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Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

Α	For th	ne 2015 calendar year, or tax year beginning SEP 1, 2015 and ending	AUG 31, 2016	
В	Check a	C Name of organization	D Employer identific	cation number
	Addi	JEWISH FEDERATION OF SIOUX CITY, IOWA		•
	Nam chan	e	42-0	698205
	Inida retur		uite E Telephone number	,
	Final	915 _ 39mu cm		258-0618
	term ated		G Gross receipts \$	1,587,698.
	Ame	nded CTOTIX CTMX TA E1104	H(a) Is this a group re	eturn
	App1	F Name and address of principal officer RANDI BERGEN	for subordinates	? Yes X No
	pend	9 815 - 38TH STREET, SIOUX CITY, IA 51104	H(b) Are all subordinates in	cluded? Yes No
1	Tax-ex	sempt status X 501(c)(3)	527 If "No," attach a	list (see instructions)
J	Webs	ite: ▶ N/A	H(c) Group exemption	
			ear of formation: 1949 N	State of legal domicile IA
P	<u>art I</u>	~ 		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO PROMO SIOUXLAND AREA.	TE SOCIAL WEL	FARE IN THE
ern	2	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
~×	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
ies	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
₹	6	Total number of volunteers (estimate if necessary)	6	0
Ac	Ì	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	[7b]	0.
		Contributions and marks (Dout) (() to a dis)	Prior Year 135,568.	Current Year 178,513.
ne	8	Contributions and grants (Part VIII, line 1h)	9,756.	9,401.
Revenue	9	Program service revenue (Part VIII, line 2g)	36,137.	77,358.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	77,330.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	181,461.	265,272.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	84,594.	78,846.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
bei		Total fundraising expenses (Part IX, column (D), line 25)		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	83,385.	130,221.
	18		167,979.	209,067.
	19	Total expenses Add lines 13 17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 RECEIVED	13,482.	56,205.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sets	20	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)	2,026,047.	2,026,489.
A PE	21	Total liabilities (Part X, line 26)	79.	56.
캺	22	Net assets or fund balances Subtract line 21 from line 20	2,025,968.	2,026,433.
	irt II	Signature Block UGDEN, UT		
		illies of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	exer has any knowledge	
		Signature of officer	Date	
Sign				2/4
Her	е	RANDY BERGEN, PRESIDENT Justin Legislation Type or print name and title	11/30	7/14
		/ WIN A JAA	Date Check	PTIN
Paid		Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name	-	
		LAWRENCE L DELPERDANG Firm's name DELPERDANG, SCHUH & CO., P.C.	- Seit employ	P00746553 42-1412604
Prep Use			Firm's EIN	47_T4T7004
J96	Jilly	Firm's address P.O. BOX 627 SIOUX CITY, IA 51102-8627	Dhone no 71	2-255-8081
May	the !!	RS discuss this return with the preparer shown above? (see instructions)	Filone no. / 1	X Yes No
iviay	1110 1	to discuss this return with the biebalet shown above. (see instructions)		169

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	m 990 (2015) JEWISH FEDERATION OF SIOUX CITY, IOWA 42-0698	3 2 0 5 Page 2
Га	art III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission THE MISSION OF THE JEWISH FEDERATION OF SIOUX CITY IS TO PROMOTE	TE
	SOCIAL WELFARE IN THE SIOUXLAND AREA.	
2	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	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total excepture, if any, for each program service reported	
4a	(Code) (Expenses \$17,612. Including grants of \$) (Revenue \$	9,401.) ATION OF
4b	(Code)(Expenses \$	THROUGH
4c	(Code) (Expenses \$)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
 4е	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 18,061.	
		Form 990 (2015)

Forn Pa	n 990 (2015) JEWISH FEDERATION OF SIOUX CITY, IOWA 42-0698 rt IV Checklist of Required Schedules	205	Р	age
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_ 1	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
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	L	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?		}	
	If "Yes," complete Schedule D, Part IV	_9	L	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			1
	endowmems, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	<u>L</u> _
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
I2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	 	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	İ		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	 	X
7	Did the organization report a total of more than \$15,000 of expanses for professional fundraising services on Part IX		Į.	1

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

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

Form **990** (2015)

