

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





Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of Treasury
Internal Reveriúe Service

▶ 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.

A F	or the	e 2016 calendar year, or tax year beginning , 2016, and end	ing			, 20	
3 cı	neck if app	C Name of organization JEWISH CCHMUNITY FOUNDATION OF THE JEWISH FEDERATION COUNCIL OF GREATER LA GROUP		D Employer idea 37-1858			
	Addres: change						
	Name	Number and street (or D.O. have if mail is not delivered to street address). Beam/suite		E Telephone nu	mber		
X	Initial r	CEOF WITH CHIEF BY UP #1200	l	(323) 76	1-8	700	
<u> </u>	Final re	City or town, state or province, country, and ZIP or foreign postal code	, ,				
	termina Amend		G Gross receipts	s \$	2,309	. 081	
-	return Applica	F Name and address of principal officer MARVIN SCHOTLAND		H(a) is this a grou			No
L	pendini	SAME AS C ABOVE		subordinates H(b) Are all subord			H No
	Tay.eve		527	• •		(see instructions)	···
		e ► WWW.JEWISHFOUNDATIONLA.ORG	,21	H(c) Group exem			256
_			of format			of legal domicile	230
_	art l	Summary	Or Ioiiiiat	ion ivi	State	or legal dollinche	
e Le C		Briefly describe the organization's mission or most significant activities GIVING IS DI	DECTE	ת דר מפת	D 7\M(g c	
4		INSTITUTIONS WHICH HAVE AN EMPHASIS ON HEALTH, EDUCATIO			MM	<u>σ</u>	
nce	-		M, AR	15 AND			
na.	-	CULTURE, SOCIAL SERVICES AND JEWISH CAUSES		· · · · · ·			
Governance		Check this box I if the organization discontinued its operations or disposed of more to			1 1		1.0
න න		Number of voting members of the governing body (Part VI, line 1a)			3		18.
es ?		Number of independent voting members of the governing body (Part VI, line 1b)			4		17.
Activities		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			5		0.
ç	6	Total number of volunteers (estimate if necessary)			6		<u> 17.</u>
٩		Total unrelated business revenue from Part VIII, column (C), line 12			7a		0.
	b	Net unrelated business taxable income from Form 990-T, line 34			7b		0.
Revenue				Prior Year		Current \	
		Contributions and grants (Part VIII, line 1h)			0.	1,616	
		Program service revenue (Part VIII, line 2g)			0.		0.
Ş.		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0.	164	, 985.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		 	0.		263.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			0.	1,782	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	1,529	<u>,492.</u>
		Benefits paid to or for members (Part IX, column (A), line 4)			0.		0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.		0.
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)			0.		0.
ă	b	Total fundraising expenses (Part IX, column (D) line 25) 0.		· · · · · · · · · · · · · · · · · · ·			
ш	117	Other expenses (Part IX, column A), lines 11a-11d, 111-24e)			0.	·-	,705.
	18	Total expenses Add lines 13 17 must equal Part IX column (6) line 25)			0.	1,549	
	19	Revenue less expenses Subtract line 18 from line.12			0.	233	,015.
is or	Ì	<u> </u>	Begin	ining of Current		End of Ye	
Net Asset Fund Balan	20	Total assets (Part X, line 16)QGDEN, U.T		10,402,37	15.	11,945	<u>,623.</u>
A A B	21	Total liabilities (Part X, line 26)		999,29	3 3. │	1,878	,515.
影	22	Net assets or fund balances Subtract line 21 from line 20		9,403,08	32.	10,067	,108.
	ırt II	Signature Block					
Un	der pen	nalties of perjury. I declare that I have examined this return, including accompanying schedules and stat	tements, a	and to the best o	f my k	nowledge and b	elief, it is
tru	e, corre	ct, and complete pediaration of preparer (other than officer) is based on all information of which preparer	nas any k	nowleage	12	1	
				П	17	112	
Sig		Signature of officer		Date			
He	re	Dand Carroll, SVPLCFO					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature Date		Check	ıf P	NIT	
Pare		JOCELYNE MILLER Joulyne C. Miller 11/0	06/17	self-employ	- I	P006343	78
	parer	Firm's name DERNST & YOUNG U.S. LLP		Firm's EIN	34-6		
Use	Only	Firm's address >4370 (A CLUA CLUADE (E. CITE CO) AU DIEGO, CA CLUADE				535-7200	
May	the If	RS discuss this return with the preparer shown above? (see instructions)				Yes	No
		· · · · · · · · · · · · · · · · · · ·					, , 140

ISA 6E 1010 1 000 0526MF 2020

For Paperwork Reduction Act Notice, see the separate instructions.

_	990 (2016)	Page 2
Į.	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission	
	THE FOUNDATIONS' GIVING IS DIRECTED TO THE JEWISH COMMUNITY AND THE	
	COMMUNITY AT LARGE TO BENEFIT PROGRAMS AND INSTITUTIONS WHICH HAVE AN EMPHASIS ON HEALTH, EDUCATION, ARTS AND CULTURE, SOCIAL SERVICES AND	
	JEWISH CAUSES.	
_	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	∡ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code	
		· -
		_
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
	·	
40	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
70	/(Lxperises #	
		·
4d	Other program services (Describe in Schedule O)	
_	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 1,529,492.	

er ar v	Checklist of Required Scriedules			
			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	Х.	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		.,
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	_	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		X
1 7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			١
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Ж
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			_
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			!
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	
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	<u> </u>	
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		

Tyes No No No No No No No N	Part	V Checklist of Required Schedules (continued)			<u> </u>
b II "Ves" to line 20a, did the organization attach a copy of its audited financial statements to this return", 20b 20 21 22 23 24 24 25 25 25 25 25 26 26 26				Yes	No
b II "Ves" to line 20a, did the organization attach a copy of its audited financial statements to this return", 20b 20 21 22 23 24 24 25 25 25 25 25 26 26 26	20 a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H.	20a		X
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 21 If "Yes" complete Schedule I, Part I and III. 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 21 If "Yes" complete Schedule I, Part I and III. 23 Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization have a tax-exempt bond size 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 24 intrough 24d and complete Schedule K II "No." go to line 25a. 24a Did the organization have a tax-exempt bond size 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 intrough 24d and complete Schedule K II "No." go to line 25a. 24b Did the organization matta an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25c Did the organization act as an "on behalf of Issuer for bonds outstanding at any time during the year? 26d Did the organization act as an "on behalf of Issuer for bonds outstanding at any time during the year? 27d Did the organization act as an "on behalf of Issuer for bonds outstanding at any time during the year? 27d Did the organization act as an "on behalf of Issuer for bonds outstanding at any time during the year? 27d Did the organization act as an "on behalf of Issuer for bonds outstanding at any time during the year? 27d Did the organization act as an "on behalf of Issuer for bonds outstanding at any time during the year? 27d Did the organization act as an "on behalf of Issuer for bonds outstanding at any time during the year? 27d Did the organization provide a grant or other assistance to an officer, director, trustee, or organization act					
domestic government on Part IX, column (A), line 1º If "Yes", complete Schedule I, Parts I and III. 21					
Dut the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X. column (A), line 2? If "Yes" complete Schedule Parts and III. Dut 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. A. A. D.			1	v	
Part IX. column (A), line 2? If "res," complete Schedule I, Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization activation and former officers, directors, Irusless, key employees, and highest compensated employees? If "Yes," complete Schedule I, "The No." go to line 25a. 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," consider Schedule II. "Tho," go to line 25a. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. 24b Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 4cc Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 591(c)(3), 591(c)(4), and 591(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I. b Is the organization exert 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 organizations prior Forms 990 or 990-E27 If "Yes," complete Schedule I, Part II. Could 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, exemployees, or disqualified persons? If "Yes," complete Schedule I, Part III. 25b Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, under the organization and party to a business transaction with one of the following parties (see Schedule I, Part III. 27c Did the organization receive more than 525,000 in non-cash contributions? If "Yes," complete Schedule II. Part II. 27	22		21	^	
Did the organization answer "Yes" to Part VII. Section A. line 3. 4. or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 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 240 through 24d and complete Schedule K If "No," go to line 25a. 24d Did the organization maintain an escrive account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? 25d Did the organization maintain an escrive account other than a refunding escrive at any time during the year? 25d Did the organization act as an "on behalf of issuer for bonds beyond a temporary period exception?. 24d Did the organization and \$101(c)(29) organizations. Did the organization angage 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 90 or 990-EC? If "Yes," complete Schedule L. Part II. 25d 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 II. 27d 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 IV. 28d Was the organization aparty to a business transaction with one of the following parties (see Schedule L. Part IV. 29d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule R. Part IV. 29d Did the	22				.,
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Pes', complete Schedule I. at such assue 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 'Pes', answer lines 24b Intrough 24d and complete Schedule If 'If No.' go to line 25s. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	22		22		X
employees? If "res," complete Schedule J. 23	23				
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 they ear, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complate Schedule K If "No," go to line 25a. b Did the organization maintain an escreen account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? c Did the organization amantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization as as in "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization as as in "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization with a disqualified person during the year? If "Yes," complete Schedule L Part I					
\$ 100,000 as of the last day of the year. that was issued after December 31, 2002? If "Yes," answer lines 24b Intrough 24d and complete Schedule K If No." go to line 25s. b Did the organization invest any proceeds of lax-exempt bonds beyond a temporary period exception?				X	
through 24d and complete Schedule K If "No." go to Inne 25a. Did the organization mentan an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 1 Sa scition 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage 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 organizations prior Forms 990 or 990-E27? If "Yes," complete Schedule L. Part II. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former offices, director, trustees, key employees, indepest compensated employees, or disqualified persons? If "Yes," complete Schedule L. Part III. 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. 29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV. 29 A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family membe	24a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. 24b 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? 24c 24d Did the organization and so the solid of the solid of the organization and solid of the solid of the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X Section 501(c)(3) of Solid (2)(3) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X 25b X 25c 2					
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? 24d Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If" Yea," complete Schedule L, Part 1 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-E27? If "Yes," complete Schedule L, Part II. 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, inghest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III. 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. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 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. 28a b A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or five organization with a conservation contributions? If "Yes," complete Schedule II, Part IV. 28b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part IV. 29c Did the organization receive more than \$25,000 in non-cash contributions			24a		X
to defease any tax-exempt bonds? . 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . 25b X 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, tirectors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV . 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . 28a X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV . 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV . 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule R, Part II . 30 30	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		to defease any tax-exempt bonds?	24c		
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	d		24d		
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25 a				
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 99 or 990-E27 //16 "Yes," complete Schedule L. Part I			25a		Х
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ7 / 1/1 "Yes," complete Schedule L, Part II. 25	b				_
1					
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			25h		У
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. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 A C Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 Did the organization will now a controlled entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part II, III. 32 Ord the organization have a controlled entity within the meaning of section 512(b)(13)? 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization of late to	26	Did the organization report any amount on Part X line 5.6 or 22 for receivables from or payables to any	230		
disqualified persons? If "Yes," complete Schedule L, Part II. 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. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable flining thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV					
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 IV			26		v
substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		20		
entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21				
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 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 director or indirect owner? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 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. 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II. III. or IV. and Part V, Iine 1. 33 Was the organization have a controlled entity within the meaning of section 512(b)(13)? By the organization have a controlled entity within the meaning of section 512(b)(13)? By the organization have a controlled entity within the meaning of section 512(b)(13)? By 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, Iine 2. By the organization conduct more than 5% of i			27		\ \ •
Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20		21		_^_
A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A nentity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I. 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II. III. or IV. and Part V, Ine 1. 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Bif "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, Ime 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, Ime 2. 36 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. 37 Did the organization conduct more	20				
A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	_				1,
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. 28c			28a		Λ.
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	D				
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			28b		X
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	С				
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 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 II. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II., III, or IV. and Part V, Iine 1. 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b 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, Iine 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, Iines 11b and 19? Note. All Form 990 filers are required to complete Schedule O for Part VI, Iines 11b and 19? Note. All Form 990 filers are required to complete Schedule O			28c		X
conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 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. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II. III., or IV. and Part V. line 1. 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b 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, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	29		29	X	
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30				
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		conservation contributions? If "Yes," complete Schedule M	30		
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
complete Schedule N, Part II			31		Х
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	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		complete Schedule N, Part II	32		Χ
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	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
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		sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		Х
or IV. and Part V, line 1	34				
Did the organization have a controlled entity within the meaning of section 512(b)(13)?			34	х	
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	35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2					
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			35h		X
related organization? If "Yes," complete Schedule R, Part V, line 2	36		220	\dashv	
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	50		20	ľ	٠,
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		30		Λ.
Part VI	31				
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 4				ļ	_
19? Note. All Form 990 filers are required to complete Schedule O	20	Pall VI	37		
	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		l	
		197 Mote. All Form 990 filets are required to complete Schedule O			

