

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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

B Check if applicable

- Address change
- Name change
- Initial return
- Final
- Return/terminated
- Amended return
- Application pending

C Name of organization JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA		D Employer identification number 13-5599486	
Doing business as			
E Number and street (or P O box if mail is not delivered to street address) 520 EIGHTH AVENUE		F Room/suite (212) 786-5141	
G City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018 H Gross receipts \$ 13,745,440			
F Name and address of principal officer DORON KRAKOW 520 EIGHTH AVENUE NEW YORK, NY 10018		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If "No," attach a list (see instructions)	
		H(c) Group exemption number ►	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ► WWW JCCA.ORG	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 1917 M State of legal domicile NY	

Part I Summary

1 Briefly describe the organization's mission or most significant activities
JCC ASSOCIATION STRENGTHENS JEWISH LIFE IN NORTH AMERICA THROUGH DIRECT SERVICE TO AFFILIATE JCCS, YM/YWHA'S AND CAMPS, BY PROVIDING LEADERSHIP AND GUIDANCE TO THE JCC MOVEMENT IN ADDITION, JCC ASSOCIATION SERVES JEWISH PERSONNEL IN THE ARMED FORCES THROUGH THE JEWISH WELFARE BOARD

2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3	71
3 Number of voting members of the governing body (Part VI, line 1a)	4	71
4 Number of independent voting members of the governing body (Part VI, line 1b)	5	59
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	6	93
6 Total number of volunteers (estimate if necessary)	7a	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0
b Net unrelated business taxable income from Form 990-T, line 34		

Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		10,144,942	9,132,311
9 Program service revenue (Part VIII, line 2g)		3,692,671	3,113,852
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		790,521	349,741
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,269	121,619
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,635,403	12,717,523

Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
		276,481	367,243
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,801,233	7,492,411
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 943,787			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,137,731	5,614,573
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		14,215,445	13,474,227
19 Revenue less expenses Subtract line 18 from line 12		419,958	-756,704

Net Assets or Fund Balances	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	23,889,829	23,596,484
21 Total liabilities (Part X, line 26)	9,278,296	8,751,115
22 Net assets or fund balances Subtract line 21 from line 20	14,611,533	14,845,369

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer	2017-06-29
	ROBERT D KIMBAL CFO	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ROBERT R LYONS CPA	Preparer's signature ROBERT R LYONS CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00227472
	Firm's name ► MARKS PANETH LLP	Firm's EIN ► 11-3518842			
	Firm's address ► 685 THIRD AVENUE NEW YORK, NY 10017	Phone no (212) 503-8800			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

JCC ASSOCIATION STRENGTHENS JEWISH LIFE IN NORTH AMERICA THROUGH DIRECT SERVICE TO AFFILIATE JCCS, YM/YMHA'S AND CAMPS AND BY PROVIDING LEADERSHIP AND GUIDANCE TO THE JCC MOVEMENT IN ADDITION, WE SERVE JEWISH PERSONNEL IN THE ARMED FORCES THROUGH THE JEWISH WELFARE BOARD

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 3,382,233 including grants of \$ 74,550) (Revenue \$ 1,391,700)
 PROGRAM ENRICHMENT SERVICES - THIS PROGRAM PROVIDES DEVELOPING SIGNATURE PROGRAMS FOR MEMBER JCCS AND PROVIDES CONSULTING ON THE PROGRAMMING NEEDS OF THE JCCS

4b (Code) (Expenses \$ 2,335,420 including grants of \$) (Revenue \$ 127,375)
 COMMUNITY CONSULTATION SERVICES - THIS PROGRAM PROVIDES CONSULTING SERVICES TO JCCS IN THE AREA OF GENERAL MANAGEMENT, FINANCIAL MANAGEMENT AND GOVERNANCE IN ADDITION, THE MANDEL CENTER FOR EXCELLENCE IN LEADERSHIP AND MANAGEMENT HAS BEEN INVOLVED IN DEVELOPING OPERATIONAL BENCHMARKS FOR JCCS