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17

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column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

	•		Yes	<u>No</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ı
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ı
	Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			ı
	complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?	ľ		
•	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
3 3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ļ. <u>.</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		ł	1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
-		Form	990	(2015)

L	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter 0- if not applicable	1a	0		
b		1b	0		
c	B 19	reportable gaming			
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax reti	urns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedul	e O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or othe				
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR)			İ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions or gifts			
	were not tax deductible?		6b		<u></u>
7	Organizations that may receive deductible contributions under section 170(c).				i
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	ervices provided to the payor	? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	vas required			
	to file Form 8282?	1 1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con-		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g	 	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7 <u>h</u>	L	<u>X</u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by the	ļ		
	sponsoring organization have excess business holdings at any time during the year?		8		
	Sponsoring organizations maintaining donor advised funds.				
	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	 	
10	Section 501(c)(7) organizations. Enter	1 1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter	1 1			
	Gross income from members or shareholders	11a	-		ı
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b	┥ ┞		ı
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a	 	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		ı
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a	 	
	Note. See the instructions for additional information the organization must report on Schedule O				ı
	Enter the amount of reserves the organization is required to maintain by the states in which the	1			ı
	organization is licensed to issue qualified health plans	13b			ı
	Enter the amount of reserves on hand	13c	+	\vdash	**
	Did the organization receive any payments for indoor tanning services during the tax year?	/- O	14a		X
	<u>If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu</u>	re U	14b	ι 1	

42-0698205 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 8 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 8 1b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 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 filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Х more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Х persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Х 10a 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, affiliates, 10b 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 the form? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15a a The organization's CEO, Executive Director, or top management official Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X 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

JEWISH FEDERATION OF SIOUX CITY - 712-255-8081

38TH ST SIOUX CITY IA, SIOUX CITY, IA

51104

815 -

Form 990 (2		JEWISH	FEDERATION	OF	SIOUX	CITY,	IOWA	42-0698205	Page		
Part VII	Compensation	of Officers	s, Directors, Trus	tees	, Key Em	ployees,	Highest (Compensated			
	Employees, and Independent Contractors										

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization r	or any related	organization compensa					nsat	sated any current officer, director, or trustee				
(A) (B)				((C)			(D)	(E)	(F)		
Name and Title	Average	(do	Position (do not check more the				one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of		
	week		cer an	o a d	recto	or/trus	tee)	from	from related	other		
	(list any	recto						the	organizations	compensation		
	hours for	D 10	8	İ		ated		organization	(W-2/1099-MISC)	from the		
	related organizations	nstee	Irust		93	ubeu		(W-2/1099-MISC)		organization and related		
	below	Jualt	trona		l od u	yee	_			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) RANDALL BERGEN	0.50					1						
PRESIDENT, JEWISH FEDERATI		X		X				0.	0 :	0.		
(2) MARY ELLEN SILVERBERG	0.50											
VICE PRESIDENT - EDUCATION		X		X				0.	0.	0.		
(3) KIRK IVENER	0.50											
VICE PRESIDENT - FINANCE		X		X		L		0.	0.	0.		
(4) LINDA KALIN	1.00											
SECRETARY		Х		Х				0.	0.	<u> </u>		
(5) DOLF IVENER	0.50								_	_		
VICE PRESIDENT - OPERATION		Х		X		<u> </u>		0.	0.	<u> </u>		
(6) RUTH LEBOWICH	0.50											
VICE PRESIDENT-EVENTS		Х		Х				0.	0.	0.		
(7) BRENT ROSENTHAL	0.50									_		
CHAIRMAN		Х		Х				0.	0.	0.		
(8) RICHARD POOLE	0.50		l							•		
PRESIDENT-CONGREGATION BET		Х		Х				0.	0.	0.		
-			Ī									
				_								
								,				
			!									
								<u> </u>				