Page 5

Par				
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable,			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	•		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4		Х
	account)?	<u>4a</u>		
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
E	(FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
		5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 00		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f		7f		X
	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		
9	Sponsoring organizations maintaining donor advised funds.	•		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII. line 12			
	This is a september of the september of			
	eross receipts, merades on our destriction, me 12, for pasie as or das facilities.			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from members or shareholders			
U	against amounts due or received from them)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	_		
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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		7.
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 17			
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	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
	· · · · · · · · · · · · · · · · · · ·	5	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	├ -	_	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	X	[
	one or more members of the governing body?	1 4	_^_	
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	<u></u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	_	Ì]
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	 	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at]
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Cod		
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		1	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<u></u>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		ļ	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	L
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	<u> </u>		
13			Į.	
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		X
a	The organization's CEO, Executive Director, or top management official	15b	├─-	X
O	Other officers or key employees of the organization	1.50	 	 -
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	ļ	ĺ	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			١,,
	with a taxable entity during the year?	16a	├	<u>x</u>
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?	16b		<u> </u>
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply	•	,	•
	Own website Another's website A Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	nolice	, and
, 3	financial statements available to the public during the tax year	C1631	POIIC	r, and
20		c b		
20	State the name, address, and telephone number of the person who possesses the organization's books and record its appearance of the HEFE FAME A STATE I for the AMERICAN AND ALL AND A	3 >		
JSA			990	(2016)
5E 1042	1 000	. जमा		,2010)

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

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

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

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

Check this box if neither the organization nor	any related	orga	nıza	tion	CO	mpen	sate	ed any current offic	er, director, or trus	stee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	office or direct	unles	Pos heck ss pe	more	e than of some some some some some some some some	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)STANLEY GREITZER	.10				Ì					
PRESIDENT/DIRECTOR	0.	Х		X			ĺ	0.	0.	0.
(2)TRENA GREITZER	.10		-		\vdash	\vdash				
VICE PRESDIENT/DIRECTOR	0.	Х		Х	ł			0.	0.	0.
(3)RONALD GREITZER	.10					<u> </u>	\vdash			
VICE PRESIDENT/DIRECTOR	0.	Х		Х		ļ	ļ	0.	0.	0.
(4)MARVIN SCHOTLAND	.40	i			Ι_	l —	 			
SECRETARY/DIRECTOR	49.60	Х		Х)		0.	411,298.	122,796.
(5)ALLAN CUTROW	.20						\Box			
DIRECTOR	1.40	Х				ļ	l	0.	0.	0.
(6)NATHAN HOCHMAN	.10		T							
DIRECTOR	0.	Х			ļ	1	1	0.	0.	0.
(7)MARK KARLAN	.10									
DIRECTOR	.10	Х				1	Ì	0.	0.	0.
(8)BURT HARRIS	.10									
PRESIDENT/DIRECTOR	0.	х		Х				n.	0.	0.
(9)NATALIE STORIE	.10				Π		Г			
DIRECTOR	n.	Х				1		n.	0.	0.
(10)MAX FACTOR III	.10						Π			
DIRECTOR	.10	X]	}	0.	ο.	0.
(11)MARK LEVEY	.10						Π			
PPESIDENT/DIRECTOR	ŋ.	X		Х		İ	l	n.	0.	n.
(12)NANCY LEVEY CHERRY	.10									
VICE PRESIDENT/DIRECTOR	ე.			Z			1	0.	0.	n.
(13)LAWRENCE RAUCH	.20									
7ICE PRESIDENT/DIRECTOR	3.30	X		Х]		0.	າ.	o.
(14)MARTIN APPEL	.10						Γ^-			
SIPECTOR	. 10	1						0.	9.	ე.

JSA 5E 1041 1 000

Page 8

	PartiVII 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	box,	unles	ss pe	rtion more	e than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		other		f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		fr org an	om the anization d related	on d
(15) BERTRAND GINSBERG	.10												
,	DIRECTOR 16) ANNETTE SHAPIRO	.40	X				<u> </u>		0.		0.			0.
(PRESIDENT/DIRECTOR	.60	X		Х			ļ	0.		0.			0.
ι	17) LEONARD SHAPIRO	.10			 ^``	-	 	 	J .		· ·			
`	VICE PRESIDENT/DIRECTOR	0.	У.		X	ļ		ļ	0.	ĺ	ი.	1		0.
(18) RICHARD SCHULMAN	.10					_							
	DIRECTOR	.10	У.	ļ					0.	ļ _	0.	1		0.
(19) BONNIE BARG	.10												
	VICE PRESIDENT	0.	<u> </u>		Х				0.		0.			0.
ţ	20) DAVID CARROLL	.40												
	VICE PRESIDENT/TREASURER	49.60			Х	<u></u>	L	╙	0.	200	278.		20,2	245.
(21) FAY ALTHAUSEN	.40							_					
	TPEASURER/ASSISTANT TREASURER	25.10		ļ	Х	ļ	-	\vdash	0.	76	,198.		30,6	530.
(22) SUSAN MATTISINKO	.40 39.60	ł	Ì						101	٥٥٦		0 /	200
1	ASSISTANT SECRETARY 23) JANIE HARRIS HANSEN	.10	 	-	X	-	-	 	0.	181	,065.		9,0	088.
(VICE PRESIDENT	0.			X		ĺ		0.		0.			0.
ı	24) MELISSA HARRIS ZATZKIS	.10	 	-	<u>'`</u>	-	 	\vdash	 	 				
,	VICE PRESIDENT	0.	1		X				0.		0.			0.
{	25) ALAN LEVEY	.10					<u> </u>	 	 					
•	VICE PRESIDENT	0.	1		X	Ì			0.		0.			0.
	1b Sub-total							>	0.	411	298.	1	122,796.	
	c Total from continuation sheets to Part VII, S	ection A						>	0.	457	541.	59,963.		}63 .
	d Total (add lines 1b and 1c)		<u> </u>			<u> </u>	<u></u>	>	0.	368	839.	1	82,7	59.
	2 Total number of individuals (including but not				ed a	bov	e) wh	o re	eceived more than	\$100,000	of			
	reportable compensation from the organizatio		0.	<u> </u>	_								1,,	
	2 Del the commenter had not former affin					_					-44	_	Yes	NO
	3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	er, directo ule lifor su	or, or chund	uu bud	uste iual	e,	кеу (emp	ployee, or nignes	t compens	ated	3		Х
												-		<u> </u>
	4 For any individual listed on line 1a, is the organization and related organizations gr											-		l
	ındıvıdual											4	Х	1
	5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on	fron	n any	un	related organization	on or indivi	dual			
	for services rendered to the organization? If "Y	es," comple	te Scl	redu	ıle .	l for	such	per	rson	<u></u>		5	<u></u>	Х
	Section B. Independent Contractors								· 					
	Complete this table for your five highest com- compensation from the organization. Report of year.													
	(A) Name and business add	dress							(B) Description of se	ervices	C	(C) Compen		
								\perp						
								\perp						
								+						
	2. Tatal number of redesendant control to the	٠ امريام	4	L 1:				1.						
	2 Total number of independent contractors (if more than \$100,000 in compensation from the				iii(e)		thos	se I	isted above) who	received				