4c (Code) (Expenses \$ 2,957,836 including grants of \$ 206,693) (Revenue \$ 1,503,352)
 JEWISH EDUCATION SERVICES - THIS PROGRAM DEVELOPS PROGRAMS FOR JCCS TO OPERATE THAT HAVE SIGNIFICANT JEWISH CONTENT IN ADDITION, SEMINARS IN ISRAEL FOR PROFESSIONAL STAFF AND LAY LEADERS OF JCCS ARE PERFORMED THROUGH THIS PROGRAM

(Code) (Expenses \$ 1,000,725 including grants of \$ 86,000) (Revenue \$ 83,620)
 PERSONNEL SERVICES- THIS PROGRAM DEALS WITH ALL MATTERS RELATED TO THE 3,000 PROFESSIONALS WORKING IN JEWISH COMMUNITY CENTERS THROUGHOUT NORTH AMERICA. THE PROGRAM INCLUDES RECRUITING QUALITY PROFESSIONALS TO FILL VACANCIES IN JCCS, ENHANCING A JCC'S STAFF RETENTION POTENTIAL, MONITORING AND LEADING CHANGES IN PERSONNEL PRACTICE, STUDYING AND PUBLICATION OF TRENDS, INCLUDING SALARIES

(Code) (Expenses \$ 811,144 including grants of \$) (Revenue \$ 7,805)
 DIRECT SERVICE TO THE MILITARY - THIS PROGRAM WORKS WITH ALL BRANCHES OF THE US MILITARY TO ENDORSE JEWISH CHAPLAINS AND PROVIDES SERVICES TO ACTIVATE DUTY PERSONNEL, THEIR FAMILIES AND THOSE IN VETERANS HOSPITALS

4d Other program services (Describe in Schedule O)

(Expenses \$ 1,811,869 including grants of \$ 86,000) (Revenue \$ 91,425)

4e Total program service expenses ► 10,487,358

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, <i>Schedule of Contributors</i> (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
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 Yes	
c 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	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
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 Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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
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
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

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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

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
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II

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

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I
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

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

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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
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

	Yes	No
20a		No
20b		
21	Yes	
22	Yes	
23	Yes	
24a		No
24b		
24c		
24d		
25a		No
25b		No
26		No
27		No
28a		No
28b		No
28c		No
29	Yes	
30		No
31		No
32		No
33		No
34	Yes	
35a		No
35b		
36		No
37		No
38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	1a	69	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and 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	59	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b If "Yes," enter the name of the foreign country ►IS , CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).	7a		No
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c		No
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	71	
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			
b Enter the number of voting members included in line 1a, above, who are independent	1b	71	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No	
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	Yes	
a The governing body?	8b	Yes	
b Each committee with authority to act on behalf of the governing body?	9	No	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	Yes
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	13	Yes
13 Did the organization have a written whistleblower policy?	14	Yes
14 Did the organization have a written document retention and destruction policy?	15	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Yes
a The organization's CEO, Executive Director, or top management official	15b	No
b Other officers or key employees of the organization	16a	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	16b	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed►	NY , AL , CA , CO , CT , FL , GA , IL , KS , KY , MD , MA , MI , MN , NH , NJ , NC , OH , OK , OR , PA , SC , TN , VA , WA , WV , WI
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	
<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20 State the name, address, and telephone number of the person who possesses the organization's books and records	►ROBERT D KIMSAI 520 8TH AVENUE NEW YORK, NY 10018 (212) 786-5141

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

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

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

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

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

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

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

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

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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 14

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JODI SPERLING 9895 ARBOR VIEW DRIVE SO BOYTON BEACH, FL 33437	SN CONSULT FOR JCC OVERNIGHT CAMPS	112,840