	m 990 (2015) JEWISH F			_							42-0	698	205	Page	8
	Art VII Section A. Officers, Directors, Trustees, Key Er (A) Name and title Average hours per week			not c unle	(C Pos heck ss pe	C) Ition more rson		one h an	(D) Reportable compensation from		(E) Reportable compensation from related		(F Estim amou oth	nated ant of	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organizati (W-2/1099-N		organization (W-2/1099-MIS		compe from organi and re organiz	the zation elated	
												_			
											_				
															_
				_										<u>-</u> .	
	Sub-total Total from continuation sheets to Part VI	I, Section A				_		>		0.		0.		0	
2 2	Total (add lines 1b and 1c) Total number of individuals (including but n	ot limited to the	ose	liste	d at	oove	e) wh	o re	eceived more th	0 • an \$100	,000 of reportab	0 • le	-	0	•
	compensation from the organization	· · · · · · · · · · · · · · · · · · ·											Ye	s N	<u>0</u>
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si	uch individual			-		-						3	Х	<u>. </u>
4	For any individual listed on line 1a, is the su and related organizations greater than \$150),000 <i>? If "Y</i> es, '	" coi	mple	ete S	Sche	dule	J f	or such individu	al			4	X	<u>. </u>
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comp etion B. Independent Contractors							elate	ed organization	or indivi	dual for services		5	Х	
1	Complete this table for your five highest couthe organization. Report compensation for the										•	pensa	ation fror	n	_
	(A) Name and business			NE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OI W		-	(B)		C	(C) ompensa	ation	_
												·			
													<u> </u>		
2	Total number of independent contractors (in	ncluding but no	ot lır	nited	d to	thos	se lis	sted	above) who red	ceived m	ore than				
	\$100,000 of compensation from the organiz	ation >)								

		Check if Schedule O con	tains a response	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
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns	1a					
G G		b Membership dues	1b					
An'		c Fundraising events	1c					
اَقِ قَ		d Related organizations	1d			•		
Sim,		 Government grants (contribut 						
ut i	1	f All other contributions, gifts, gran	1 1					
울		similar amounts not included abo		178,513.				
E P		Noncash contributions included in lines	: 1a-1f \$					
0 %		h Total. Add lines 1a-1f		P	178.513.			·
d)	٠.	• WITHTON		Business Code				
Š		a <u>TUITION</u> b		611600	9,401.	9,401.		
Ser								
E a								
Program Service Revenue	,	d						
<u>.</u>	f	All other program service reve	nue					
		Total. Add lines 2a-2f		D	9,401.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		•	55,658.			55,658
	4	Income from investment of tax	k-exempt bond p	oroceeds 🕨				
	5	Royalties		>				
			(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	· ·						
	С	(/		<u> </u>				
	d			•				
1	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory	1,344,126,		1			
	b	Less cost or other basis						
	_	and sales expenses	1,322,426.		Į.			
		Gain or (loss) Net gain or (loss)	21,700.					
		Gross income from fundraising	a ovente (net	>	21,700.			21,700.
J G	o a	including \$	of					
Other Revenue		contributions reported on line						
Ę.		Part IV, line 18	a		-			
‡	b	Less direct expenses	b					
0		Net income or (loss) from fund	_	•				
		Gross income from gaming act	-					
		Part IV, line 19	а					
	b	Less direct expenses	b					
ļ	C	Net income or (loss) from gami	ng activities	>				
10	0 a	Gross sales of inventory, less r	eturns					
		and allowances	а					
		Less cost of goods sold	b					
	Ç	Net income or (loss) from sales	of inventory	•				
		Miscellaneous Revenue)	Business Code				
1	1 a							
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a 11d		> _				
	2	Total revenue See instructions		▶ [265 272	9 401	0.	77.358.