(A) Name and title	(B)			(0	"							
	Average hours per week (list any hours for	box,	ot ch unles	Pos neck is pe	ition more	than o	an	(D) Reportable compensation from the	(E) Reportable compensation fror related organizations	n a	(F) stimate nount of other spensal	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	orç ar	rom the janization id relate anization	e on ed
) STEVEN TELLER	.10									 		
VICE PRESIDENT	0.	 		Χ				0.	0	1		
) ILYSE TELLER VICE PRESIDENT	$\frac{10}{0}$			Х				0.	0			
) JOEL SHAPIRO VICE PRESIDENT	.10			X	-			0.	0	1		_
) LORI SHAPIRO	.10	 		77		_		0.	0	+		
VICE PRESIDENT	0.			Х				0.	0			
	 	-										
						_						
							-					
									-			
b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c) Total number of individuals (including but no reportable compensation from the organization	t limited to t	<u></u>	 liste		<u> </u>	<u> </u>	o re	eceived more than	\$100,000 of			
											Yes	1
Did the organization list any former off employee on line 1a? If "Yes," complete Sche	icer, directo Edule J for su	or, or ch ind	tru Iividi	ıste ual	e,	key e	emp	oloyee, or highes	t compensated	3		
For any individual listed on line 1a, is the organization and related organizations of	sum of rep	oortat	ole c	com	per	satio	n a	nd other compens	sation from the			
ındıvıdual										4	X	┿
Did any person listed on line 1a receive of for services rendered to the organization? If '	or accrue co Yes," comple	mper te Sci	nedu	on ile J	fron I for	such	un <i>per</i>	related organizati	on or individual	5		
Complete this table for your five highest co compensation from the organization Report year.												
(A) Name and business a	ddress		_				Γ	(B) Description of se	rvices	(C Comper		
												_
							-					
							\neg					_

37-1	1858193	Page
J / - J	1000130	Page

	ı	•		. (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
st st	1a	Federated campaigns 1a					
<u>e</u> 2	b	Membership dues 1b					
A Am	С	Fundraising events 1c					1
혈	d	Related organizations 1d					
S E	е	Government grants (contributions) 1e					
er ig	f	All other contributions gifts, grants,					
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above . 1f	1, 516, 964			l	-
on t	g	Noncash contributions included in lines 1a-1f \$	1, 116, 264			}	Í
1		Total, Add lines 1a-1f		1,616,964		<u> </u>	_
Service Revenue			Business Code				
, er	2a						_
R.	b						
35	c		_				
Ser	d						
Ē	e						
Program	f	All other program service revenue					
P	_ g	Total. Add lines 2a-2f		U			
	3	Investment income (including divider					
		and other similar amounts)	▶	19,935			_ 69,985
	4	Income from investment of tax-exempt bond	_	U			
	5	Royalties	>	0			
		(ı) Real	(ii) Personal				
	6a	Gross rents				Ì	
	b	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	>	n			
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
ĺ		assets other than inventory 621, 869					
	b	Less cost or other basis					
}		and sales expenses 526,869	ļ				
Ì	С	Gain or (loss)	<u> </u>])	
	d	Net gain or (loss)	. <u></u>	35,000			25,000
	8a	Gross income from fundraising		1			
eune		events (not including \$					
Rev		of contributions reported on line 1c)		1		}	
ia l		See Part IV, line 18 a					
Other	b	Less direct expenses b		1		1	
	С	Net income or (loss) from fundraising events	<u> </u>	n	·		_
}	9a	Gross income from gaming activities	1	1		1	
		See Part IV, line 19 a					
	ь	Less direct expenses b	. <u>. </u>	ļ [1	
	С	Net income or (loss) from gaming activities	. <u></u>	.,			
	10a	Gross sales of inventory, less returns and allowances a	1				
ì	b	Less cost of goods sold b Net income or (loss) from sales of inventory.					
}		Miscellaneous Revenue	Business Code	- '}		 	
1			1,0499			}	1
	11a	"IL CELIABEOUS FEVERIBE	116-11-19	6.7		 	- 53
- }	ь		 				
	С	All		 		 	
	d	All other revenue		 		 	
		Total. Add lines 11a-11d		• 1		 	
	12	Total revenue. See instructions	· · · · · /			L	Form 990 (2016)

37-1858193

	rt IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations mus		All other organizatio	ns must complete col	umn (A)
	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b, 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	1,513,192.	1,513,192.		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0.			•
3	Grants and other assistance to foreign			}	_
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	16,300.	16,300.		
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	<u> </u>			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
	Fees for services (non-employees)				i.
	Management	0.			
	Legal	12,760.		12,760.	
	: Accounting	0.		12,700.	
	I Lobbying	0.			
	Professional fundraising services See Part IV, line 17.	0.			
	Other (If line 11g amount exceeds 10% of line 25, column				
٤	(A) amount list line 11g expenses on Schedule O)	0.			
12	Advertising and promotion	0.			······································
13		0.			
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	0.			
18	Payments of travel or entertainment expenses			Į	
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.			
21	·	0.			
22	' ' ' '	6,800.		ნ, 800.	
23		0,500.		6,000.	
24					
	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)				
	OTHER EXPENSES	145.		115.	·
	O				
,	1				
	All other expenses				
	Total functional expenses Add lines 1 through 24e	1,549,197.	1,529,492.	13,705.	
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 💹 if	1	i		

following SOP 98-2 (ASC 958-720).

	LUAY	Check if Schedule O contains a response or note to any line in this Pa	ort X		
	•	Officer in Schedule O contains a response of note to any lifte in this Pa	(A)	·i	(B)
	•		Beginning of year		End of year
	1	Cash - non-interest-bearing	0.	1	0.
1	2	Savings and temporary cash investments	175,196.	2	368,301.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	6				
		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	0.	6	0.
ets	7	Notes and loans receivable, net	0.	_7	0.
Assets	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities	95,000.	11	95,000.
	12	Investments - other securities See Part IV, line 11	10,132,179.	12	11,482,322.
	13	Investments - program-related See Part IV, line 11	0.	13	0.
	14	Intangible assets		14	0.
	15	Other assets See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10,402,375.	16	11,945,623.
	17	Accounts payable and accrued expenses	0.	17	0.
	18	Grants payable	938,512.	18	1,812,312.
	19	Deferred revenue	0.	19	0.
i	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
api		disqualified persons Complete Part II of Schedule L	0.	22	0.
Ĩ	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties		24	0.
	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	60,781.	25	66,203.
	26	Total liabilities. Add lines 17 through 25	999,293.	26	1,878,515.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🐰 and			
es		complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	9,403,082.	27	10,067,108.
3a	28	Temporarily restricted net assets	0.	28	0.
ğ	29	Permanently restricted net assets	0.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
ssets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
⋖	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	0,403,082.	33	10,067,108.
2	34	Total liabilities and net assets/fund balances	10,402,375.	34	11,945,623.
_	L	Total madmined and not additionable durances,	19/102/3/3/		Form 990 (2016)

	0 (2016)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1,	Total revenue (must equal Part VIII, column (A), line 12)	1		1,78	32,2	212.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,54	19,1	197.
3	Revenue less expenses Subtract line 2 from line 1	3		23	33,0	015.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,40	03,0	082.
5	Net unrealized gains (losses) on investments	5		40	31,0	011.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	1	0,06	57,1	108.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				_	
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaır	ווו			
	Schedule O		j			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con					
	reviewed on a separate basis, consolidated basis, or both			l		
	Separate basis Consolidated basis Both consolidated and separate basis			ļ		
b	Were the organization's financial statements audited by an independent accountant?			2b		X
_	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis		1			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	vers	iaht			
Ū	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c		l
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O			1		
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ւտ	Ì		
	the Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		II.	3b		
				Form	990	(2016)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047
2016
Copen to Publications (1)

Name of the organization JEWISH COMMUNITY FOUNDATION OF THE JEWISH Employer identification number
FEDERATION COUNCIL OF GREATER LA GROUP 37-1858193

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The	orga	anization is not a private fou	ndation because if	is (For lines 1 through	gh 12, ch	eck only	one box)								
1		A church, convention of chi	urches, or associa	tion of churches desc	rıbed ın s	ection 1	70(b)(1)(A)(i).								
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ))								
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).								
4		A medical research organia	zation operated in	conjunction with a ho	spital de	scribed ii	n section 170(b)(1)(A)	(iii). Enter the							
		hospital's name, city, and s		•			, , , , ,	` ,							
5		An organization operated		a college or universi	y owner	d or ope	erated by a governme	ental unit described in							
		section 170(b)(1)(A)(iv). (C	Complete Part II)	-	-	·									
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).								
7			_					om the general nublic							
			organization that normally receives a substantial part of its support from a governmental unit or from the general public cribed in section 170(b)(1)(A)(vi). (Complete Part II)												
8		A community trust describe			Part II \										
9	\vdash	An agricultural research or					t in conjunction with a	land grapt college							
•		or university or a non-land-						-							
			grant conege or ag	griculture (see instruc	iions) E	iller the	name, city, and state o	i the college of							
10		An essentiation that normal	.llv ====== /1\ ==	than 22 to 0/ -f th		f									
11	An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).														
12	X														
12		An organization organized													
		of one or more publicly su													
	_	Check the box in lines 12a t													
а															
		the supported organization				ajority of	t the directors or truste	es of the							
	_	supporting organization '	·												
b	L	☐ Type II A supporting org					· ·								
		control or management of			the sam	e persor	ns that control or man	age the supported							
	_	organization(s) You must	•	•											
С		Type III functionally inte						lly integrated with,							
	_	its supported organization				-									
d	L														
		that is not functionally into						d an attentiveness							
		requirement (see instruct													
е	L	$reve{lark}$ Check this box if the orga					• • • • • • • • • • • • • • • • • • • •	I, Type III							
_	_	functionally integrated, or			porting o	organizat	tion								
f		ter the number of supported	•				• • • • • • • • • • • • • • • • • • • •	1							
_ <u>g</u>		ovide the following informati		orted organization(s)	-			,							
	(i) N	ame of supported organization	(iı) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	listed in yo	organization ur governing	, ,, ,	(vi) Amount of other support (see							
1	\'TT <i>T</i>	ACHMENT 1		above (see instructions))	Yes	No	instructions)	instructions)							
/ A \															
(A)															
 (B)						_									
	_	 -													
(C)		_													
D)															
(E)															
		· · · · · · · · · · · · · · · · · · ·													
Tota	al _						60,781.								