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 1

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a 1,096,725					
	b Membership dues . . .	1b 5,381,817					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,653,769					
	g Noncash contributions included in lines 1a-1f \$	212,019					
	h Total. Add lines 1a-1f		9,132,311				
			Business Code				
Program Service Revenue	2a PROGRAM & SEMINAR FEES	900099	3,113,852	3,113,852			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		3,113,852				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		317,479			317,479	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses	1,060,179					
c Gain or (loss)	1,027,917						
d Net gain or (loss)	32,262		32,262			32,262	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a						
b Less direct expenses	b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a OTHER INCOME	900099	121,619				121,619	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		121,619					
12 Total revenue. See Instructions		12,717,523	3,113,852	0		471,360	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	281,243	281,243		
2 Grants and other assistance to domestic individuals See Part IV, line 22	86,000	86,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,286,277	1,513,768	513,291	259,218
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,802,469	3,003,442	469,965	329,062
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	264,205	197,022	43,052	24,131
9 Other employee benefits	817,921	626,240	85,529	106,152
10 Payroll taxes	321,539	236,757	53,334	31,448
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	744,959	528,688	180,756	35,515
12 Advertising and promotion	5,305	5,305		
13 Office expenses	295,924	250,335	26,971	18,618
14 Information technology	152,188	116,226	33,615	2,347
15 Royalties				
16 Occupancy	815,898	530,409	200,899	84,590
17 Travel	380,489	364,947	15,204	338
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,588,726	2,512,590	65,751	10,385
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	182,052	135,440	33,044	13,568
23 Insurance	90,264	62,034	20,013	8,217
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MISCELLANEOUS	168,179	26,340	134,215	7,624
b RECRUITMENT	144,665	458	131,633	12,574
c MEMBERSHIP DUES	45,924	10,114	35,810	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,474,227	10,487,358	2,043,082	943,787
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	38,101	1	36,724	
	2 Savings and temporary cash investments	441,320	2	919,995	
	3 Pledges and grants receivable, net	1,405,261	3	862,482	
	4 Accounts receivable, net	632,329	4	332,285	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	15,000	5	0	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	549,560	9	521,332	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a | 3,245,519			
	b Less accumulated depreciation 10b	2,303,706	1,101,414	10c	941,813
	11 Investments—publicly traded securities	17,882,872	11	18,186,951	
	12 Investments—other securities See Part IV, line 11	1,823,972	12	1,794,902	
	13 Investments—program-related See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets See Part IV, line 11		15		
	16 Total assets. Add lines 1 through 15 (must equal line 34)	23,889,829	16	23,596,484	
Liabilities	17 Accounts payable and accrued expenses	805,906	17	633,186	
	18 Grants payable		18		
	19 Deferred revenue	519,984	19	421,395	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	7,952,406	25	7,696,534	
	26 Total liabilities. Add lines 17 through 25	9,278,296	26	8,751,115	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	-8,218,879	27	-8,104,857	
	28 Temporarily restricted net assets	5,834,755	28	5,860,906	
	29 Permanently restricted net assets	16,995,657	29	17,089,320	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	14,611,533	33	14,845,369	
	34 Total liabilities and net assets/fund balances	23,889,829	34	23,596,484	

Part XI Reconciliation of Net AssetsCheck 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	12,717,523
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,474,227
3	Revenue less expenses Subtract line 2 from line 1	3	-756,704
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,611,533
5	Net unrealized gains (losses) on investments	5	893,752
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	96,788
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,845,369

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No	
1 Accounting method used to prepare the Form 990	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual	<input type="checkbox"/> Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?			
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both			
<input type="checkbox"/> Separate basis	<input type="checkbox"/> Consolidated basis	<input type="checkbox"/> Both consolidated and separate basis	
2b Were the organization's financial statements audited by an independent accountant?			
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both			
<input checked="" type="checkbox"/> Separate basis	<input type="checkbox"/> Consolidated basis	<input type="checkbox"/> Both consolidated and separate basis	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			