Sec	tion 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A)	
	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)		(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16		·		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified				
J	persons (as defined under section 4958(f)(1)) and			į	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	74,262.	4,471.	69,791.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,584.	232.	4,352.	
11	Fees for services (non-employees)				
а	Management				
b	-				
С	<u> </u>	7,353.		7,353.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other (If line 11a amount argends 10% of line 25				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)		-		
12	Advertising and promotion				
13	Office expenses	3,403.		3,403.	
14	Information technology	371030		3/1001	
15	Royalties	-			
16	Occupancy	30,653.		30,653.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	<u> </u>			
19	Conferences, conventions, and meetings	37,800.		37,800.	
20	Interest				
21	Payments to affiliates	17 102		17 102	
22	Depreciation, depletion, and amortization	17,183.		17,183.	
23 24	Other expenses Itemize expenses not covered				
~ 4	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	EDUCATION & CULTURE	13,358.	13,358.	11 200	
b	MISCELLANEOUS EXPENSES	11,386.		11,386.	
C	NEWSLETTER & PUBLICATIO	4,188.		4,188.	
d	REPAIRS	3,472.		3,472.	
	All other expenses Total functional expenses Add lines 1 through 24e	1,425. 209,067.	18,061.	1,425. 191,006.	0.
<u>25</u> 26	Joint costs Complete this line only if the organization	209,001.	10,001.	171,000.	<u>U.</u>
	reported in column (B) joint costs from a combined	ļ			
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 159,161. 87,197. 1 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 6,980. 5,569. 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 75. 0. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 591,772. basis Complete Part VI of Schedule D 10a 434,088 174,867. 157,684. 10c Less accumulated depreciation 10b 11 Investments - publicly traded securities 11 1,774,628. 1,686,375. 12 12 Investments other securities See Part IV, line 11 13 13 Investments · program-related See Part IV, line 11 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 2,026,489. 2,026,047. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 79. 17 56. Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 79 56. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🛣 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 2,025,968. 2,026,433. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 2,025,968. 2,026,433. 33 33 Total net assets or fund balances 2,026,047. 34 2,026,489. Total liabilities and net assets/fund balances

	m 990 (2015) JEWISH FEDERATION OF SIOUX CITY, IOWA	42-069	8205	Pa	ge 12
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		[
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>72.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>67.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	56,205		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,02	<u>5,9</u>	<u>68.</u>
5	Net unrealized gains (losses) on investments	5	<5	5,7	40.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,02	6,4	33.
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				LX
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				ĺ
b	Were the organization's financial statements audited by an independent accountant?		2b		_X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L
	•		Form	990	(2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number JEWISH FEDERATION OF SIOUX CITY, 42-0698205 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization (I) Name of supported (vi) Amount of (iii) Type of organization (v) Amount of monetary listed in your organization (described on lines 1-9 support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes

Schedule A (Form 990 or 990-EZ) 2015 JEWISH FEDERATION OF SIOUX CITY, IOWA 42-0698205 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	138,840.	237,186.	145,643.	145,324.	187,914.	854,907.
2	Tax revenues levied for the organ-	-					
	ization's benefit and either paid to				İ '		
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						L
4	Total, Add lines 1 through 3	138,840.	237,186.	145,643.	145,324.	187,914.	854,907.
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, 1	i					
	column (f)				, !		
6	Public support. Subtract line 5 from line 4						854,907.
	tion B. Total Support						
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	138,840.	237,186.	145,643.	145,324.	187,914.	854,907.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	ĺ		·			
	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)		·		<u> </u>	<u> </u>	
11	Total support. Add lines 7 through 10						854,907.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					
Sec	tion C. Computation of Publ	ic Support Pe	rcentage			,,	
14	Public support percentage for 2015 (I	ıne 6, column (f) dı	vided by line 11, o	column (f))			100.00 %
	Public support percentage from 2014					L	100.00 %
16a	33 1/3% support test - 2015. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies		•				▶ [X]
b	33 1/3% support test - 2014. If the c	organization did no	t check a box on l	ine 13 or 16a, and	I line 15 is 33 1/3%	or more, check the	his box
	and stop here. The organization qual						
	10% -facts-and-circumstances test						
	and if the organization meets the "fac					rt VI how the organ	nization
	meets the "facts-and circumstances"						
	10% -facts-and-circumstances test						
1	more, and if the organization meets th	ne "facts-and circu	mstances" test, cl	heck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circ		-				▶
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	b, check this box a	and see instruction	is D

Schedule A (Form 990 or 990 EZ) 2015 JEWISH FEDERATION OF SIOUX CITY, IOWA 42-0698205 Page 3