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

Schedule A (Form 990 or 990-EZ) 2016

	JEWISH COMMUN	ITY FOUNDATION OF THE JEWI	SH 37-1858193
Schedule A (Form 990 or 990-l	EZ) 2016		Р.
(Complete	only if you checked the box	Described in Sections 170(b)(1)(on line 5, 7, or 8 of Part I or if the cfy under the tests listed below, please	organization failed to qualify under

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	(4) 2012	(5),2010	(0) 2011	(4)25.0	(4) 20.0	(i) rola
	membership fees received (Do not include any "unusual grants ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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)						
11	Total support. Add lines 7 through 10			<u> </u>			
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years If the Form 990 is forganization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2016 (lie						%_
15	Public support percentage from 2015						%
16a	331/3% support test - 2016. If the o						
	this box and stop here. The organization						
C	331/3% support test - 2015. If the of check this box and stop here. The organization	-					
17a	10%-facts-and-circumstances test - 2		-				
	10% or more, and if the organization		-				
	Part VI how the organization meets t						•
	organization			•	•	•	∴ > □
b	10%-facts-and-circumstances test - 2	2015. If the or	ganization did r	ot check a bo	x on line 13, 16	Sa, 16b, or 17a.	, and line
	15 is 10% or more, and if the orga	anization meet	s the "facts-an	d-circumstances	s" test, check t	his box and st	op here.
	Explain in Part VI how the organization	on meets the	"facts-and-circur	mstances" test	The organization	on qualifies as a	a publicly
	supported organization						
18	Private foundation. If the organization						
	instructions		<u> </u>	<u> </u>		<u></u>	<u> ▶ </u>

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)

Sect	tion A. Public Support						
Calen	idar 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						
7	organization's benefit and either paid					ļ	
	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				 	<u> </u>	
7 a	Amounts included on lines 1, 2, and 3					i l	
	received from disqualified persons						
D	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)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,]	
	rents, royalties and income from similar					[
h	Unrelated business taxable income (less						
IJ	·						
	section 511 taxes) from businesses				ļ		
	acquired after June 30, 1975						
, c	Add lines 10a and 10b			ļ			
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		i l			ļ	ı
	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	or the organiza	tion's first, seco	nd third fourth	or fifth tax v	ear as a section	501(c)(3)
, -	organization, check this box and stop here.	=			-		, , , , , _
Sec	tion C. Computation of Public Sup						
	Public support percentage for 2016 (line 8,			mn /f\)		1.5	0/
15						15	%
16	Public support percentage from 2015 Sche			<u> </u>	. :	16	%_
	tion D. Computation of Investmer					T.TT	
17	Investment income percentage for 2016 (lin		•			17	%_
18	Investment income percentage from 2015	Schedule A, Part	III, line 17			18	
19 a	331/3% support tests - 2016. If the org	ganization did ni	ot check the box	c on line 14, and	d line 15 is moi	re than 331/3%, a	and line
	17 is not more than 331/3%, check the	s box and stop	here. The org	anization qualifies	s as a publicly	supported organi	zation 🕨 🔙
b	331/3% support tests - 2015. If the orga	nization did not	check a box on	line 14 or line 19	9a, and line 16 i	s more than 331/	3 %, and
	line 18 is not more than 331/3%, check	this box and si	top here. The or	ganization qualifi	es as a publicly	supported organi	zation >
20	Private foundation. If the organization		•	•			
===							

Supporting Organizations

(Complete only if you checked a box in line 12 on 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	<u>(V)</u>		
Section	on A. All Supporting Organizations		·	Υ
			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	Х	
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		Х
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		Х
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		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in 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		х
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		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes." explain in 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		X
b c	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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 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	X	-
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		Х
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	_8_		Х
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		Х
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		К
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		Х
10 a	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	10-		
b	supporting organizations)? If "Yes," answer 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a	├	1.
U	determine whether the organization had excess business holdings)	10Ь	Ì	Ì

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	<u> </u>	<u>-</u>
1 Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization			,
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	11		
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	1 1		
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)	4-		
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	·· ··· ····	Correct Vers
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		<u> </u>
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions)	y integra	ited Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2016

Part	Type III Non-Functionally Integrated 509(a)(3) \$	Supporting Organizat	ions (continued)								
Secti	on D - Distributions			Current Year							
1_	Amounts paid to supported organizations to accomplish ex	kempt purposes									
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed								
	organizations, in excess of income from activity										
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations								
4	Amounts paid to acquire exempt-use assets										
5	Qualified set-aside amounts (prior IRS approval required)										
6	6 Other distributions (describe in Part VI) See instructions										
7	7 Total annual distributions. Add lines 1 through 6										
8	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										
			(11)	(iii)							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016							
1	Distributable amount for 2016 from Section C, line 6										
	Underdistributions, if any, for years prior to 2016										
2	(reasonable cause required-explain in Part VI) See										
	instructions										
3	Excess distributions carryover, if any, to 2016										
a											
b											
С	From 2013										
d	From 2014	7.									
е	From 2015										
f	Total of lines 3a through e										
g	Applied to underdistributions of prior years										
h	Applied to 2016 distributable amount										
-	Carryover from 2011 not applied (see instructions)										
j	Remainder Subtract lines 3g, 3h, and 3i from 3f		- <u></u> -								
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 For result										
	greater than zero, explain in Part VI. See instructions										
6	Remaining underdistributions for 2016 Subtract lines 3h										
	and 4b from line 1 For result greater than zero, explain in										
	Part VI See instructions										
7	Excess distributions carryover to 2017 Add lines 3										
	and 4c										
8	Breakdown of line 7										
_ a											
b	Excess from 2013	 									
c	Excess from 2014	 									
d	Excess from 2015			 							
e	Excess from 2016	 -									
	LACESS HUIII 40 IU	<u> </u>		<u> </u>							

Schedule A (Form 990 or 990-EZ) 2016

Page 8

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)

SCHEDULE A, PART IV, SECTION A, LINE 6

THE JEWISH COMMUNITY FOUNDATION OF THE JEWISH FEDERATION COUNCIL OF GREATER LA GROUP IS A TYPE I SUPPORTING ORGANIZATION WHICH CONSISTS OF FOUR TYPE I SUPPORTING ORGANIZATIONS THAT OPERATE UNDER THE CLOSE SUPERVISION AND CONTROL OF THEIR SUPPORTED ORGANIZATION, JEWISH COMMUNITY FOUNDATION OF THE JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES (JCF). A MAJORITY OF EACH ENTITY'S BOARD OF DIRECTORS IS DESIGNATED BY JCF. THE JEWISH COMMUNITY FOUNDATION OF THE JEWISH FEDERATION COUNCIL OF GREATER LA GROUP PROVIDES GRANTS AND CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS IN FURTHERANCE OF JCF'S MISSION. THE JEWISH COMMUNITY FOUNDATION OF THE JEWISH FEDERATION COUNCIL OF GREATER LA GROUP ONLY PROVIDES GRANTS TO PUBLIC CHARITIES AS DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(C)(3) AND 170(B)(1)(A) (OTHER THAN CLAUSE VII) AS STATED IN EACH GROUP MEMBER'S BYLAWS. ALL GRANTS MADE ARE APPROVED BY THE BOARD OF THE GRANTING GROUP MEMBER, THE MAJORITY OF DIRECTORS ARE DESIGNATED BY JCF. ONCE A GRANT IS APPROVED BY THE BOARD, THE CHECK IS WRITTEN AND SIGNED BY A BOARD MEMBER OF THE GRANTING GROUP MEMBER, AS WELL AS BY AN OFFICER OF JCF OR THE JCF SUPPORT FOUNDATION ACCOUNT EXECUTIVE, WHO IS ALSO AN OFFICER OF THE GRANTING GROUP MEMBER.

			ATTACHMENT 1			
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED	<u>ORGANIZATIO</u>	NS			
		(III) TYPE OF	(17)	V) AMOUNT OF	(VI) OTHER	
/I NAME OF SUPPORTED GREATIZATION	ULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS (III) TOPE OF (IV) V) AMOUNT OF E OF SUPPORTED ORGANIZATION YES NO SUPPORT (III) TOPE OF (IV) V) AMOUNT OF SUPPORTED ORGANIZATION YES NO SUPPORT (III) TOPE OF (IV) V) AMOUNT OF SUPPORTED ORGANIZATION YES NO SUPPORT (III) TOPE OF (IV) V) AMOUNT OF SUPPORTED ORGANIZATION YES NO SUPPORT	. UPPORT AMOUNT				
THE INDUITY FOURDATION	e 111 (· /		· (, * 1		
TAL MOUNT OF UPPORT						

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number | Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

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

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

Open to Public Inspections

FEDERATION COUNCIL OF GREATER LA GROUP 37-1858193 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 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . . 3 Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes 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 Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year Total number of conservation easements 2a 2b b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register........... 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items 1a 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 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 Schedule D (Form 990) 2016