Additional Data

Software ID:**Software Version:**

EIN: 13-5599486

Name: JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA

Form 990 (2016)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) Name and Title	Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Institutional Trustee	Official	Key employee	Non-employee compensation	Former			
PAULA SIDMAN DIRECTOR	2 00	X						0	0	0
RUTH FLETCHER DIRECTOR	2 00	X						0	0	0
BRIAN KRIFTCHER DIRECTOR (FORMER)	2 00	X						0	0	0
DAVID PELTZ DIRECTOR	2 00	X						0	0	0
ROBIN FREDERICK DIRECTOR (FORMER)	2 00	X						0	0	0
ARTHUR ALLEN DIRECTOR	2 00	X						0	0	0
JACK BAUM DIRECTOR (FORMER)	2 00	X						0	0	0
ALVIN BERKUN DIRECTOR	2 00	X						0	0	0
DANIEL BERNSTEIN DIRECTOR (FORMER)	2 00	X						0	0	0
KARA BIERMAN DIRECTOR	3 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
AMY ROSENBERG DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
LISA BRILL DIRECTOR	3 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
ANDREW EISENBERG DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
CHERYL FISHBEIN DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
ALEX BUDNITSKY DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
CAROL WEINTRAUB FOGL DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
CAROL FOLKERTH DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
SUE FOX DIRECTOR (FORMER)	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
RICHARD FRANKOFF DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
JANE GELLMAN DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Former Officer Or Director	Individual trustee	Institutional Trustee	Key employee	Highest compensated employee			
MICHAEL GILDENHORN DIRECTOR	2 00	X					0	0	0
EDWIN GOLDBERG DIRECTOR (FORMER)	2 00	X					0	0	0
JOEL DINKIN DIRECTOR	2 00	X					0	0	0
LISIE GOTTDENKER DIRECTOR	3 00	X					0	0	0
STUART HOCHWERT DIRECTOR	2 00	X					0	0	0
MICHAEL FEINSTEIN DIRECTOR	2 00	X					0	0	0
SUZANNE ALBIN TUCKER DIRECTOR	2 00	X					0	0	0
HOWARD JACOBSON DIRECTOR	2 00	X					0	0	0
MARK RAMER DIRECTOR	2 00	X					0	0	0
EDWARD KAPLAN DIRECTOR	2 00	X					0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
IVY HARLEV DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
ANN KAUFMAN DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
STEPHEN KAUFMAN DIRECTOR	3 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
IRA KRONENBERG DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
PHYLLIS TABACHNICK DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
RONALD LEIBOW DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
JUDITH LIEBERMAN DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
LAWRENCE MAGID DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
JEROME MAKOWSKY DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
MORTON MANDEL DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
THOMAS MANDEL DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
MARC MERKLIN DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
JOAN SWARTZ DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
GERI POLLACK DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
BRIAN SCHREIBER DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
EDWARD SCHREIBER DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
STEVEN CADRANEL DIRECTOR (FORMER)	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
STUART RAYNOR DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
STEPHEN REINER DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0
DANIEL ROSE DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Director		0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
ANNETTE SAXON DIRECTOR	3 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
FRANK WALDORF DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
CRAIG WEISS DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
MARK SHAPIRO DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
MARK SOKOLL DIRECTOR (FORMER)	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
SHIRLEY SOLOMON DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
ALAN SOLOW DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
KENNETH STEINBERG DIRECTOR	3 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
SUSAN STRAIT DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0
JEFFREY TUVLIN DIRECTOR	2 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee	<input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee	0	0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Institutional trustee	Former highest compensated employee			
JANE TZINBERG RUBIN DIRECTOR	2 00	X			0	0	0
STEVEN WISHNIA DIRECTOR (FORMER)	2 00	X			0	0	0
ERIC ZACHS DIRECTOR	2 00	X			0	0	0
PAUL GILLIS DIRECTOR	2 00	X			0	0	0
BARAK HERMANN DIRECTOR	2 00	X			0	0	0
LYNN WITTELS DIRECTOR	2 00	X			0	0	0
JOSH LANGENTHAL DIRECTOR	3 00	X			0	0	0
ADRIENNE MATROS DIRECTOR	2 00	X			0	0	0
RICHARD NELSON DIRECTOR	2 00	X			0	0	0
J VICTOR SAMUELS VICE-CHAIR	3 00	X	X		0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
HARRIET BLANK SECRETARY	3 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
JOYCE GOLDSTEIN VICE-CHAIR	3 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
GARY JACOBS VICE-CHAIR	3 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
ERIC NISLOW ASSOCIATE-SECRETARY	3 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
DONALD BRODSKY VICE-CHAIR	3 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
PHILIP SCHATTEN ASSOCIATE-SECRETARY	3 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
STEPHEN SEIDEN CHAIR	5 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
DAVID WAX VICE-CHAIR	3 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
LINDA RUSSIN VICE-CHAIR	3 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0
FRANCINE ZORN TRACHTENBERG VICE-CHAIR	3 00	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee			0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DAVID ACKERMAN SVP & DIRECTOR OF MCJE	35 00	Individual trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)
ROBIN BALLIN SVP & DIR BIENNIAL CONVEN	35 00 .....	.....	.....	X .....	.....	.....	191,263 0 20,634
STEPHEN ARNOFF PRESIDENT (FORMER)	35 00 .....	.....	.....	X .....	.....	.....	197,198 0 53,972
ROBERT D KIMSAL SVP & CFO	35 00 .....	.....	.....	X .....	.....	.....	214,027 0 5,206
ARLENE SWARTZ INTERIM DIRECTOR OF FRD	28 00 .....	.....	.....	X .....	.....	.....	237,200 0 9,522
ALAN GOLDBERG VP, PROF LEADERSHIP COMM	35 00 .....	.....	.....	X .....	.....	.....	206,670 0 44,622
JANET ELAM SVP, COMM CONSULT ,EXEC	35 00 .....	.....	.....	X .....	.....	.....	209,991 0 34,169
WENDY SELIGSON EXEC VP, STRATEGY AND OP (FORMER)	35 00 .....	.....	.....	X .....	.....	.....	38,524 0 1,830
JOANNE HARMON VP, MARKETING & COMMUNICATIONS	35 00 .....	.....	.....	X .....	.....	.....	134,681 0 17,992
ALAN MANN INTERIM PRESIDENT	35 00 .....	.....	.....	X .....	.....	.....	407,886 0 11,894

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Officer	Key Employee	Highest compensated Employee	Former						
		Or Director	Individual trustee	Institutional Trustee							
DAVID POSNER VICE PRESIDENT	35 00				X			197,922	0	42,863	
DORI DENELLE VP, COMM CONSULT	35 00				X			189,346	0	19,529	
MARK HOROWITZ VP, ECE & FAMILY ENGAGEMEN	35 00				X			174,482	0	22,363	
STEVEN BECKER VP, HEALTH AND WELLNESS	35 00				X			134,395	0	20,831	
AARON GREENBERG SENIOR CONSULTANT	35 00				X			136,156	0	11,265	

SCHEDULE A
(Form 990 or
990EZ)**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.**2016****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICAEmployer identification number
13-5599486**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 12, check only one box)

1 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)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____

5 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)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 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)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 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)

11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a **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**.

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**.

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**.

d **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**.

e 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 _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2016

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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	8,501,236	9,171,464	10,208,868	10,144,942	9,132,311	47,158,821
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	8,501,236	9,171,464	10,208,868	10,144,942	9,132,311	47,158,821
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						47,158,821

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	8,501,236	9,171,464	10,208,868	10,144,942	9,132,311	47,158,821
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	323,728	412,994	350,609	303,810	317,479	1,708,620
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)	1,067,953	1,269,728	4,170	7,269	121,619	2,470,739
11	Total support. Add lines 7 through 10						51,338,180
12	Gross receipts from related activities, etc (see instructions)					12	11,803,619

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	91 860 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	91 760 %
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b	33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>
b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b	
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	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	
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)	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI	9a	
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	9b	
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	9c	
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 line 10b below	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
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		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section 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		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)		
2		
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 supported organizations played in this regard		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

- The organization satisfied the Activities Test. Complete **line 2** below
- The organization is the parent of each of its supported organizations. Complete **line 3** below
- The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test Answer (a) and (b) below.