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	i					
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the		1				
	organization's tax exempt purpose						
3	Gross receipts from activities that]	
	are not an unrelated trade or bus-						
	iness under section 513	ı	_				
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities					,	
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					<u> </u>	
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				<u> </u>		
c	Add lines 7a and 7b				<u></u>		
	Public support. (Subtract line 7c from line 6)			<u> </u>	<u> </u>		
Sec	ction B. Total Support			 	.,		
Cale	ndar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6				<u> </u>		
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources				ļ	<u> </u>	
b	Unrelated business taxable income	•	1	1			
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			<u> </u>	 	 	
_	Add lines 10a and 10b				<u> </u>	<u> </u>	
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is			1			
	regularly carried on			ļ <u>-</u>	 	<u> </u>	
	Other income Do not include gain or loss from the sale of capital			}			
	assets (Explain in Part VI)		<u> </u>		ļ	ļ	
	Total support (Add lines 9, 10c 11 and 12)		L				L
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
	check this box and stop here						
	tion C. Computation of Publi					TT	
	Public support percentage for 2015 (li			column (f))		15	
	Public support percentage from 2014					16	%
	tion D. Computation of Inves						0/
	Investment income percentage for 20			ne 13, column (f))		17	<u>%</u>
	Investment income percentage from 2				. Art	18	%
	33 1/3% support tests - 2015. If the						1 / IS not
	more than 33 1/3%, check this box ar	-	_				. ▶∟.
	33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, che		•				
50	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

Part IV Supporting Organizations

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

Section						nizations
Section	Α.	AΙΙ	0	upporting	Orga	inizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	<u>4a</u>		
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	9a		
	9b_		
	9c		
	10a		
	10b	L	

Sch	edule A (Form 990 or 990-EZ) 2015 JEWISH FEDERATION OF SIOUX CITY, IOWA 42-06	9820	<u>5 Pa</u>	<u>age 5</u>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	l		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1	}	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c	L	L
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the]		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
	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	ļ		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2_		
Sec	tion C. Type II Supporting Organizations			
			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 Part VI how control	}]]	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1_1_		L
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	}		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	}	j	
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		L
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1		
	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 Part VI the role the organization's		1	ľ
	supported organizations played in this regard	3		<u> </u>
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	<u>.</u>	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1		}
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify]		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	_2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1]
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	'	1
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		}	1
а	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	34	 	
b	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard	3b		İ
	o. to deposited digamentation in 100, december in 1 art 17 the role played by the digamentation in this regard			

	edule A (Form 990 or 990 EZ) 2015 JEWISH FEDERATION OF SI			42-0698205 Page 6
Ь	Type in North anotheridity integrated cos(a)(e) capperant			wations All
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			uctions. An
Sec	other Type III non-functionally integrated supporting organizations must co	mpiete s	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1		
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	1		
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,]		
	see instructions)	4		
_5	Net value of non exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non functional	ly-integra	ated Type III supporting or	ganization (see

instructions)

	edule A (Form 990 or 990 EZ) 2015 JEWISH FEDERA			2-0698205 Page 7
	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	<u>s</u>	
4	Amounts paid to acquire exempt use assets			
5	Qualified set aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	ne organization is responsive)	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	(3)	(:)	(ıii)
		(i)	(ii) Underdistributions	Distributable
Sect	tion E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		<u> </u>	
2	Underdistributions, if any, for years prior to 2015			
2	(reasonable cause required-see instructions)	ĺ		
3	Excess distributions carryover, if any, to 2015			
a	Excess distributions carryover, if arry, to 2013		<u>'</u>	
b				
c				
	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D.			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
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)			
7	Excess distributions carryover to 2016. Add lines 3j			,
	and 4c			
8_	Breakdown of line 7			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
_	Expans from 2016	1		

Schedule A	(Form 990 or 990	EZ) 2015	<u>JEWIS</u>	SH FI	EDER <i>I</i>	\underline{NOITE}	<u> </u>	SIOUX	CITY,	IOWA	<u>42-069820</u>	5 Page 8
Part VI	Part IV, Section Inc 1, Part IV, Section D, lines	al Inform A, lines 1, 2 ection D, lin 5, 6, and 8	nation. 2, 3b, 3c, nes 2 and	Provide 4b, 4c, 5 3. Part	the expl 5a, 6, 9a IV. Secti	anations a, 9b, 9c, ion E. line	require 11a, 11 es 1c. 2	d by Part II b, and 11d a. 2b. 3a ar	I, line 10, Pa c, Part IV, Se nd 3b, Part '	rt II, line 17a ection B, lines V, line 1, Part	or 17b, Part III, line 12 1 and 2, Part IV, Sect V, Section B, line 1e, l onal information	ion C,
	(See instructions	5)		· -				 -				
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SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