Sched	ule D (Form 990) 2016											Pa	age 2
Par		g Colle	ctions of	Art, Hist	orical T	reasur	es, c	or Oth	er Simila	ar Asse	ts (cont		
	Using the organization's acquisition												
	collection items (check all that apply					•			•	_			
a	Public exhibition	•		d [Loan o	r excha	ange (progran	ns				
b	Scholarly research			е 🗀	Other								
c	Preservation for future gener	ations		L				-					_
4	Provide a description of the organ		collections	and expla	in how t	hev fur	ther	the ord	anization'	s exemp	purpose	e in I	Part
•	XIII					,			,				
5	During the year, did the organizatio	n solicit c	or receive o	donations of	fart histo	orical tr	easur	es. or o	other simil	ar			
-	assets to be sold to raise funds rath									_	Yes		No
Par				<u> </u>	-								
	Complete if the organization			s" on Form	990, Pa	art IV, I	ine 9	, or re	ported ar	amoun	t on For	m	
	990, Part X, line 21					•			•				
	Is the organization an agent, truste	e. custoc	dian or other	er intermed	arv for c	ontribut	tions	or other	assets no	ot .			
	included on Form 990, Part X?				•					_	Yes		No
b	If "Yes," explain the arrangement in	n Part XII	l and com	olete the fol	lowing tab	ole							
_					J				A	mount			
С	Beginning balance						1c						
	Additions during the year												
	Distributions during the year					1							
f	Ending balance						1f						
	Did the organization include an am							stodial	account lia	bility?	Yes	\top	No
	If "Yes," explain the arrangement in									, _			
Par					 					 -		·	
gr en	Complete if the organizat	ion ansv	vered "Ye	s" on Form	1 990. Pa	art IV. I	ine 1	0.					
			rrent year	(b) Prio		(c) Tw			(d) Three	ears back	(e) Four	years t	 back
1.0	Reginaring of year balance												
1a	Beginning of year balance Contributions								-				
b													
С	Net investment earnings, gains,												
	and losses												
	Grants or scholarships					 -							
е	Other expenditures for facilities												
	and programs									~			—
· ·	Administrative expenses												—
9	End of year balance			and balance									
2 a	Provide the estimated percentage Board designated or quasi-endown	or the cu	rrent year	end balanci %	e (line ig,	Column	ı (a))	neio as					
b		%		_ ′ °									
	Temporarily restricted endowment		%										
·	The percentages on lines 2a, 2b, a			100%									
3 a	Are there endowment funds not in				ition that	are hel	d and	d admir	ustered for	the			
Ju	organization by	the poss	0001011 01 (no organiza	mon mar	are ner	u anc	, admin	ilotered for	uic	ſ	res	No
	(i) unrelated organizations										3a(i)		
	(ii) related organizations										3a(ii)	_	
h	If "Yes" on line 3a(ii), are the relate										3b	-+	
4	Describe in Part XIII the intended i	_					• • •			• • • • •			
102	t VI Land, Buildings, and Equ	ipment	.c organiza	3 61100	···iiieiit iul								
1	Complete if the organiza	tion ans	wered "Ye	es" on Fore	n 990, F	Part IV,	line	<u>11a. S</u>	ee Form	990, Pa	rt X, line	10.	
	Description of property		(a) Cost o	r other basis	(b) Cost o	or other ba	3518		umulated eciation	_(d) Book val	ue	
1a	Land			ounerly	- (0	ATTEN]	-+	<u>uepri</u>	ecialio(1				
, p	Buildings						-+						
٠	Leasehold improvements						-+						
ď	Equipment						-+		-				
e	Other				-		+						
	I. Add lines 1a through 1e (Column			m 000 Dad	V och	n /01 /-	10 10						
Tota	i. Add lines la miough le (Column	(u) musi	equal ron	n 990, Pan	A, COIUMI	ıı (<i>0), III</i>	10 TU	· /	<u></u> ▶				

Schedule D (Form 990) 2016

		TY FOUNDATION C	OF THE JEWISH 37-1858193
Schedule D (F	Investments - Other Securities.		P
Fart VII		d "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) Financia	al derivatives		
	-held equity interests		
(3) Other_		11 100 202	
	MON INVESTMENT POOL	11,482,323.	FMV
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
	nn (b) must equal Form 990, Part X, col (B) line 12)	11,482,323.	
Part VIII	Investments - Program Related.		
•	Complete if the organization answered	d "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)			
<u>(7)</u>			<u> </u>
(8)		 	
(9)	nn (b) must equal Form 990, Part X, col (B) line 13)		
Rart IX	Other Assets.		
PRAILIA		d "Yes" on Form 990	0, Part IV, line 11d See Form 990, Part X, line 15
		escription	(b) Book value
(1)		·	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	lumn (b) must equal Form 990, Part X, col (B)	ııne 15)	<u></u>
^ĕ Part≀X	Other Liabilities. Complete if the organization answered line 25.	d "Yes" on Form 990	0, Part IV, line 11e or 11f See Form 990, Part X,
	(a) Description of liability	(b) Book valu	100
1. (1) Fede	ral income taxes	(D) BOOK VAIL	
	TO JEWISH COMMUNITY FOUNDATION	66	203.
(3)	15 32.101 COMMITTEE COMMITTEE	- 30,	
		_	

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO JEWISH COMMUNITY FOUNDATION	66,203
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X col (B) line 25) ▶	66,203.

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

Schedule D (Form 990) 2016 JEWISH COMMUNITY

Fart XIII Supplemental Information (continued)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ➤ Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

JEWISH COMMUNITY FOUNDATION OF THE JEWISH

Employer identification number

EDDERATION COUNCIL OF GREATER LA GROUP

37-1858193

	ERATION COUNCIL OF GREA			nited Clates Consider 5	(the ergonization engine	
Part	Form 990, Part IV, line 14b	o				eu res on
1	For grantmakers. Does the organ	nization mainta	in records to s	ubstantiate the amount of	its grants and other	
	assistance, the grantees' eligibilit				•	✓ Yes No
	grants or assistance?				L	1co []NO
	For grantmakers. Describe in assistance outside the United Sta		ganization's pr	rocedures for monitoring	the use of its grants a	and other
3	Activities per Region (The follow					<u> </u>
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
	MIDDLE EAST AND NORTH AFPICA			GFAUTNAK ING		25,050
(2)						
(3)						
(4)						
(5)						
<u>(6)</u>						
<u>(7)</u>		 		1		-
(8)		<u> </u>				
(9)						
(10)						
<u>(11)</u>			1			
<u>(12)</u>						<u> </u>
(13)						
(14)						
(15)						
(16)						
(17)		 			_	c , n= n
3a b	Total from continuation					-,111
c	sheets to Part I		 			. 150

Scheaule F (Form 990) 2018

(i) Method of valuation (book FMV, appfaisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 (h) Description of noncash assistance (g) Amount of noncash assistance 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 (f) Manner of cash disbursement 7,15 10,000 (e) Amount of cash grant (d) Purpose of grant SHPPOFT SEITEFAL ITCELE ERSTYNCHTH REFICE (c) Region (b) IRS code section and EIN (if applicable) Enter total number of other organizations or entitles. (a) Name of organization Part (10) (11) (12)(13) (14) (15) (16) N က Ξ (2) <u>@</u> 4 (5) (9) ϵ (8) 6)

JSA 3E1275 1 UOO JECUME _ OOO

Schedule F (Form 990) 2016

Page 3

JEWISH COMPOSITE FOUNDATION OF THE JEWISH

Schedule F (Form 950) 2016

Schedute F (Form 990) 2016 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed (h) Method of valuation (book FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Parti (3) Ē <u>2</u> € 9 9 8 (8) (10) (11) (12) (13) 6 (1+) (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)		⁄es X	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, do not file with Form 990)	Y	res X	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)	Y	r'es X	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)	Y	Yes X	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)	Y	res X	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, do not file with Form 990)	Y	Yes X	No

Schedule F (Form 990) 2016

Scheddle F (Folili 990) 201

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).

ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US SCHEDULE F, PART I, LINE 2

ALL GRANTS IN SCHEDULE F ARE TO DOMESTIC 501(C)(3) ORGANIZATIONS THAT

PROVIDE GRANTS OR OTHER ASSISTANCE TO DESIGNATED FOREIGN ORGANIZATIONS.

THE MAJORITY OF GRANTS ISSUED BY THE GROUP ARE FOR GENERAL OPERATIONS FOR THE PERIOD OF ONE YEAR. WHEN A GROUP MEMBER ISSUES A MULTI-YEAR GRANT FOR A SPECIFIED PURPOSE, A GRANT AGREEMENT IS PREPARED BETWEEN THE GROUP MEMBER AND THE GRANTEE DETAILING BENCHMARKS THAT MUST BE ACHIEVED BY THE GRANTEE. THE AGREEMENT IS MONITORED AND THE GRANTEE MUST SHOW FULFILLMENT OF BENCHMARKS WITH A WRITTEN REPORT PRIOR TO RECEIVING THE NEXT INSTALLMENT OF THE GRANT.

METHOD OF ACCOUNTING

SCHEDULE F, PART II

THE CASH METHOD OF ACCOUNTING WAS USED TO DETERMINE THE AMOUNTS IN PART

_	
ш	
	_
_	0
\neg	Ō
=	ő
\Box	٠,
ш	_
	=
I	
()	0
\simeq	и.

Department of the Treasury

Internal Revenue Service

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.

2016	Idud of nedo	Inspection

OMB No 1545-0047

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

Employer identification number 37-1658193

Š

Name of the organization	zation	E	WISH	COMMU	ILTY	JEWISH COMMUNITY FOUNDATION OF THE JEWISH	OF	THE	JEWISH
FEDERATION COUNCIL OF GREATER LA GROUP	COUN	CIL	OF G	REATER	LA	GROUP			
Part Gen	eral In	form	ation	on Grar	ıts an	General Information on Grants and Assistance			

..... X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance?

(1)	1		,	
		-		
	501.C1 31	9e, 103		DENERAL SUPPORT
TEAT H A GARATTE ETT. 11 S 100; 20 1512;	1 5 12	38,135		GENERAL SUPPORT
.II. HIRE BET F. 27E				
	501(5)(3)	60,751		CENERAL SUFFORT
(4) Tell, H. LEIFE, TOUL A SPENCE D. C. CASELES				
1. 11.2HINE FL T 15, 74 . 40 .	°01 (C) (3)	112, 500		CELLERAL SUPPOPT
(5) 3 SHOEDER VENT H P WE HAN CAS FILLS				
\$64.1- F. RESEER, F. SOL	501(5, (3)	57, 000		HEL SUFFICET
(6) 1-21 - 10 (11 - 21 10				-
1, 2, 1, AIL, WIFE BL FI CATTE 1 LF, CF 30, C4 LS-1250601 5 41	5 11,0, (5,	20,00		CE JERAL SHEPOFT
(7) in 10, 11, 12, 12, 12, 12, 12, 12, 12, 12, 12	-			
501 STELLHIBE BITTE . L. 4. 2. 4. 2. 55-1.31011 SOI	501(0)(3)	000,0		CENERAL OF PRIFT
(8) TELLS E CHE LE CONTRACTOR CON				
-114 ENGLY, 4: bel'EFI: FILLS, CA 33233	\$31 (C) (3)	0,579		GENERAL SUPPOFI
(9) = hELLIEN ONENTER LOS SUSEES				
4 1 . IL. AIGE ELYT TTE 4	5017313,	7,500		GEHERAL LUFFORT
(10) NALE EFFOR ILLITATE, 2002				
1 1-18 150 NE 150, 15, 15 1 1 1-18 143 501	501,0) (7)	10,0.0		GENERAL SUPPLET
(11) in the second seco				
201 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	501 (5) (3)	10,000		SELEFFL SHFPOFT
(12) : h FE				
100 100 100 100 100 100 100 100 100 100	591(0)(3)	10,0,0		CELERAL SI PPOPT

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 5E1188 1 030

0526MF 2020

PAGE 36

Schedule I (Form 990) (2016)

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

ONIB No 1545-0047

identification number

Š

(056 1110 1)	Governments, and individuals in the Onlied States	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	
Canadamant of the Transcorp	► Attach to Form 990.	oi uado
Internal Revenue Service	▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	jädsul
Name of the organization	JEWISH COMMUNITY FOUNDATION OF THE JEWISH	Employer identification numbe
FEDERATION COUR	FEDERATION COUNCIL OF GRESTER LA GROUP	37-1658193
Parti General I	Part I General Information on Grants and Assistance	
1 Does the organı	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 crit	the selection criteria used to award the grants or assistance?	X Yes
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed.