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities

- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

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

- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard

	Yes	No
2a		
2b		
3a		
3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	
Section E - Distribution Allocations (see instructions)		
		(i) Excess Distributions
		(ii) Underdistributions Pre-2016
		(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)	
3	Excess distributions carryover, if any, to 2016	
a		
b		
c From 2013.		
d From 2014.		
e From 2015.		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2016 distributable amount		
i Carryover from 2011 not applied (see instructions)		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2016 from Section D, line 7		
\$		
a Applied to underdistributions of prior years		
b Applied to 2016 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)		
7 Excess distributions carryover to 2017. Add lines 3j and 4c		
8 Breakdown of line 7		
a		
b Excess from 2013.		
c Excess from 2014.		
d Excess from 2015.		
e Excess from 2016.		

Part VI**Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

2016

Open to Public
InspectionSCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

Name of the organization JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA	Employer identification number 13-5599486
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation 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 solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes No

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, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes No

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	17,395,326	18,507,636	18,718,672	17,507,550	17,058,383
b Contributions	97,763	118,864	24,561	66,203	17,940
c Net investment earnings, gains, and losses	1,231,426	-330,567	1,128,467	2,584,190	994,838
d Grants or scholarships					
e Other expenditures for facilities and programs	888,076	866,357	1,364,064	631,226	563,611
f Administrative expenses	4,100	34,250		808,045	
g End of year balance	17,832,339	17,395,326	18,507,636	18,718,672	17,507,550

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ►

b Permanent endowment ► 95 900 %

c Temporarily restricted endowment ► 4 100 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i)		No
3a(ii)		No
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		343,740	302,117	41,623
c Leasehold improvements		1,677,732	831,758	845,974
d Equipment		1,224,047	1,169,831	54,216
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ►				941,813

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENTS	958,302	F
(B) MILLENNIUM INVESTMENTS	836,600	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	1,794,902	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED PAYROLL TAXES AND VACATION	165,216
NET PENSION LIABILITY	3,961,218
ACCRUED NON-PENSION POSTRETIREMENT BENEFITS	1,296,604
ACCRUED SUPPLEMENTAL PENSION AND RETIREMENT BENEFITS	198,688
DEFERRED RENT LIABILITY	1,091,808
ENDOWMENT LOAN PAYABLE	983,000
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	7,696,534

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	14,015,975
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	893,752
b	Donated services and use of facilities	2b	92,536
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	312,164
e	Add lines 2a through 2d	2e	1,298,452
3	Subtract line 2e from line 1	3	12,717,523
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	12,717,523

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	13,672,587
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	92,536
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	160,600
e	Add lines 2a through 2d	2e	253,136
3	Subtract line 2e from line 1	3	13,419,451
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	54,776
c	Add lines 4a and 4b	4c	54,776
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	13,474,227

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information (continued)

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-5599486

Name: JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	INCOME FROM THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED FOR GENERAL AND PROGRAM SUPPORT

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ASSOCIATION BELIEVES IT HAD NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2016 AND 2015 IN ACCORDANCE WITH ASC TOPIC 740, "INCOME TAXES", WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	PENSION CHANGES OTHER THAN NET PERIODIC PENS 312,164

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	BAD DEBT EXPENSE 160,600

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	WRITE OFF OF RESTRICTED CONTRIBUTIONS 54,776

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

2016

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

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

Name of the organization

JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA

Employer identification number

13-5599486

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) ISRAEL	1	6	INITIATES, PLANS AND OPERATES A VARIETY OF PROGRAMS	PRIMARILY STAFF AND BOARD SEMINARS, AS WELL AS TRIPS FOR TEENS, COLLEGE STUDENTS AND MEMBERS	1,749,047
(2)					
(3)					
(4)					
(5)					
3a Sub-total	1	6			1,749,047
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	6			1,749,047

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

3 Enter total number of other organizations or entities ►

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Additional Data

Software ID:

Software Version:

EIN: 13-5599486

Name: JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA

Part V

Supplemental Information

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

**Schedule I
(Form 990)****Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**2016****Open to Public
Inspection**Department of the
Treasury
Internal Revenue Service

Name of the organization

JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA

Employer identification number

13-5599486

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

 Yes No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FOUNDATION FOR JEWISH CAMP 253 WEST 35TH STREET 4TH FLOOR NEW YORK, NY 10018	22-3551013	501 (C)(3)	102,000				GRANTS ARE USED FOR JOINT PROGRAM FOR COSTS OF PROVIDING ISRAELI EMISSARY TO JEWISH COMMUNITY CENTERS
(2) MACCABI WORLD UNION 520 EIGHTH AVENUE 4TH FLOOR NEW YORK, NY 10018	26-4296212	501 (C)(3)	52,193				GRANTS ARE USED FOR JOINT PROGRAM FOR SEMINAR COSTS FOR JEWISH EDUCATIONAL PROFESSIONAL FELLOWSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ►

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIP	7	86,000			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-5599486

Name: JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR JEWISH CAMP 253 WEST 35TH STREET 4TH FLOOR NEW YORK, NY 10018	22-3551013	501 (C)(3)	102,000				GRANTS ARE USED FOR JOINT PROGRAM FOR COSTS OF PROVIDING ISRAELI EMISSARY TO JEWISH COMMUNITY CENTERS
MACCABI WORLD UNION 520 EIGHTH AVENUE 4TH FLOOR NEW YORK, NY 10018	26-4296212	501 (C)(3)	52,193				GRANTS ARE USED FOR JOINT PROGRAM FOR SEMINAR COSTS FOR JEWISH EDUCATIONAL PROFESSIONAL FELLOWSHIP

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2016**Open to Public Inspection**Name of the organization
JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICAEmployer identification number
13-5599486**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?
b Any related organization?
 If "Yes," on line 5a or 5b, describe in Part III

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?
b Any related organization?
 If "Yes," on line 6a or 6b, describe in Part III

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	Yes	
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

See Additional Data Table

Part III Supplemental Information

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

Return Reference

Explanation

Additional Data**Software ID:****Software Version:**

EIN: 13-5599486

Name: JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID ACKERMAN SVP & DIRECTOR OF MCJE	(i)	190,130	0	1,133	7,695	12,939	211,897	0
	(ii)	0	0	0	0	0	0	0
1 ROBIN BALLIN SVP & DIR BIENNIAL CONVEN	(i)	195,955	0	1,243	20,667	33,305	251,170	0
	(ii)	0	0	0	0	0	0	0
2 STEPHEN ARNOFF PRESIDENT (FORMER)	(i)	84,375	0	129,652	2,274	2,932	219,233	0
	(ii)	0	0	0	0	0	0	0
3 ROBERT D KIMSAL SVP & CFO	(i)	195,203	0	15,807	8,246	36,465	255,721	0
	(ii)	0	0	0	0	0	0	0
4 ARLENE SWARTZ INTERIM DIRECTOR OF FRD	(i)	237,200	0	0	9,488	34	246,722	0
	(ii)	0	0	0	0	0	0	0
5 SALAN GOLDBERG VP, PROF LEADERSHIP COMM	(i)	205,371	0	1,299	17,058	27,564	251,292	0
	(ii)	0	0	0	0	0	0	0
6 JANET ELAM SVP, COMM CONSULT ,EXEC	(i)	209,140	0	851	8,600	25,569	244,160	0
	(ii)	0	0	0	0	0	0	0
7 JOANNE HARMON VP, MARKETING & COMMUNICATIONS	(i)	134,577	0	104	5,467	12,525	152,673	0
	(ii)	0	0	0	0	0	0	0
8 ALAN MANN INTERIM PRESIDENT	(i)	406,600	0	1,286	10,600	1,294	419,780	0
	(ii)	0	0	0	0	0	0	0
9 DAVID POSNER VICE PRESIDENT	(i)	196,686	0	1,236	8,233	34,630	240,785	0
	(ii)	0	0	0	0	0	0	0
10 DORI DENELLE VP, COMM CONSULT	(i)	188,275	0	1,071	7,583	11,946	208,875	0
	(ii)	0	0	0	0	0	0	0
11 MARK HOROWITZ VP, ECE & FAMILY ENGAGEMEN	(i)	173,460	0	1,022	7,123	15,240	196,845	0
	(ii)	0	0	0	0	0	0	0
12 STEVEN BECKER VP, HEALTH AND WELLNESS	(i)	133,714	0	681	8,158	12,673	155,226	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2016

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

►Attach to Form 990.

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA

Employer identification number

13-5599486

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock	X	7	212,019	FMV
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (_____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

~~Internal Revenue Service~~

Name of the organization

JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA**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.

2016**Open to Public
Inspection****Employer identification number**

13-5599486

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	1 STEPHEN KAUFMAN AND ANN KAUFMAN HAVE A FAMILY RELATIONSHIP 2 PHIL SCHATTEN AND CHERYL FISHBEIN HAVE A FAMILY RELATIONSHIP 3 LESTER POLLACK AND GERI POLLACK HAVE A FAMILY RELATIONSHIP 4 MORTON MANDEL AND THOMAS MANDEL HAVE A FAMILY RELATIONSHIP 5 ANDREW EISENBERG HAS A BUSINESS RELATIONSHIP WITH JCC ASSOCIATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERSHIP OF THE ASSOCIATION CONSISTS OF DIRECTORS, HONORARY DIRECTORS, AND THOSE DULY DESIGNATED AND AUTHORIZED BY AFFILIATED JCCS, JWB CHAPLAINS COUNCIL AND FLORENCE G. HELLER-JCC ASSOCIATION RESEARCH CENTER AS DELEGATES TO THE BIENNIAL CONVENTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	A MEETING OF MEMBERS SHALL BE HELD BIENNIALLY DURING THE BIENNIAL CONVENTION FOR THE ELECTION OF THE DIRECTORS AND BOARD OFFICERS TO SERVE DURING THE NEXT TERM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AUDIT COMMITTEE REVIEWS THE FORM 990 IN DETAIL ON BEHALF OF THE BOARD, AND IS THEN SENT TO THE BOARD FOR COMMENT. IF NO COMMENTS ARE RECEIVED WITHIN SEVEN DAYS, THEN THE RETURN IS FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	A CONFLICT OF INTEREST POLICY IS CURRENTLY IN PLACE AND MONITORED ANNUALLY EACH YEAR EVER Y MEMBER OF THE GOVERNING BODY COMPLETES AND SIGNS A CONFLICT OF INTEREST STATEMENT, IN WHICH THEY DISCLOSE ANY POSSIBLE CONFLICTS OF INTEREST TO THE ORGANIZATION. IF SUCH CONFLICT OF INTEREST EXISTS, THE BOARD MEMBER MAY NOT VOTE ON MATTERS AS TO WHICH THERE IS A CONFLICT, AND MAY BE REQUIRED TO LEAVE THAT PORTION OF A MEETING THAT CONSIDERS THE MATTER AS TO WHICH THERE IS A CONFLICT. CONFLICTS OF INTEREST ARE DULY NOTED IN ALL NECESSARY REPORTING REQUIREMENTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THERE IS A COMPENSATION COMMITTEE OF THE BOARD THAT NEGOTIATES WHERE APPROPRIATE OR REQUIRED AND SETS THE COMPENSATION FOR THE PRESIDENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION CHANGES OTHER THAN NET PERIODIC PENSION COSTS 312,164 WRITE OFF OF RESTRICTED CONTRIBUTIONS -54,776 BAD DEBT EXPENSE -160,600

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS OF OVERSEEING THE AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
JEWISH COMMUNITY CENTERS ASSOCIATION OF
NORTH AMERICA

Employer identification number

13-559948

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f)

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

Part 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.

Part IV | Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

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

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?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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