JEWISH FEDERATION OF SIOUX CITY, IOWA

Employer identification number 42-0698205

Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	_	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's e		Yes No
6	Did the organization inform all grantees, donors, and donor ad		e used only
	for charitable purposes and not for the benefit of the donor or		
_	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located >	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cor	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the organization's accounting for
_	conservation easements	A	Nils - Circilar Acada
Pai	t III Organizations Maintaining Collections of		other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exh		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical trea		al gaın, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
ь	Assets included in Form 990, Part X		S

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)			FEDERATION N				IOWA			<u>98205</u>	
Check all that apply a	Pa										
a Public exhibition d	3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	t are a si	gnificant i	use of its	collection if	tems
b Scholarly research or future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive denations of air, historical treasure, or other similar assetts to be sold for pase lungle state than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 1b Is the organization and gent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 1c Segmining balance 1 Distributions during the year 2 Distributions during the year 3 Distributions during the year 4 Ending balance 2 Distributions during the year 5 End of year part XIII Check here if the explanation has been provided on Fart XIII 1a Segmining of year balance 1b Contributions 1b Amount 1a Segmining of year balance 1c Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability? 1 Yes 1 No 5 If 'Yes,' explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII 1a Segmining of year balance 1b Contributions 2 Report of the provided the explanation of the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Yes 3 No 5 If Yes,' explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII 1b Part V Indowment Funds. Complete if the organization on Form 990, Part X, line 10, Part Y, line 10, Part Y, line 10, Part Y, line 10, Part Y, line 10, Part Y, line 10, Part Y, line 10, Part Y, line 10, Part Y, line 10, Part Y, line 10, Part Y, line 10, Part Y, line 10, Part Y, line 10, Part Y, line 10, Part Y, line 11, Part Y, line 11, Part Y, line 11, Part Y		1. 27									
c Peservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization should be received donations of air, historical treasures, or other similar assets 1	а			ا <u>ا</u> ا	_oan or exc	hange progra	ams				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, instoncial treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escriving table □ Beginning balance □ Distributions during the year □ Ending balance □ Distributions during the year □ Ending balance □ Distributions during the year □ Ending balance □ Distributions during the year □ Ending balance □ Distributions during the year □ Ending balance □ Distributions during the year □ Ending balance □ Distributions during the year □ Ending balance □ Distributions during the year □ Ending balance □ Distributions during the year □ Endomination include an amount on Form 990, Part X, line 21, for escrive or custodial account liability? □ Yes □ No □ Beginning of year balance □ Distributions □ Part XII □ Endowment Funds. Complete if the organization has been provided on Part XIII □ Part V □ Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 □ Beginning of year balance □ Christibutions □ No Part V □ Endowment Funds. Complete if the organization answered (Yes "on Form 990, Part IV, line 10 □ Description of purple in the presentation of the organization of the organization lines 2, 20, and 20 an	b		•	• [(Other						
So During the year, did the organization solicit or roceive donations of art, historical treasures, or other similar assets. No be solid to raise funds rather than to be maintained as part of the organization's collection? Yes No reported an amount on Form 990, Part X, Ine 21. Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 9, or reported an amount on Form 990, Part X, Ine 21. Is the organization an agent, fustee, outstodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table	С										
Deb sold to raise funds rather than to be maintained as part of the organization's collection? Yes No	4	Provide a description of the organization's co	ollections and expla	ın how th	ey further t	he organization	on's exer	npt purpo	ose in Part	: XIII	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustelee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves	5						er sımılar	assets		7	
reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X											No
19 is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year (b) Prior year (c) Two years back (d) Three years back (e) Four years back □ Distributions during the year (b) Prior year □ Distributions during the year (b) Prior year □ Distributions during the year (b) Prior year □ Distributions during the year (b) Prior year □ Distributions during the year (b) Prior year □ Distributions during the year (b) Prior year □ Distributions during the year (b) Prior year □ Distributions during the year □ Distributions during the year (b) Prior year □ Distributions during the year □ Distributions during the year (b) Prior year (c) Two years back (d) Three years back (e) Four years back □ Distributions during the year (b) Prior year (c) Two years back (d) Three years back (e) Four years back □ Distributions during the year (b) Prior year (b) Prior years back (d) Three years back (e) Four years back □ Distributions during the year during the year on Form 990, Prior year (b) Prior years back (d) Three years back (e) Four years back □ Distributions during the year during the year on Form 990, Prior year (b) Prior years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four	Ра			ete if the	organizatio	on answered "	'Yes" on	Form 990), Part IV,	line 9, or	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance g Distributions during the year f Ending balance g Distributions during the year f Ending balance g Distributions during the year f Ending balance g Distributions during the year f Ending balance g Distributions during the year g Distributions during the year g Distributions during the year g Distributions during the year g Distributions g Distribution	10			diani for		on or other ac	cotc not	ıncluded			
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a Board designated or quasi-endowment	2	Provide the estimated percentage of the curr	rent year end balane	ce (line 1	g, column (a	a)) held as					
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e Other 26,930. 26,930. 0.	c	Leasehold improvements									
	d	Equipment								1	
	е	Other			2	26,930.		26,9	30.		

(a) Description of security or category (including name of security)	(b) Book value	11b See Form 990, Part X,	Cost or end of year market value
Financial derivatives	(b) Book value	(o) monted of randamen	
Closely-held equity interests			
Other			
(A) CD'S AND MARKETABLE			
(B) SECURITIES	1,774,628.	END-OF-YEAR	MARKET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	4 554 600		
tal (Col (b) must equal Form 990, Part X, col (B) line 12)	1,774,628.	<u> </u>	
art VIII Investments - Program Related.	C 000 D (11/1)	44 - 0 - F 000 D-+V	line 40
Complete if the organization answered "Yes" or (a) Description of investment	(b) Book value	(c) Method of valuation	Cost or end-of-year market value
(1)	(b) Dook value	(o)suiss of raidation	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal (Cal (b) much agual Farm 000 Bart V and (B) (ma 10)			
tal (Col (b) must equal Form 990, Part X, col. (B) line 13)		<u> </u>	
art IX Other Assets.		11.1.0 F	
Complete if the organization answered "Yes" or		11d See Form 990, Part X,	
Complete if the organization answered "Yes" or (a) De	n Form 990, Part IV, line escription	11d See Form 990, Part X,	line 15 (b) Book value
Complete if the organization answered "Yes" or (a) De		11d See Form 990, Part X,	
Complete if the organization answered "Yes" or (a) December 1.		11d See Form 990, Part X,	
Complete if the organization answered "Yes" or (a) December 1. (2) (3)		11d See Form 990, Part X,	
Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4)		11d See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4) (5)		11d See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4)		11d See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4) (5) (6)		11d See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" or (a) December (1) (2) (3) (4) (5) (6) (7)		11d See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" or (a) December (a) Decemb	escription	11d See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" or (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line 1 art X Other Liabilities.	escription		(b) Book value
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Complete if the organization answered "Yes" or (a) Dec. (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line 1 art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability	rescription (5) Form 990, Part IV, line		(b) Book value
Complete if the organization answered "Yes" or (a) December (a) December (a) December (a) December (a) December (a) December (a) December (a) December (a) December (a) Description of liability (1) Federal income taxes	rescription (5) Form 990, Part IV, line	11e or 11f See Form 990,	(b) Book value
Complete if the organization answered "Yes" or (a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line 1 art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2)	rescription (5) Form 990, Part IV, line	11e or 11f See Form 990,	(b) Book value
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Complete if the organization answered "Yes" or (a) December (a) Decem	rescription (5) Form 990, Part IV, line	11e or 11f See Form 990,	(b) Book value
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	edule D (Form 990) 2015 JEWISH FEDERATION OF SIOU	X CITY, IOWA		8205 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	nents With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	_4b_		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	monto With Exponence	per Peturn	
Pai	T XII Reconciliation of Expenses per Audited Financial Stater		per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	<u>a </u>		
1	Total expenses and losses per audited financial statements		1_1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses	2c		
ď	Other (Describe in Part XIII)	2d	 	
e	Add lines 2a through 2d		_2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5. and 9, Part III, lines 1a and 4, Pa	art IV, lines 1b and 2b, Part V	, line 4, Part X, line	2, Part XI,
ines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any ac	dditional information		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

Name of the organization

Employer identification number 42-0698205

JEWISH FEDERATION OF STOOK CITY, TOWN 42-0098205
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION CONSIDERS ANY INDIVIDUAL CONTRIBUTING \$25 OR MORE TO BE A
MEMBER. ALL MEMBERS HAVE THE RIGHT TO BECOME A DIRECTOR.
FORM 990, PART VI, SECTION B, LINE 11:
FORM 990 IS REVIEWED BY GOVERNING BOARD BEFORE IT IS FINALIZED AND FILED
WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 15A:
COMPENSATION FOR THE SHARED WAGES FOR THE EXECUTIVE DIRECTOR AND OTHER KEY
EMPLOYEES IS DETERMINED BY THE BOARD OF DIRECTORS. THEY ALSO PERFORM THE
ANNUAL REVIEW RELATED TO THESE EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 18:
THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO INDIVIDUALS UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
NO DOCUMENTS AVAILABLE TO THE PUBLIC
FORM 990, PART XII, LINE 2C:
NO CHANGE

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Partl

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2015

OMB No 1545-0047

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

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

JEWISH FEDERATION OF SIOUX CITY, IOWA

Open to Public Inspection Employer identification number 42-0698205

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) me End-of-year assets		(f) Direct controlling entity	
							}
Part II organization of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year	ations Complete if the organization a	inswered "Yes" on Form 990	Part IV, line 34 b	ecause it had one o	more related tax-exen	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	12(b)(13) filed y?
		,		501(c)(3))		Yes	2
CONGREGATION BETH SHALOM - 42-1425453 815 38TH STREET	RELIGIOUS ORGANIZATION			RELIGIOUS			
SIOUX CITY, IA 51104	(JEWISH TEMPLE)	IOWA	501(D)	ORGANIZATION			×
	-						

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

Schedule R (Form 990) 2015

532161 09-08-15 LHA

42-0698205 Schedule R (Form 990) 2015 JEWISH FEDERATION OF SIOUX CITY, IOWA

Page 2 Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from lax under sections 512-514)	1	(f) Share of total income	(g) Share of end-of-year assets	ļ	<u>م</u> ا يو ا	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(I) (K) General or Percentage managing ownership partner?
				34				T. T. County of the construction and "Voc" on Form 000 Dot IV line 34 because it had one or more related	25 G) 		paralet an
Part IV organizations treated as a corporation or trust during the tax year	ganizations raxable orporation or trust duri	as a corporation of the tax		in in energing	o organization	al swelled		, - 600			5	
(a) Name, address, and EIN of related organization	NI:	Prım	(b) Primary activity	(C) Legal domicite (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
							-					
532162 09-08-15										Schec	dule R (For	Schedule R (Form 990) 2015

Page 3 42-0698205

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	n Parts II:1V?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	,			1a X
 b Gift, grant, or capital contribution to related organization(s) 				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				Td X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				1f X
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				1h X
i Exchange of assets with related organization(s)				1i X
j Lease of facilities, equipment, or other assets to related organization(s)				1 ₁ X
k Lease of facilities, equipment, or other assets from related organization(s)				* X
I Performance of services or membership or fundraising solicitations for related organization(s)	ınızation(s)			= ×
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			T N
 Sharing of paid employees with related organization(s) 				10 X
p Reimbursement paid to related organization(s) for expenses				Tp X
				1q X
				>
r Other transfer of cash of property to related organization(s) s. Other transfer of cash or property from related organization(s)				-
If the answer to any of the above is "Yes," see the instructions for inform	who must complete the	is line, including covered	lation on who must complete this line, including covered relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ıvolved
(1) CONGREGATION BETH SHALOM	0	74,262.	262.ALLOCATED COSTS	
(6)				
(4)				
(6)				
(9)				
532163 09-08-15			Schedule	Schedule R (Form 990) 2015

Page 4

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

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

(b) Primary activity
country)

Schedule R (Form 990) 2015

4 2 2 4