Part

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
		,					
CONTROL OF THE PARTY OF THE PAR	517-40	5 11 (C) (3)	10, 000				GENERAL SUPPLIAL
(2) h 171 6					•		
THING IT THEET SITE OF THE MALL	4-1-304.5	Ev1 (2) (3)	7,5011				TREAL SUPE 16T
(3),							
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1-2-1-1	151 511 5	10,041				1014 0 752120
(4) 1					,		
1 3 He LER 27 7 7 5 5.27 76 6.27	מי מי חיי	(8.1/2) (2)	7, 5, 10				_ 57.44. S TERBIBE
יביביי בג פער בנם נון מיו							
T F. 11 6 TH. B. 1	1.1-364.1.5	3,1(2 3,	25,000				GELIERA, TUPPTE
י דייארק -בוקבאר בי פונו י (6)							
ייניה אני "פַּבְּדֵנֵיהַ בַּרֵנֵ זְיִים דַּבְּנֵונִים בַּי	Data to Lucoll	5(1(5)(1)	16, 040				THORES STEELES
THE RESIDENCE OF SECTION OF SECTION OF SECTION AND SECTION OF SECT							
POPULATION STATE TO STATE A STATE OF THE STA	-5-c.0, 074	5 (2) 13 (ມະ, ກາຍ				GENERAL SUFFCET
(8) LET, H. NEW THE WILLIAM SECTION OF THE LEGIS							
ייין אין אין יינדניי הושייש אין ידי ידי ידי ידי ידי ידי ידי ידי ידי י	27-326-004	5.1 (0) (3)	11, 000				CE TERMI CIPPOFT
ABUTATES - 4 1 500 1540 - 11:- 1321.0 (8)							
THE TOTAL STATE OF THE STATE OF	-41 - £0.	5.1 7 13.	10,000				JEHENAL SHEELET
			1				
(11)							
(12)	·		-				
2 Enter total number of section 501(c)(3) and governm	government o	rganizations lis	ent organizations listed in the line 1 table.	al		A : : : : : : : : : : : : : : : : : : :	21.
3 Enter total number of other organizations listed in the line 1 table	ed in the line	1 table	•			A	

JS. 6E1288 1 000

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

0526NF 1020

Schedule I (Form 990) (2016)

Page 2

Schedule I (Form 990) (2018)

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 Park

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV appraisal other)	(f) Description of non-cash assistance
-						
2						
က						
4						
5						
9						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	nformation re	quired in Part I, I	ine 2, Part III, c	olumn (b), and any o	ther additional

ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS IN THE US

SCHEDULE I, PART I, LINE 2

THE MAJORITY OF GRANTS ISSUED BY THE GROUP ARE FOR GENERAL OPERATIONS FOR

THE FERIOD OF ONE YEAR, WHEN A GROUP NEMBER ISSUES A MULTI-YEAR GRANT FOR

A SPECIFIED PURPOSE, A GRANT AGREEMENT IS PREPARED BETWEEN THE GROUP

NENEER AND THE GRANTEE DETAILING BENCHWARKS THAT NUST BE ACHIEVED BY THE

THE AGREENENT IS MONITORED AND THE GRANTEE MUST SHOW FULFILLMENT GREUTEE

OF BENCHMERKS WITH A WRITTEN REPORT PRIOR TO RECEIVING THE NEXT

INSTALLMENT OF THE GRANT.

Schedule I (Form 990) (2016)

PAGE 36

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

➤ Attach to Form 990.
➤ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FEDERATION COUNCIL OF GREATER LA GROUP

JEWISH COMMUNITY FOUNDATION OF THE JEWISH

Employer identification number

37-1858193

Pärt	Questions Regarding Compensation			
		$\overline{}$	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	l		
	First-class or charter travel Housing allowance or residence for personal use			ļ
	Travel for companions Payments for business use of personal residence	(İ	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			}
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
_	explain	1b		ļ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a ⁷	2		<u> </u>
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			
	Compensation committee Written employment contract			i
	Independent compensation consultant Compensation survey or study			ļ
	Form 990 of other organizations 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			
а	• • • • • • • • • • • • • • • • • • • •	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			1
а	The organization?	5a		X
b	Any related organization?	5b		Х
	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			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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 nonfixed			1
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Pagulations section 53 4058-8(c)?	اما		

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

Schedule J (Form 990) 2016

Schedule J. Form 990, 2016

Page 2 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 aren't 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

Individual								
		(B) Breakdown c	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(ui) Other reportable compensation	other deferred compensation	benefits	(B)(I)+(D)	in column (B) reported as deferred on prior Form 990
DAVID CARFOLL	Ξ	0.	0	0	0	0	0	0.
4.1 e todalden thes, ses	<u>(E)</u>	200,278.	0	0	2,625.	17,620.	220,523.	0.
	Ξ	0	0.	.0	0.	0.	0	0.
20 CFE12A DIRECTOR	Œ	384,910.	20,000.	6,388.	103,595.	19,201.	534,094.	0.
SUSSI MATTISINKO	Θ	0	0	0.	0.	0	0	0.
3- JITHIT SECHETHES	(E)	176,065.	2,000.	0	9,000.	.88	190,153.	0.
	(i)							
7	Œ							
	Θ							
5	(ii)							
	(1)							
ĝ	3							
	Θ							
7	3							
	ε							
8	(ii)							
	Ξ							
o	(ii)							
	Θ							
10	Ξ							
	Ξ							
11	Ξ							
	3							
12	3							
	3							
13	3							
	Ξ							
ग्र	Ξ							
	3							
	Ξ							
	3							
16	Ξ							

681291 1.000 052 6MF 2020

PAGE 40

Schedule J (Form 990) 2016

Scheutile J (Form 950), 2016

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

Schedule J (Form 990) 2016

PAGE 41

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990

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

OMB No 1545-0047

2016

Open To Publications

Department of the Treasury Internal Revenue Service Name of the organization

JEWISH COMMUNITY FOUNDATION OF THE JEWISH

Employer identification number

FEDERATION COUNCIL OF GREATER LA GROUP 37-1858193 Types of Property (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on Form 990, Part VIII, line 1g applicable items contributed noncash contribution amounts Art - Works of art. Art - Historical treasures Art - Fractional interests Books and publications Clothing and household 6 Cars and other vehicles 7 Boats and planes....... Intellectual property Securities - Publicly traded Χ 1,416,964. FMV 9 10 Securities - Closely held stock . . . Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution - Historic structures Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other Collectibles. 18 19 Food inventory...... 20 Drugs and medical supplies 21 22 Historical artifacts . . . , 23 Scientific specimens..... Archeological artifacts..... 24 25 Other ►(26 Other ►(27 Other ►(28 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 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 isn't required Х b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Κ b If "Yes," describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Schedule M (Form 990) (2016)

Schedule M (Form 990) (2016)

Part II

Page 2

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.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶Attach to Form 990 or 990-EZ.

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Publica

Name of the organization

JEWISH COMMUNITY FOUNDATION OF THE JEWISH

Employer identification number 37-1858193

FEDERATION COUNCIL OF GREATER LA GROUP

SCHEDULE OF CONTRIBUTORS

FORM 990, PART IV, LINE 2

THE TRENA & STANLEY GREITZER FAMILY FOUNDATION AND LEONARD & ANNETTE SHAPIRO FOUNDATION ARE REQUIRED TO COMPLETE SCHEDULE B.

THE SHIRLEY & BURT HARRIS FAMILY FOUNDATION AND THE LEVEY CHERRY FOUNDATION ARE NOT REQUIRED TO COMPLETE SCHEDULE B.

FOREIGN GRANTMAKING

FORM 990, PART IV, LINE 14B AND LINE 15

THE SHIRLEY & BURT HARRIS FAMILY FOUNDATION AND LEONARD & ANNETTE SHAPIRO FOUNDATION HAD AGGREGATE EXPENSES OF MORE THAN \$10,000 AND REPORTED GRANTS TO FOREIGN ORGANIZATIONS.

THE TRENA & STANLEY GREITZER FAMILY FOUNDATION AND THE LEVEY CHERRY FOUNDATION DID NOT HAVE AGGREGATE EXPENSES OF MORE THAN \$10,000 NOR PEPORTED GRANTS TO FOREIGN ORGANIZATIONS.

HON-CASH CONTRIBUTIONS GREATER THAN \$25,000

FORM 990, PART IV, LINE 29

LEONARD & ANNETTE SHAPIRO FOUNDATION RECEIVED NON-CASH CONTRIBUTIONS GREATER THAN \$25,000.

THE TRENA & STANLE! GREITZER FAMIL'I FOUNDATION, THE SHIRLE! & BURT HARRIS

Employer identification number 37-1858193

FAMILY FOUNDATION, AND THE LEVEY CHERRY FOUNDATION DID NOT RECEIVE HON-CASH CONTRIBUTIONS GREATER THAN \$25,000.

