form 990, Pa	art IV, line 11e or 11f.
1. (a) Description of liability	(b) Book value	e	
Federal income taxes			
LINE OF CREDIT	81,	192	
Total. (Column (b) must equal Form 990, Part X, col (B) I.  2. Liability for uncertain tax positions. In Part X.		192 tnote to the organization's	financial statements that reports the

Schedule D (Form 990) 2015

1 2

b

information

PART V, LINE 4

Return Reference

14,751,965

d	Other (Describe in Part XIII )			
		131,747		
e	Add lines <b>2a</b> through <b>2d</b>		2e	98,15
3	Subtract line <b>2e</b> from line <b>1</b>		3	14,653,80
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XIII ) 4b	1,103,367		
c	Add lines <b>4a</b> and <b>4b</b>		4c	1,103,36
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)		5	15,757,17
Part	Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered 'Yes' on Form 990, Part IV, line		s per	Return.
1	Total expenses and losses per audited financial statements		1	14,879,20
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities 2a			
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII )	131,747		
e	Add lines <b>2a</b> through <b>2d</b>		2e	131,74
3	Subtract line <b>2e</b> from line <b>1</b>		3	14,747,45
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII )	1,103,367		
c	Add lines <b>4a</b> and <b>4b</b>		4c	1,103,36
	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18).		5	15,850,82

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

ADULTS, FACILTY AND EQUIPMENT UPKEEP

Explanation

ALL ENDOWMENT FUNDS SUPPORT PROGRAMS OF THE JEWISH COMMUNITY CENTER  $\,$  ARTS  $\,$ &

CULTURE, EARLY CHILDHOOD EDUCATION, CAMP, SCHOLARSHIP ASSISTANCE, OLDER

2a

2b

**2**c

-33,589

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities .

Recoveries of prior year grants .

Schedule D (Form 990) 2015	Page <b>5</b>
Part XIII Supplemental	Information (continued)
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	COGS NETTED WITH SALES REVENUE 30,267 FUNDRAISING EXPENSES NETTED WITH REVENUE 101,480
PART XI, LINE 4B - OTHER ADJUSTMENTS	GRANT EXPENSES 1,103,367
PART XII, LINE 2D - OTHER ADJUSTMENTS	COGS NETTED WITH SALES REVENUE 30,267 FUNDRAISING EXPENSE NETTED WITH REVENUE 101,480
PART XII, LINE 4B - OTHER ADJUSTMENTS	GRANT EXPENSES 1,103,367
	-

Schedule D (Form 990) 2015

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DLN: 93493135069797

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

OMB No 1545-0047

2015

Open to Public Inspection

JEW:	e of the organization ISH COMMUNITY CENTE TIMORE INC	ROF					<b>Employer ide</b> 52-0619002	ntification number
Pa		ctivities.Comple ers are not require			ation answered "Yes" his part.	on Form	990, Part IV	, line 17.
1	Indicate whether the orga	anization raised fund	ds through	h any of tl	ne following activities C	heck all tl	nat apply	
а	Mail solicitations				e Solicitation of n	on-goverr	ment grants	
b	Internet and email so	licitations			f Solicitation of g	jovernmen	t grants	
c	Phone solicitations				g Special fundrais	sing event	S	
d	In-person solicitation	ns						
2a	Did the organization have or key employees listed in services?							es <b>N</b> o
b	If "Yes," list the ten high to be compensated at lea				users) pursuant to agree	ements un	der which the f	undrais er is
(i	i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or re fundrai	ount paid to tained by) ser listed in ol (i)	(vi) A mount paid to (or retained by) organization
1			Yes	No				
2								
3								
4								
5								
6								
7								
8								
9								
10								
 Tota	ı	<u> </u>	<u> </u>	<b>•</b>				
	ist all states in which the egistration or licensing	organization is regis	stered or	licensed	to solicit contributions (	or has bee	n notified it is e	exempt from

Part II	Fundraising	Events

Fundraising Events.
Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of

	rece <sub>l</sub> pts greater than \$5,000 I		41.25t. #2	(-)O+l	
		(a)Event #1  BIENNIAL  (event type)	(b)Event #2  BIDS 4 KIDS (event type)	(c)Other events  1 (total number)	(d) Total events (add col (a) through col (c))
Reverue	1 Gross receipts	40,375 39,475	·	34,076 30,090	
	3 Gross income (line 1 minus line 2)	900	26,486	3,986	31,372
Ses	4 Cash prizes				
Direct Expenses	<ul> <li>7 Food and beverages</li> <li>8 Entertainment</li> <li>9 Other direct expenses</li> <li>10 Direct expense summary Add lines at 11 Net income summary Subtract line 1</li> </ul>		)	35,231 	101,480 101,480 -70,108
Par	<b>Complete</b> if the organization Form 990-EZ, line 6a.	<u> </u>	·	e 19, or reported mor	<u>'</u>
Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	1 Gross revenue				
	<b>6</b> Volunteer labor	├ Yes%	├ Yes % % No	├ Yes%	
	7 Direct expense summary Add lines 2  8 Net gaming income summary Subtra				
9 a b	Enter the state(s) in which the organiza Is the organization licensed to conduct If "No," explain	gaming activities in eac	th of these states?		「Yes 「No
LOa b	Were any of the organization's gaming l		nded or terminated during	the tax year?	Yes No

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135069797 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 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 Employer identification number Name of the organization JEWISH COMMUNITY CENTER OF 52-0619002 **BALTIMORE INC General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III 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 (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 grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) FIXED ASSETS (1)43-2080719 501(C)(3) 195,828 BOOK VALUE GENERAL SUPPORT PEARLSTONE CONFERENCE & RETREAT CENTER INC 5425 MOUNT GILEAD ROAD REISTERSTOWN, MD 21136 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
(1) NEED BASED MEMBERSHIP ASSISTANCE	793	431,097			
NEED BASED EDUCATIONAL (2) ASSISTANCE	83	125,964			
NEED BASED SUMMER CAMP (3) ASSISTANCE	40	13,721			
NEED BASED PROGRAMATIC (4) ASSISTANCE	23	14,586			
(5) PROGRAM DISCOUNTS	1406	216,849			
(6) STAFF SCHOLARSHIPS FOR MEMBERSHIP	177	44,574			
JEWISH COMMUNAL PROFESSIONAL	648	256,576			

MEMBERS ARE EVALUATED FOR SCHOLARSHIP GRANTS FOR PRE-SCHOOL, SUMMER CAMPS, PROGRAMS AND MEMBERSHIP BASED ON

INCOME. ASSETS AND NEED LIFE CIRCUMSTANCES ARE ASSESSED AND ARE PART OF THE EVALUATION OTHER GRANT FUNDS ARE A WARDED AS SIBLING DISCOUNTS FOR VARIOUS PROGRAMS. JEWISH COMMUNAL PROFESSIONALS AND EMPLOYEES ALSO RECEIVE

GRANTS REDUCING THE COST OF MEMBERSHIP. EXPENSES FOR ALL GRANTS ARE TRACKED AGAINST BUDGETED AMOUNTS.

Schedule I (Form 990) 2015

Return Reference

PART I, LINE 2

Page 2

Schedule I (Form 990) 2015

(7) SCHOLARSHIPS FOR MEMBERSHIP Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Part IV Explanation

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Schedule J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

DLN: 93493135069797 OMB No 1545-0047

2015

reas	rtment of the ury nal Revenue Service	,	orm 990) and its instructions is at <u>www.irs.</u>			o Put ectio	
N a JEW	me of the organ VISH COMMUNITY O TIMORE INC	ızatıon		Employer identification	n nur	nber	
		ions Regarding Compensation		52-0619002			
	Quest	ions Regarding Compensation	!			Yes	No
1a			vided any of the following to or for a person li to provide any relevant information regardin			res	No
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	r companions	Payments for business use of person	onal residence		ĺ	
	Taxıdem	nnification and gross-up payments	Health or social club dues or initiat	ion fees			
	Discretion	onary spending account	Personal services (e g , maid, chau	ffeur, chef)		 	
	reimbursemen	t or provision of all of the expenses de	ganization follow a written policy regarding p scribed above? If "No," complete Part III to	explain	<b>1</b> b		
2		•	eimbursing or allowing expenses incurred by utive Director, regarding the items checked		2		
3	organızatıon's	CEO/Executive Director Check all th	nization used to establish the compensation at apply Do not check any boxes for methodation of the CEO/Executive Director, but ex	ds			
	✓ Compens	sation committee	Written employment contract				
	Independ	dent compensation consultant	✓ Compensation survey or study				
	<b>√</b> Form 990	0 of other organizations		ation committee			
4	During the yea or a related or		Part VII, Section A , line 1a with respect to t	he filing organization.			
а	Receive a sev	erance payment or change-of-control p	payment?		<b>4</b> a		No
b	Participate in,	or receive payment from, a supplemen	ital nonqualified retirement plan?		4b		No
c	Participate in,	or receive payment from, an equity-ba	sed compensation arrangement?		4с		No
	If "Yes" to any	y of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item ii	ı Part III			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) organizat	ions must complete lines 5-9.				
5	For persons lis		, line 1a, did the organization pay or accrue	any			
а	The organizati	on?			5a		No
b	Any related or	ganızatıon?			5b		No
	If "Yes," on lir	ne 5a or 5b, describe in Part III					
6		sted on Form 990, Part VII, Section A, contingent on the net earnings of	, line 1a, did the organization pay or accrue a	any			
а	The organizati	on?			<b>6</b> a		No
b	Any related or	ganızatıon?			6b		Νo
	If "Yes," on lir	ne 6a or 6b, describe in Part III					
7		sted on Form 990, Part VII, Section A described in lines 5 and 6? If "Yes," d	, line 1a, did the organization provide any no escribe in Part III	n-fixed	7		No
8			oald or accured pursuant to a contract that w Regulations section 53 4958-4(a)(3)? If "\		g		No

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Νo

Page 2

Schedule J (Form 990) 2015

	,				,	(- / (- /	
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	• •	(E) Total of columns	• •
	Base	(ii)	(111)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	(ı) compensation	Bonus & incentive compensation	Other reportable compensation	compensation			as deferred on prior Form 990

10,377

30.331

297.528

587

(A) Name and Title		( <b>B)</b> Breakdown o	f W-2 and/or 1099-MIS	SC compensation
		Base (۱) compensation	(ii) Bonus & incentive compensation	(III) Other reportabl compensation
1 BARAK HERMANN	/:>	256,233	0	587

Schedule J (Form 990) 2015

PRESIDENT

Return Reference	Explanation
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
Part IIII Supplemental Inform	nation
Schedule J (Form 990) 2015	Page <b>3</b>

Schedule J (Form 990) 2015

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## **Transactions with Interested Persons**

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

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

DLN: 93493135069797 OMB No 1545-0047

2015

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Department of the Tre Int

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Schedule L (Form 990 or 990-EZ)

asury ernal Revenue Se	ervice		<u>w</u>	<u>ww.irs.gov</u>	<u>//torm990</u> .				ı	In	specti	on
Name of the or EWISH COMMUN BALTIMORE INC	ganızatıon							ployer		ication	number	
	ess Benefit Tr						29)o	rganız	ations			
	olete if the organiz ne of disqualified p				art IV , line 25 <i>i</i> een disqualifie				<mark>Z, Part \</mark> Tription		<u>10b</u> (d) Corre	ected?
				org	janization			trans	action		Yes	No
											<del></del>	
											-	
3 Enter the a	amount of tax, if a learn to and/or mplete if the organization reporte	ny, on line 2, about From Interesting	ested Pe	ersons.	e organization . -EZ, Part V , lir		m 990		> \$ - > \$ - : IV, line	e 26, o	r ıf the	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to (e)O riginal (f)Balance or from the organization? (amount)		<b>(f)</b> Balance due	by		(h) Approved by board or committee?		(i)Written agreement?		
			То	From			Yes	No	Yes	No	Yes	No
BARAK ) HERMANN	PRESIDENT	RELOCATION AND HOUSING		X	50,000	36, 119		No	Yes		Yes	
											+	
											+	
											1	
											+-	

## **▶** \$ **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested (b) Relationship between (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance

person	interested person and the organization	(-)	(4)	(0,7 m, possion most mass)

36,119

_				
Part V Supplemental I	nformation			

Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions)

Page 2

SCHE	DUL	Ε
(Form	990	o
990-E	Z)	

Department of the

Internal Revenue

Treasury

Service

## Supplemental Information to Form 990 or 990-EZ

As Filed Data -

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2015
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DLN: 93493135069797

Name of the organization JEWISH COMMUNITY CENTER OF BALTIMORE INC Employer identification number 52-0619002

## 990 Schedule O, Supplemental Information

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Return Reference	Explanation
FORM 990, PART I, LINE 1	VISION STATEMENT THE JCC WILL DEVELOP, PROMOTE AND MAINTAIN A JEWISH NEIGHBORHOOD THAT STRENGTHENS AND CELEBRATES THE BALTIMORE JEWISH COMMUNITY BY - NURTURING SMALLER COMMUNITIES WITHIN OUR JCC NEIGHBORHOOD AMONG JEWS WHO VISIT OUR JCCS, LIVE IN THE BALTIMORE COMMUNITY, AND CONNECT WITH US VIRTUALLY, - MAINTAINING THAT ALL JEWS ARE BOUND TOGETHER AS A COMMUNITY AND RESPONSIBLE FOR ONE ANOTHER, - PROMOTING INCLUSIVE, SPIRITED ENVIRONMENTS THAT CELEBRATE THE DIVERSITY OF OUR COMMUNITY AND THE UNIQUENESS OF EVERY JEW, ALONG WITH THEIR FAMILY AND FRIENDS, - ESTABLISHING AND ENHANCING MUTUALLY BENEFICIAL PARTNERSHIPS WITH JEWISH AND OTHER COMMUNAL INSTITUTIONS, AND - ENHANCING THE ABILITY OF JCC PROFESSIONALS AND VOLUNTEER LEADERS TO EXEMPLIFY JEWISH VALUES IN THEIR DAILY INTERACTIONS OUR "JCC NEIGHBORHOOD" INVITES INDIVIDUALS TO PROGRESS ALONG THEIR PERSONAL JOURNEY OF JEWISH IDENTITY AND LEARNING BY CONNECTING THEM WITH PATHWAYS FILLED WITH MEANINGFUL JEWISH EXPERIENCES
FORM 990, PART I, LINE 6	THE JCC HAS APPROXIMATELY 500 VOLUNTEERS MADE UP OF BOARD MEMBERS, COMMITTEE MEMBERS, SCHO OL PTA MEMBERS, COACHES AND COMMUNITY LEADERS VOLUNTEERS ARE AN INTEGRAL PART OF OUR PROG RAMS AND OPERATIONS THE JCC WOULD NOT BE ABLE TO SUPPORT AS MANY INDIVIDUALS AND FAMILIES WITHOUT THE TIME AND EFFORT OF OUR WONDERFUL VOLUNTEERS

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FORM 990, PART VI, SECTION A, LINE ANNETTE SAXON & MICHAEL SAXON HAVE A FAMILY RELATIONSHIP

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FORM 990, PART VI, SECTION B, LINE 11  THE PROCESS BY WHICH THE 990 IS SHARED, IS THAT THE AUDIT COMMITTEE REVIEWS THE 990 WITH T HE OUTSIDE AUDIT FIRM TAX MANAGER AS WELL AS THE CFO AND SENIOR MANAGEMENT. THE CHAIR OF T HE AUDIT COMMITTEE THEN DISTRIBUTES THE RETURN TO THE BOARD OF DIRECTORS PRIOR TO FILING W ITH THE IRS		WITH T HE OUTSIDE AUDIT FIRM TAX MANAGER AS WELL AS THE CFO AND SENIOR MANAGEMENT. THE CHAIR OF T HE AUDIT COMMITTEE THEN DISTRIBUTES THE RETURN TO THE BOARD OF DIRECTORS PRIOR TO FILING W

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FORM 990, PART VI, SECTION B, LINE 12C	ALL MEMBERS OF THE BOARD OF DIRECTORS AS WELL AS ALL STAFF ARE REQUIRED TO SIGN OUR CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS BOARD MEMBERS SIGN AT OUR FIRST MEETING OF THE YEAR AND STAFF ARE REQUIRED TO SIGN AT OUR ANNUAL PAYROLL AUDIT EACH FALL, WHERE THEY MUST COME IN PERSON TO PICK UP THEIR LIVE PAYCHECK DETERMINATIONS OF CONFLICTS ARE MADE BY THE CFO AND PRESIDENT BASED UPON INFORMATION FROM OPERATIONS, PROCUREMENT OF GOODS & SERVICES AND/OR ANY CONTRACTED SERVICES BEING BID ON, OR RFP'S BEING ISSUED ANY CONFLICTS THAT BECOME KNOWN ARE SHARED WITH THE CHAIR OF THE BOARD AND INDIVIDUALS INVOLVED WILL BE RESTRICTED FROM ANY VOTING ON THE ISSUE, PURCHASE OR CONTRACT IN QUESTION THE JCC DOES NOT PROHIBIT A TRANSACTION WITH A CONFLICT BUT WILL PROCEED WITH TRANSPARENCY AND IN THE BEST INTEREST OF THE ORGANIZATION
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE IN CONJUNCTION WITH OUR MAJOR FUNDING PARTNER COLLABORATE ON THE CEO'S COMPENSATION COMPARISONS ARE REVIEWED WITH OTHER JCC'S BY REVIEWING 990'S AND REVIEWING COMPENSATION SURVEYS OR STUDIES OTHER TOP EXECUTIVE COMPENSATION IS DETERMINED BY THE CEO AND CHAIR ALSO WITH THE REVIEW OF COMPARABLE STUDIES, SURVEYS AND 990'S

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FORM 990, PART VI,	THE ORGANIZATION WILL MAKE ANY OF ITS GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS
SECTION C, LINE 19	AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION
	6104(D)