FAMILY OR BUSINESS RELATIONSHIPS

FORM 990, PART VI, LINE 2

STANLEY GREITZER, TRENA GREITZER, BONNIE BARG, AND RONALD GREITZER HAVE A FAMILY RELATIONSHIP.

JANIE HARRIS HANSEN, BURT HARRIS, NATALIE STORIE AND MELISSA HARRIS ZATZKIS HAVE A FAMILY RELATIONSHIP.

MARK LEVEY, NANCY LEVEY CHERRY, AND ALAN LEVEY HAVE A FAMILY RELATIONSHIP.

ANNETTE SHAPIRO, LEONARD SHAPIRO, ILYSE TELLER, LORI SHAPIRO, AND JOEL SHAPIRO HAVE A FAMILY RELATIONSHIP.

DESCRIPTION OF CLASSES OF PERSON AND THE NATURE OF THEIR RIGHTS FORM 990, PART VI, LINE 7 A

THE JEWISH COMMUNITY FOUNDATION OF THE JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES (JEWISH COMMUNITY FOUNDATION), THE SUPPORTED ORGANIZATION, HAS THE AUTHORITY TO ELECT THE MAJORITY OF THE GOVERNING BOARD OF EACH GROUP MEMBER.

COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY FORM 990, PART VI, LINE 8 B

FEDERATION COUNCIL OF GREATER LA GROUP

THE ORGANIZATION HAD NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11 B

THE FORM 990 IS COMPILED BY JEWISH COMMUNITY FOUNDATION'S TAX ACCOUNTING FIRM AND REVIEWED BY THE JEWISH COMMUNITY FOUNDATION ACCOUNTING STAFF AND SENIOR VP OF FINANCE AND ADMINISTRATION. THE PUBLIC INSPECTION COPY, IN ORDER TO PROTECT DONOR CONFIDENTIALITY, IS THEN E-MAILED TO EACH GROUP MEMBER'S BOARD AND A COMPLETE COPY OF THE FORM 990 IS SUBSEQUENTLY FILED.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST FORM 990, PART VI, LINE 12 C

EACH GROUP MEMBER'S WRITTEN CONFLICT OF INTEREST POLICY IS SENT TO AND REQUIRES OFFICERS, DIRECTORS, AND COMMITTEE MEMBERS TO DISCLOSE, ON AN ONGOING BASIS (E.G., ANNUALLY), POTENTIAL CONFLICTS FOR THEMSELVES AND THEIR FAMILY MEMBERS. THE PRESIDENT/CEO AND CFO OF JEWISH COMMUNITY FOUNDATION, A RELATED ORGANIZATION, REVIEW ANY DISCLOSED CONFLICTS AND SUBMIT ACTUAL OR POTENTIAL CONFLICTS TO THE BOARD OF THE JEWISH COMMUNITY FOUNDATION FOR REVIEW.

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC FORM 990, PART VI, LINE 19

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII

ALL COMPENSATED OFFICERS WORK FOR JEWISH COMMUNITY FOUNDATION AND AS SUCH ARE COMPENSATED BY JEWISH COMMUNITY FOUNDATION FOR THEIR SERVICES. THE JEWISH COMMUNITY FOUNDATION'S COMPENSATION COMMITTEE REVIEWS AND APPROVES EXECUTIVE MANAGERS' COMPENSATION. OTHER DIRECTORS ARE VOLUNTEERS AND AS SUCH ARE NOT COMPENSATED FOR THEIR SERVICES.

FORM 990, PART IX, LINE 1 AND 3, SCHEDULE A, PART I; SCHEDULE F,
PART II AND SCHEDULE I, PART II

AMOUNTS REPORTED ON PART IX, LINE 1 AND 3 REPRESENT GRANTS AND
CONTRIBUTIONS EXPENSE ACCRUED FOR GAAP PURPOSES IN THE GROUP MEMBERS'
BOOKS AND RECORDS. AMOUNTS REPORTED ON SCHEDULE A PART I, SCHEDULE F,
PART II AND SCHEDULE I, PART II REPRESENT GRANTS AND CONTRIBUTIONS PAID
DURING THE YEAR.

FORM 990, PART XII, LINE 2 C

JEWISH COMMUNITY FOUNDATION'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR

OVERSIGHT OF THE CONSOLIDATED AUDIT AND SELECTS AN INDEPENDENT AUDITOR ON

BEHALF OF THE GROUP MEMBERS.

37-1855193

SCHEDULE R (Form 990)

Department of the Trausury Internal Revenue Service Name of the organization

JEMISH COMMUNITY FOUNDATION OF THE JEWISH

FEDERATION COUNCIL OF GREATER LA GROUP

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

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

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

Employer identification number

37-1856193

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

(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) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(9)					

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

(a) Name, address, and EIN of related organization	ated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	b)(13) d
	_						Yes	o N
(1) carta . Lill. z .415-716.1	33-0782972							
e535 . ILLAIRE BL'T, SUITE 12.	Stone to select str	GENERAL SUPT	CĀ	501(C)(3)	12, I	JCF	Х	
(2) FILE . BUILL LEVINE FOLHFAIL	95-4199489							
COUC WILSHIFE BL'D, SUITE .2.	LOS ALGELES, Cº 90048	GENERAL SUPT	C.P.	501(C)(3)	12, I	JCF	Y	
(3) אי ב האראפן פויוו בני	95-4068700							
e'us willstike bi'p, stife	LCS AMSELES, CA 90048	GENERAL SUPT	C.A.	501(C)(3)	12, I	JCF	X	
(4) TELLIA FEDERATION COULCIL JE GREATER LA	3.14 95-1643388							
(E) S WILSHIRE BLYD	LOS 41,2ELES, CP 90046	GENERAL SUPT	CA	501 (C) (3)	7	N/A		×
(5) radi equipation	95-4105774							
ATOL WILLHIKE BL'D, COIDE LLIC.	135 A'GELES, CA 90048	GENERAL SUPT	CA	501 (C) (3)	12, I	JCF	X	
(6) NUNTERS FAILS FOUNTAILS	95-4684563							
. S . WILLHIFE BLVD, SHITE 1.	LUS AUGELES, CA 90040	GENERAL SUPT	CA	501(C)(3)	12, I	JCF	X	į
(7) TEE NITHER PROPERTY OF THE PROPERTY (4)	.: 01-0734263							
CAN'E WILSHIRE BL C, SUITE IL.	LOS ALGELES, CP 90048	GENERAL SUPT	A.	501(C)(3)	12, I	JCF	У]	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e Instructions for Form 990.					Schedule F	Schedule R (Form 990) 2016	2016

Š

PAGE

SCHEDULE R (Form 990)

Name of the organization Department of the Treason, Internal Revenue Service

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

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

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

Employer identification number

37-1858193

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

JEWISH COMMUNITY FOUNDATION OF THE JEWISH

FEDERATION COUNCIL OF GREATER LA GROUP

(a) Name, address, and EIN (d applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(9)					

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 PartII

(a) Name, address, and EIN of related organization	lated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13) ed
						į	Yes	No
(1) HE OVER FRIEN FURDATION	95-4092926							
cede FILSHIRE BL'D, SUITE 1. 3	LOS MIGELES, CT 9u046	GENERAL SUPT	G.P.	501(C)(3)	12, I	JOE	×	
(2) FICHARD AND ROBERTA MARANTZ FAMIL: FEN	FE'' 95-4088934							
USOS HILSHIFE BLYD, SUITE 1107	LOS ANGELES, C% 90048	GENERAL SUPT	CA	501(C)(3)	12, I	JCF	×	
(3) FUTH & SCHIN SHIDER FOLLIFFIELD	95-4364781							
1505 AILUHIRE BLYD, SUITE 12.0	LOS ALGELES, CA 90048	GENERAL SUPT	CA	501(C)(3)	12, I	JCF	:::	
(4) CINEER FAMIL. FOUNDATION	95-4092908							
cale wilsairE alto, surm 1	LOS 2 GELES, C2 90048	GENERAL SUPT	CF	501(C)(3)	12, I	JOE	×	1
(5) The ABRASE FOUNDATION	05-0545566							
LCCD . ILSHIRE BL'D, SUITE 1_11	Lus Figeles, OF 90046	GENERAL SUPT	CA	501(C)(3)	12, I	JCF	٠,	
THE PRIME SELECTION OF THE BHE (9)	95-4455777							
COUP WILSHIFE BLYD, SUITE 120	LOS ANGELES, CF 90045	GENERAL SUPT	CA	501(C)(3)	12, I	JCF	>:	
(ד) דאני במוזאדם הארושם ביוועם אדוכו.	68-0493061							
cene wilshike BL'E, JUITE 114	LOS 21 GELES, CA 90048	GENERAL SUPT	CA	501(C)(3) 12, I	12, I	JCF	×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ne Instructions for Form 990.					Schedule	Schedule R (Form 990) 2016) 2016

6E1307 1 000 052 SMF 2020 JSA

4. W

37-1855193

SCHEDULE R (Form 990)

Department of the Treas, ry Internal Revenue Service Name of the organization

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

JEWISH COMMUNITY FOUNDATION OF THE JEWISH

FEDERATION COUNCIL OF GREATER LA GROUP

Part

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

Employer identification number

37-1858193

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

	140		(7)	13	9/
(a) Name, address, and EIN (d applicable) of disregarded entity	(b) Primary activity	Legal domicile (state or foreign country)	(u) Total income	Fnd-of-year assets	Direct controlling entity
(1)					
(2)					
(3)					
(4)					
	j				
(9)					
	:				ļ
(8)					

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

(a) Name address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						Yes No
(1) THE ELL TEL ALEL LIFTER F. THEST. 26-1573706						
GUCL WILLHINE BL E, UTIE II. LOS PROBLEO, CA 90048	GENERAL SUPT	CA	501(C)(3)	12, I	JCE	X
(2) THE HELENE . LOUTE J-LEH FLITE. FL						
ALSHIFE of 'C, STITE :_ LOS ALGELES, CP 90046	GENERAL SUPT	CA	501(C)(3)	12, I	JCF	>
(3) THE TEATSH ON HULLI TELL HANGE - 21 95-3507310						
cao will Hike BD F, Ctiff Ind Alleber, GA 90048	GENERAL SUPT	CE	501(C)(3)	PF	JOF	ÿ
(4) THE JESTSH NOTE FOR CHAFT AGE FIRST 11 95-4695562						
(5'3 AILSHIRE BL'D, STITE 12 LUS ANSELES, CA 50045	GENERAL SUPT	CA	501 (C) (3)	PF	JCF	×
(5) THE TOYCE N LEWINDER POLICE FELICE. FOR 95-4826900						
ILDaikê al ., 3 TTE LOS PLGELES, GF 90048	GENERAL SUPT	CA	501(C)(3)	12, I	JCF	Υ.
(6) THE JUL. W EEF, IARD ENISHT, FLILL FL. 80-0143565			-			
L, 5 WILSHIFE BUTE, NUITE 1 LUS RIGELES, CP 90046	GENERAL SUPT	CF	501 (C) (3)	12, I	JCF	×
(7) THE LOUIS & THEITH MILLER FALLE. FT. 95-4773791						
CAN'S WILSHINE EL'E, STITE LA LOS PROELES, CA 90048	GENERAL SUPT	C.F.	501 (C) (3)	12, I	JCF	, Y
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule	Schedule R (Form 990) 2016

052 3MF 2020

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

5	
o o	
<u>ب</u>	
35	
34,	
33,	
je.	
Ξ.	
₹	
'Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 3'	
990,	
8	96
ğ	E
Ĕ	ĕ
=,	5
Yes	tach to
-	ita
ē	Ā
š	•
Sus	
č	
읊	
1123	
Jan	
P,	
ete if the organization answered "Yes"	
Ę	
ete	
μģ	
▼ Complei	
, A	
4	

OMB No 1545-0047

37-1858193

Employer identification number

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

JEWISH CONMUNITY FOUNDATION OF THE JEWISH

FEDERATION COUNCIL OF GREATER LA GROUP

Part

Department of the Treasury
Internal Revenue Service
Name of the organization

(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) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(9)					

tification 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.
Identification of	one or more rela
	1000

101	3	10)	(5)	10)	5	(a)
name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt (Public c	Direct controlling entity	Section 512(b)(13) controlled
						Yes No
(1) THE LINE UCHITAKAI LESTERS LIFETHER FEAT 95-4250205	5					
CEUS HALLATRE BLID, SUITE LIV LOS ANGELES, CA 90046	GENERAL SUPT	C.P.	501(C)(3)	12, I	JCF	X
(2) THE MELISCH IMPAINTS HELL. FOLICATION 35-2303167	7					
LEGUE WILSAIRE BL'D, COITE 11 LOS ANGELES, CF 50045	GENERAL SUPT	CA	501(C)(3)	12, I	JCF	Х
(3) .4E . E., TOW D & SOCHELLE F BECKES FIN 95-40951	34					
FEUT UTLANTE BL'D, SUITE LIVE LOS ANSELES, CP 90048	GENERAL SUPT	C.F.	501(C)(3)	12, I	JCF	X
(4) THE PIDNICE FRANTS FUNCTION 95-4830603	e					
(5): WILSHIFE BLAC, SUITE 12: LUS PAGELES, CA 50046	GENERAL SUPT	CA	501 (C) (3)	12, I	JCF	×
(5) .HE TALEND-RALICH FORGERIT 95-4717551	1					
LONE ATTACHINE BELT, SUITE 1.1 LOS PARELES, CR 90048	GENERAL SUPT	CA	501(C)(3)	12, I	JCF	Х
(6) THE ELFE FAMILY SUPPORT FOUNTAITUS 56-2669586	٥					
CENT WILLHIRE BLID, STITE LD. LOS HIGELES, CF 90040	GENERAL SUPT	CA	501 (C) (3)	12, I	JCF	×
יוי ב הישפות הוחת וואם לה (7) (1) (1) (1) (2) (1) (1) (1)	151					
111341RE BLT, SUITE 111. LOS ANGELES, GF 90048	GENERAL SUPT	CA	501(C)(3)	12, I	JCF	X.

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

PAGE

51

Schedule R (Form 990) 2016

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

Related Organizations and Unrelated Partnerships

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

■ Attach to Form 990.

SCHEDULE R (Form 990)

Dopartment of the Treasuly Internal Revenue Service Name of the organization

JEWISH COMMUNITY FOUNDATION OF THE JEWISH

Parti

OMB No 1545-0047

Employer identification number

37-1858193

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 FEDERATION COUNCIL OF GREATER LA GROUP

(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) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(9)					

Partil	Identification of Related Tax-Exempt Organization one or more related tax-exempt organizations during	ax-Exempt Organizations. (empt organizations than	ons. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had ring the tax year.	anization answe	red "Yes" on Fo	orm 990, Part IV,	line 34 because i	t had	
	(a) Name, address, and EIN of related organization	aled organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13) ed
							,	Yes	No No
(1) .he	HE THE STILL CHARITABLE FIN	95-3924344							
1 1050	abus Willhirs alvo, suits il, o	LOS ANGELES, CA 90010	GENERAL SUPT	CA	501(C)(3)	12, I	JCF	Х	
(2) InE 3E	(2) THE SELECTE & BLALLE MASCE FULLIANTION	95-4621783							
, c680	osos wilshife BLVD, stire 1200	LOS 11GELES, Ct 50048	GENERAL SUPT	CA	501(C)(3)	12, I	JCF	×	
(3) Ing al	(3) THE STEVEN & LOTTLE ALKER FAMIL: FUL	95-4095677							
0000	obub MILSHIRE BL D, SUITE 11(3	LOS MIGELES, CA 90048	GENERAL SUPT	C.A.	501(C)(3)	12, I	JCF	×	
(4) THE T	4) THE TON & BOMERA RINGER FAMILL FOR	95-4651913							
1 30-5	chus uilseire BlvD, suite 1207	LOS P. SELES, Ch. 90046	GENERAL SUPT	CP	501(C)(3)	12, I	JCF	×	
(5) THE -	(5) THE LIEFE 3 FAMILY FOUNCATION	95-4556596						<u> </u>	
2100	COURTERING BLID, SUITE 1-1	138 PIGELES, CP 90048	GENERAL SUPT	C.P.	501(C)(3)	12, I	JCF	×	
(6) TINU!	מחווששנותסי נדשר ותאון (9)	95-4871770							
1 3 0 50	OBUS UTLISHIFE BL'D, SUITE 1	LOS ANGELES, CA 90048	GENERAL SUPT CA	CA	501(C)(3) 12, I		JCF	×	

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

CSNS UTLSAINE SL'D, SUITE יתכודקמוויה דאכפהו פטבוות (7)

6E1307 1000 0526MF 2020

Schedule R (Form 990) 2016

JCF

501 (C) (3)

CA

GENERAL SUPT

95-4571058

LOS ANGELES, CF 90048

Page 2

Section 512(b)(13) controlled entity? Schedule R (Form 990) 2016 Yes No (k) Percentage ownership (h) Percentage ownership 5 (J) General or managing partner? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year Yes No Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 (9) Share of end-of-year assets Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income (h) Dispropomenale albocations? Yes No (g) Share of end-of-year assets (e)
Type of entity
(C conp. S corp. or trust) (f) Share of total (d)
Direct controlling entity because it had one or more related organizations treated as a partnership during the tax year Predominant income (related, unrelated, excluded from tax under sections 512-514) (c) Legal domicile (state or foreign (b) Primary activity (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign (a)
Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of
related organization JSA 8E1308 1 0UO Darri Part IV (5) 4 (3) 4 (9) 5 (3) 9 Ξ 3 Ξ 9 3 $\overline{\mathbb{C}}$

SCREAMER (Full State) 2010		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Payé	က
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or	on Form 990, Part IV,	, line 34, 35b, or 36.	•		
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	Š
	ated organizations listed i	ın Parts II-IV?			>
			13	4	٠l
			일 : :	<	,
			2 ; : :	1	< =
			- 1 <u>q</u>	+	4.
e Loans or loan guarantees by related organization(s)				+	~:
f Dividends from related organization(s)			1		×
g Sale of assets to related organization(s)					$ \times $
			- 1		:3
i Exchange of assets with related organization(s).			=		>:
			-		\sim
k lease of facilities equipment or other assets from related organization(s)					_
			<u> </u>	\downarrow	: >
			- .	\perp	.
				1	<u>: </u> :
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			<u>뒤</u> :	\downarrow	×:
o Sharing of paid employees with related organization(s)			1		\times
Remburge to the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surface of the surfa				>	
g. Reimbursement hand by related organization(s) for expenses.					>.
			<u>*</u> : :		.
r Other transfer of cash or property to related organization(s)			11		\approx
			18		~
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	line, including covered	relationships and transac	ction threshold	Js	
(a)	(a)	(3)	9		1
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	ermining Jolved	
(2)					
					1
(3)			ļ		1
(+)					
(5)					
					i
(0)		0450	School 100 / Earn 9001 2016	00 1000	4
J523 dE1309 : 000		9	mio L) v ainne	ny ince	2
מספט וומנים מי			(7	

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

כן קוסטי הלפותה (וופו אפט זוטו פן הופופת טולפות הלפות הלפות היא הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הלפות הל	מווולמווסוו ספב ווופון	TOTIONS LEGISTION	o ioi iioispiova fi	ים ומוון ווועם	silicint partifer	Salling			13	
(a) Name, adaress and EIN of entity	(D) Primary activity	Legal domicile (state or foreign country)	(a) Predominant income (related unrelated, excluded	(e) Are all parmers section 501(c)(3)	(f) Share of total income	(9) Share of end-of-year assets	(N) Disproportionate allocations?	Code V - UBJ amount in box 20 of Schedule K-1	General or managing partner?	Percentage ownership
				Yes No			Yes No	(600)	Yes No	
(1)							 !			
(2)										
(3)										
(4)										
(5)										
(9)										
(7)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
ASL								Sch	Schedule R (Form 990) 2016	n 990) 2016

JSA 3E1310 1 000 Schedule R (Form 990) 2016

Page 5

Part: VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions