Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

1812

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization JEWISH COMMUNITY FOUNDATION OF THE JEWISH FEDERATION COUNCIL OF GREATER LA GROUP

Doing business as

Number and street (or P O box if mail is not delivered to street address): 6505 WILSHIRE BLVD., #1200

Room/suite

City or town, state or province, country, and ZIP or foreign postal code: LOS ANGELES, CA 90048

D Employer identification number: 37-1858193

E Telephone number: (323) 761-8700

G Gross receipts $ 24,024,406.

F Name and address of principal officer: MARVIN SCHOTLAND
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☒ Yes ☐ No

H(b) Are all subordinates included? ☒ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 6256

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.JEWISHFOUNDATIONLA.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation M State of legal domicile

Part I Summary

1 Briefly describe the organization's mission or most significant activities: GIVING SUPPORTS THE JEWISH COMMUNITY AND PROGRAMS THAT HAVE AN EMPHASIS ON HEALTH & MEDICAL RESEARCH, EDUCATION & CHILDREN, ARTS & CULTURE, SOCIAL SERVICES AND JEWISH CAUSES.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	73.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	71.
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0.
6	Total number of volunteers (estimate if necessary)	6	71.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,739,451.	9,186,622.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,428,838.	1,754,135.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	995.	1,028.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,169,284.	10,941,785.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,186,571.	8,776,206.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	301,831.	227,118.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,488,402.	9,003,324.
19	Revenue less expenses Subtract line 18 from line 12	-2,319,118.	1,938,461.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	50,993,497.	50,183,356.
21	Total liabilities (Part X, line 26)	4,076,766.	5,562,866.
22	Net assets or fund balances Subtract line 21 from line 20	46,916,731.	44,620,490.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 11/6/19

▶ David Carroll, Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: JOCELYNE MILLER	Preparer's signature: Jocelyne C. Miller	Date: 10/22/19	Check ☐ if self-employed	PTIN: P00634378
Firm's name ▶ ERNST & YOUNG U.S. LLP			Firm's EIN ▶ 34-6565596	
Firm's address ▶ 4365 EXECUTIVE DR, STE 1600 SAN DIEGO, CA 92121			Phone no 858-535-7200	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018)

SCANNED

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Part III **Statement of Program Service Accomplishments**

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

1 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 AND MEDICAL RESEARCH, EDUCATION AND CHILDREN, ARTS AND CULTURE, SOCIAL SERVICES AND JEWISH CAUSES.

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code _____) (Expenses $ 8,776,206 including grants of $ 8,776,206) (Revenue $ 0)

CHARITABLE GIVING

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 8,776,206.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A.*	1	X	
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
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII.*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
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	X	
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		X
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and 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
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
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*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0.		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
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)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	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 account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter.			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	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 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		X

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 73			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 71			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
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

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

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

Section 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 (1024 or 1024-A 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 ☒ 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 interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
DAVID CARROLL 6505 WILSHIRE BLVD , SUITE 1200 LOS ANGELES, CA 90048 323-761-8700

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

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

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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARTIN APPEL	.10									
DIRECTOR	.20	X						0.	0.	0.
(2) ELAINE BERKE	.10									
PRESIDENT/DIRECTOR	.10	X		X				0.	0.	0.
(3) MICHAEL BERKE	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(4) SUSAN BERKE FOGEL	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(5) LYNN BIDER	.10									
DIRECTOR	0.	X						0.	0.	0.
(6) ROBIN BROIDY	.10									
DIRECTOR	0.	X						0.	0.	0.
(7) GEORGE CAPLAN	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(8) RICHARD CHANIN	.10									
PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(9) ANTHONY CHANIN	.20									
VICE PRESIDENT/DIRECTOR	.90	X		X				0.	0.	0.
(10) SONIA CUMMINGS	.10									
DIRECTOR	0.	X						0.	0.	0.
(11) ALLAN CUTROW	.70									
DIRECTOR	.70	X						0.	0.	0.
(12) KEN DUSICK	.10									
PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(13) MOISE EMQUIES	.10									
PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(14) CAROL ANN EMQUIES	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MAX FACTOR III	.10									
DIRECTOR	.10	X						0.	0.	0.
(16) LORIN FIFE	.70									
DIRECTOR	1.10	X						0.	0.	0.
(17) HELENE GALEN	.10									
CHAIR OF THE BOARD/DIRECTOR	0.	X		X				0.	0.	0.
(18) SELWYN GERBER	.10									
DIRECTOR	1.60	X						0.	0.	0.
(19) ELIE GINDI	.10									
DIRECTOR	0.	X						0.	0.	0.
(20) BERTRAND GINSBERG	.30									
DIRECTOR	.40	X						0.	0.	0.
(21) DOROTHY GOREN	.10									
VICE PRESIDENT/DIRECTOR	.10	X		X				0.	0.	0.
(22) JERRY GOREN	.10									
VICE PRESIDENT/DIRECTOR	.10	X		X				0.	0.	0.
(23) STANLEY GREITZER	.10									
PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(24) RONALD GREITZER	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(25) TRENA GREITZER	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	907,008.	119,852.
d Total (add lines 1b and 1c) ▶								0.	907,008.	119,852.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0.

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) BURT HARRIS	.10									
PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(27) NATHAN HOCHMAN	.10									
DIRECTOR	0.	X						0.	0.	0.
(28) RONALD KABRINS	.10									
DIRECTOR	.10	X						0.	0.	0.
(29) MARK KARLAN	.10									
DIRECTOR	.10	X						0.	0.	0.
(30) MARTIN KOZBERG	.20									
DIRECTOR	.10	X						0.	0.	0.
(31) MARK LAINER	.50									
TREASURER/DIRECTOR	.70	X		X				0.	0.	0.
(32) MARK LEVEY	.10									
PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(33) NANCY LEVEY CHERRY	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(34) ROBERT LEVINE	.10									
PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(35) GERI LEVINE LOE	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(36) FRANCIS MAAS	.30									
DIRECTOR	0.	X						0.	0.	0.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0.

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) JOAN ELLEN MARANTZ	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(38) SIDNEY MARANTZ	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(39) WENDY MARANTZ LEVINE	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(40) HAROLD MASOR	.10									
PRESIDENT/DIRECTOR	.30	X		X				0.	0.	0.
(41) JEANETTE MATYE	.10									
PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(42) ADAM MATYE	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(43) ZOE MCNITT	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(44) LOUIS MILLER	.20									
PRESIDENT/VICE PRESIDENT/DIR	0.	X		X				0.	0.	0.
(45) JUDITH MILLER	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(46) LARRY MILLER	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(47) GERALD NIZNICK	.10									
PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0.

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) REESA NIZNICK	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(49) DUDLEY PEPP	.10									
PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(50) ARLINE PEPP	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(51) DENISE PEPP	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(52) NANCY PETERMAN GOLDSTEIN	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(53) DORI PETERMAN MOSTOV	.10									
DIRECTOR	0.	X						0.	0.	0.
(54) JOYCE POWELL	.10									
PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(55) LAWRENCE POWELL	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(56) LAWRENCE RAUCH	.60									
VICE PRESIDENT/DIRECTOR	1.50	X		X				0.	0.	0.
(57) JESS RAVICH	.10									
PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(58) THOMAS RYKOFF	.10									
PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0.

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) SONDRA RYKOFF	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(60) RICHARD SCHULMAN	.10									
DIRECTOR	0.	X						0.	0.	0.
(61) SARAH SCHULTZ	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(62) ANNETTE SHAPIRO	.50									
PRESIDENT/VICE PRESIDENT/DIR	.20	X		X				0.	0.	0.
(63) LEONARD SHAPIRO	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(64) JACK SINDER	.10									
PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(65) RITA SINDER	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(66) NATALIE STORIE	.10									
DIRECTOR	0.	X						0.	0.	0.
(67) EDNA WEISS	.10									
PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(68) DENNIS WEISS	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(69) BRUCE WHIZIN	.20									
PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0.

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) MARILYN ZIERING	.10									
PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(71) AMY ZIERING	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(72) IRA ZIERING	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(73) HARRY ZIMMERMAN	.10									
VICE PRESIDENT/DIRECTOR	0.	X		X				0.	0.	0.
(74) DAVID CARROLL	2.30									
VP/TREAS/ASST. SECRETARY/DIR	47.70	X		X				0.	248,566.	30,989.
(75) MARVIN SCHOTLAND	2.30									
SECRETARY/DIRECTOR	47.70	X		X				0.	451,452.	62,490.
(76) BONNIE BARG	.10									
VICE PRESIDENT	0.			X				0.	0.	0.
(77) LINDA POWELL DAVIS	.10									
VICE PRESIDENT	0.			X				0.	0.	0.
(78) NANCY EISENSTADT	.10									
VICE PRESIDENT	0.			X				0.	0.	0.
(79) ANABELLA EMQUIES	.10									
VICE PRESIDENT	0.			X				0.	0.	0.
(80) BRUCE GOREN	.10									
VICE PRESIDENT	0.			X				0.	0.	0.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0.

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(81) JANIE HARRIS HANSEN	.10									
VICE PRESIDENT	0.			X				0.	0.	0.
(82) MELISSA HARRIS ZATZKIS	.10									
VICE PRESIDENT	0.			X				0.	0.	0.
(83) CARYN KATZ	.10									
VICE PRESIDENT	0.			X				0.	0.	0.
(84) AMY KONHEIM	.10									
VICE PRESIDENT	0.			X				0.	0.	0.
(85) LISA LEONARD	.10									
VICE PRESIDENT	0.			X				0.	0.	0.
(86) ALAN LEVEY	.10									
VICE PRESIDENT	0.			X				0.	0.	0.
(87) ERIC LEVINE	.10									
PRESIDENT	0.			X				0.	0.	0.
(88) PHILIP MILLER	.10									
VICE PRESIDENT	0.			X				0.	0.	0.
(89) CHARLES MOSTOV	.10									
PRESIDENT	0.			X				0.	0.	0.
(90) DANA PEPP	.10									
VICE PRESIDENT	0.			X				0.	0.	0.
(91) RICHARD POWELL	.10									
VICE PRESIDENT	0.			X				0.	0.	0.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0.

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(92) LARA RAJNINGER	.10									
VICE PRESIDENT	0.			X				0.	0.	0.
(93) LILLIAN RAPHAEL	.10									
VICE PRESIDENT	0.			X				0.	0.	0.
(94) MARK RYKOFF	.10									
VICE PRESIDENT	0.			X				0.	0.	0.
(95) JOEL SHAPIRO	.10									
VICE PRESIDENT	0.			X				0.	0.	0.
(96) LORI SHAPIRO	.10									
VICE PRESIDENT	0.			X				0.	0.	0.
(97) ILYSE TELLER	.10									
VICE PRESIDENT	0.			X				0.	0.	0.
(98) STEVEN TELLER	.10									
VICE PRESIDENT	0.			X				0.	0.	0.
(99) RONALD WEISS	.10									
VICE PRESIDENT	0.			X				0.	0.	0.
(100) ANDREA WEISS WHITMAN	.10									
VICE PRESIDENT	0.			X				0.	0.	0.
(101) MICHAEL ZIERING	.10									
VICE PRESIDENT	0.			X				0.	0.	0.
(102) ROSANNE ZIERING	.10									
VICE PRESIDENT	0.			X				0.	0.	0.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0.

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) FAY ALTHAUSEN	2.30									
TREASURER/ASSISTANT TREASURER	23.20			X				0.	49,754.	18,526.
(104) ELLEN ROSEN	2.30									
ASSISTANT SECRETARY	47.70			X				0.	157,236.	7,847.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0.

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,186,622			
	g	Noncash contributions included in lines 1a-1f $		1,679,503			
	h	Total. Add lines 1a-1f		9,186,622			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		958,690			958,690
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	13,878,066				
	b	Less cost or other basis and sales expenses	13,082,621				
	c	Gain or (loss)	795,445				
	d	Net gain or (loss)		795,445			795,445
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a 0				
	b	Less direct expenses	b 0				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a 0				
	b	Less direct expenses	b 0				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a 0				
	b	Less cost of goods sold	b 0				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS REVENUE	900099	1,028			1,028
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		1,028			
	12	Total revenue See instructions		10,941,785			1,755,163

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	8,333,756.	8,333,756.		
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	442,450.	442,450.		
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)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	33,531.		33,531.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	152,880.		152,880.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0.			
12 Advertising and promotion	0.			
13 Office expenses	0.			
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	39,100.		39,100.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a TAXES AND FEES	1,607.		1,607.	
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	9,003,324.	8,776,206.	227,118.	
26 **Joint costs** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	2,310,494.	2	2,727,043.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	178.	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	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	0.	9	0.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a			
	b	Less accumulated depreciation — 10b	0.	10c	0.
	11	Investments - publicly traded securities	22,838,065.	11	19,268,637.
	12	Investments - other securities See Part IV, line 11	25,736,230.	12	28,156,095.
	13	Investments - program-related See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets See Part IV, line 11	108,530.	15	31,581.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	50,993,497.	16	50,183,356.
Liabilities	17	Accounts payable and accrued expenses	4,000.	17	455.
	18	Grants payable	3,745,950.	18	5,270,050.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	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	326,816.	25	292,361.
	26	**Total liabilities.** Add lines 17 through 25	4,076,766.	26	5,562,866.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	46,916,731.	27	44,620,490.
	28	Temporarily restricted net assets	0.	28	0.
	29	Permanently restricted net assets	0.	29	0.
		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	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	46,916,731.	33	44,620,490.
	34	Total liabilities and net assets/fund balances	50,993,497.	34	50,183,356.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,941,785.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,003,324.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,938,461.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	46,916,731.
5	Net unrealized gains (losses) on investments	5	-4,157,976.
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	-76,726.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	44,620,490.

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 ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

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

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

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state 12

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

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

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

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

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

10 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☒ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☒ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations 1

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
ATTACHMENT 1						
(A) Jewish community Found.	95-6111928	7	X		388414	
(B)						
(C)						
(D)						
(E)						
Total					388,414.	

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 . .						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3 % support test - 2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3 % support test - 2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2017** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box 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 V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1	X	
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		X
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		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		X
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6	X	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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		X
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		X
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		X
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		X
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		X
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		X

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test *Complete* ***line 2*** *below*

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

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

			Yes	No
2	Activities Test ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard*	3b		

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**) See instructions	
7	**Total annual distributions.** Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

	Section E - Distribution Allocations (see instructions)	(i) **Excess Distributions**	(ii) **Underdistributions Pre-2018**	(iii) **Distributable Amount for 2018**
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in **Part VI**) See instructions			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D, line 7 $			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in **Part VI.** See instructions			
7	**Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8	Breakdown of line 7			
a	Excess from 2014. . . .			
b	Excess from 2015. . . .			
c	Excess from 2016. . . .			
d	Excess from 2017. . . .			
e	Excess from 2018. . . .			

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

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 TWENTY THREE 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 ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES	(IV) NO	(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
JEWISH COMMUNITY FOUNDATION	95-6111928	7	X		388,414	0
TOTAL AMOUNT OF SUPPORT					388,414.	0.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization: JEWISH COMMUNITY FOUNDATION OF THE JEWISH FEDERATION COUNCIL OF GREATER LA GROUP

Employer identification number: 37-1858193

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

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

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

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶$ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶_____%
- b Permanent endowment ▶_____%
- c Temporarily restricted endowment ▶_____%

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c)* ▶				

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMMON INVESTMENT POOL	27,769,958.	FMV
(B) ISRAEL BONDS	386,137.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	28,156,095.	

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

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

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

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

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

1 (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO JEWISH COMMUNITY FOUNDATION	292,361.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	292,361.

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 [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c**. *(This must equal Form 990, Part I, line 18)*			5	

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART X, LINE 2

INCOME TAXES - THE FOUNDATION AND ITS SUPPORT FOUNDATIONS ARE PUBLIC CHARITIES AND ARE EXEMPT FROM FEDERAL INCOME AND CALIFORNIA FRANCHISE TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CORRESPONDING CALIFORNIA REVENUE AND TAXATION CODE SECTIONS. THE FOUNDATION AND ITS SUPPORT FOUNDATIONS FILE INFORMATION ORGANIZATION RETURNS IN THE UNITED STATES FEDERAL JURISDICTION AND WITH THE FRANCHISE TAX BOARD IN THE STATE OF CALIFORNIA.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization JEWISH COMMUNITY FOUNDATION OF THE JEWISH FEDERATION COUNCIL OF GREATER LA GROUP

Employer identification number 37-1858193

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
(1) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		349,500
(2) EUROPE	0	0	GRANTMAKING		90,000
(3) SOUTH ASIA	0	0	GRANTMAKING		25,000
(4) SUB-SAHARAN AFRICA	0	0	GRANTMAKING		10,000
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					474,500
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					474,500

Part II **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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	10,000	CHECK			
(2)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	100,000	CHECK			
(3)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	55,000	CHECK			
(4)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	10,000	CHECK			
(5)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	35,000	CHECK			
(6)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	25,000	CHECK			
(7)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	10,000	CHECK			
(8)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	12,000	CHECK			
(9)			SUB-SAHARAN AFRICA	GENERAL SUPPORT	10,000	CHECK			
(10)			EUROPE/ICELAND/GREENLAND	GENERAL SUPPORT	15,000	CHECK			
(11)			EUROPE/ICELAND/GREENLAND	GENERAL SUPPORT	25,000	CHECK			
(12)			EUROPE/ICELAND/GREENLAND	GENERAL SUPPORT	50,000	CHECK			
(13)			SOUTH ASIA	GENERAL SUPPORT	25,000	CHECK			
(14)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	62,500	CHECK			
(15)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	20,000	CHECK			
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 15.

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)*	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☒ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*	☐ Yes	☒ No

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.

SCHEDULE F, PART II

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

SCHEDULE I
(Form 990)

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.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization JEWISH COMMUNITY FOUNDATION OF THE JEWISH FEDERATION COUNCIL OF GREATER LA GROUP

Employer identification number 37-1858193

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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
(1) ACLU FOUNDATION OF SOUTHERN CALIFORNIA 1313 W 8TH ST LOS ANGELES, CA 90017	95-2673361	501(C)(3)	25,000				GENERAL SUPPORT
(2) ADAT ARI EL 12020 BURBANK BLVD VALLEY VILLAGE, CA 91607	23-7366318	501(C)(3)	14,500				GENERAL SUPPORT
(3) AMERICAN JEWISH COMMITTEE 11766 WILSHIRE BLVD , STE 800 LA, CA 90025	13-5563393	501(C)(3)	10,000.				GENERAL SUPPORT
(4) AMERICAN JEWISH UNIVERSITY 15600 MULHOLLAND DR LOS ANGELES, CA 90077	95-1684064	501(C)(3)	207,250				GENERAL SUPPORT
(5) AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION 1275 K ST NW , #250 WASHINGTON, DC 20005	13-3271855	501(C)(3)	12,000				GENERAL SUPPORT
(6) ANTI-DEFAMATION LEAGUE 10495 ST MONICA BLVD LOS ANGELES, CA 90025	13-1818723	501(C)(3)	15,000				GENERAL SUPPORT
(7) ARCHER SCHOOL FOR GIRLS, INC 11725 W SUNSET BLVD LOS ANGELES, CA 90049	95-4463705	501(C)(3)	100,000				GENERAL SUPPORT
(8) BEAUTY BUS FOUNDATION 2716 OCEAN PARK BLVD , #1062 SM, CA 90405	26-3075655	501(C)(3)	25,000				GENERAL SUPPORT
(9) BEIT T'SHUVAH 8831 VENICE BLVD LOS ANGELES, CA 90034	77-0152646	501(C)(3)	50,400				GENERAL SUPPORT
(10) BEND THE ARC A JEWISH PSHIP FOR JUSTICE 3250 WILSHIRE BLVD , #1630 LA, CA 90010	52-1332694	501(C)(3)	17,500				GENERAL SUPPORT
(11) BET TZEDEK 3250 WILSHIRE BLVD , 13TH FL LA, CA 90010	23-7304205	501(C)(3)	35,000				GENERAL SUPPORT
(12) BETH ISRAEL DEACONESS MEDICAL CENTER, INC 330 BROOKLINE AVE (BR) BOSTON, MA 02215	04-2103881	501(C)(3)	6,000				GENERAL SUPPORT

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

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

SCHEDULE I
(Form 990)

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.

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OMB No 1545-0047

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Name of the organization JEWISH COMMUNITY FOUNDATION OF THE JEWISH FEDERATION COUNCIL OF GREATER LA GROUP

Employer identification number 37-1858193

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

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

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
(1) BETH SHIR SHALOM 1827 CALIFORNIA AVE SANTA MONICA, CA 90403	95-1551433	501(C)(3)	6,000				GENERAL SUPPORT
(2) BRAIN & BEHAVIOR RESEARCH FOUNDATION 90 PARK AVE , 16TH FL NEW YORK, NY 10016	31-1020010	501(C)(3)	16,675				GENERAL SUPPORT
(3) BRIDGES ACADEMY 3921 LAUREL CANYON BLVD SC, CA 91604	95-4659439	501(C)(3)	25,000				GENERAL SUPPORT
(4) BUREAU OF JEWISH EDUCATION OF GREATER LA 6505 WILSHIRE BLVD , #300 LA, CA 90048	95-4280178	501(C)(3)	35,000				GENERAL SUPPORT
(5) CAMP RAMAH IN CALIFORNIA, INC 17525 VENTURA BLVD, #310 ENCINO, CA 91316	95-1843131	501(C)(3)	50,000				GENERAL SUPPORT
(6) CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD #2416 LA, CA 90048	95-1644600	501(C)(3)	250,000				GENERAL SUPPORT
(7) CHEERFUL HELPERS CHILD AND FAMILY STUDY CTR 3300 WILSHIRE BLVD LOS ANGELES, CA 90010	95-6061541	501(C)(3)	25,000				GENERAL SUPPORT
(8) CITY OF HOPE 1500 E DUARTE ROAD DUARTE, CA 91010	95-3435919	501(C)(3)	15,000				GENERAL SUPPORT
(9) COMMUNITY PARTNERS, INC 1000 N ALAMEDA ST , #240 LA, CA 90012	95-4302067	501(C)(3)	10,000				GENERAL SUPPORT
(10) CONCERN FOUNDATION 11111 W OLYMPIC BLVD , #214 LA, CA 90064	23-7002878	501(C)(3)	33,750				GENERAL SUPPORT
(11) EISENHOWER MEDICAL CENTER 39000 BOB HOPE DR RANCHO MIRAGE, CA 92270	95-6130458	501(C)(3)	750,000				GENERAL SUPPORT
(12) ELECTRIC LODGE 1416 ELECTRIC AVE VENICE, CA 90291	57-1151955	501(C)(3)	25,000				GENERAL SUPPORT

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

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

SCHEDULE I
(Form 990)

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.**
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OMB No 1545-0047

2018

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Name of the organization JEWISH COMMUNITY FOUNDATION OF THE JEWISH FEDERATION COUNCIL OF GREATER LA GROUP

Employer identification number 37-1858193

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

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

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
(1) EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104	63-1135091	501(C)(3)	20,000				GENERAL SUPPORT
(2) EXCEPTIONAL CHILDREN'S FOUNDATION 5350 MACHADO ROAD CULVER CITY, CA 90230	95-1690988	501(C)(3)	25,000				GENERAL SUPPORT
(3) FACING HISTORY AND OURSELVES NATIONAL FDN 16 HURD ROAD BROOKLINE, MA 02445-6919	04-2761636	501(C)(3)	25,000				GENERAL SUPPORT
(4) FIRST PRESBYTERIAN CHURCH OF SANTA MONICA 1248 2ND ST SANTA MONICA, CA 90401	95-1643323	501(C)(3)	20,000				GENERAL SUPPORT
(5) FOUNDATION OF PALM SPRINGS USD 980 E TAHQUITZ CANYON WAY #202 PS, CA 92262	26-1265520	501(C)(3)	250,000				GENERAL SUPPORT
(6) FRIENDS OF GREYSTONE 501 DOHENY ROAD BEVERLY HILLS, CA 90210	75-3054096	501(C)(3)	10,000				GENERAL SUPPORT
(7) HABONIM CAMP KVUTZA 8339 WEST THIRD ST LOS ANGELES, CA 90048	95-1929706	501(C)(3)	12,500				GENERAL SUPPORT
(8) HAR-EL INSTITUTE FOR STUDY AND WORSHIP 47-535 STATE HWY 74 PALM DESERT, CA 92260	45-0538417	501(C)(3)	15,000				GENERAL SUPPORT
(9) HILLEL 818 NORTHRIDGE - HILLEL FDN 17729 PLUMMER ST NORTHRIDGE, CA 91325	46-0893850	501(C)(3)	6,000				GENERAL SUPPORT
(10) HILLEL AT UCLA FDN FOR JEWISH CAMPUS LIFE 574 HILGARD AVE LOS ANGELES, CA 90024	46-0573247	501(C)(3)	25,000				GENERAL SUPPORT
(11) HILLEL THE FDN FOR JEWISH CAMPUS LIFE 574 HILGARD AVE LOS ANGELES, CA 90024	52-1844823	501(C)(3)	45,500				GENERAL SUPPORT
(12) INDUSTRY PRODUCTIONS INC AKA THE INDUSTRY 244 S SAN PEDRO ST , #304 LA, CA 90012	45-3307896	501(C)(3)	10,000				GENERAL SUPPORT

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

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

SCHEDULE I
(Form 990)

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.

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1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

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

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
(1) ISRAEL-AMERICA ACADEMIC EXCHANGE 8383 WILSHIRE BLVD , STE 400 BH, CA 90211	26-3402247	501(C)(3)	30,000				GENERAL SUPPORT
(2) JEWISH ACADEMY OF LOS ANGELES 15915 VENTURA BLVD , PH2 ENCINO, CA 94136	95-1644595	501(C)(3)	10,000				GENERAL SUPPORT
(3) JEWISH COMMUNITY FOUNDATION OF LOS ANGELES 6505 WILSHIRE BLVD , #1200 LA, CA 90048	95-6111928	501(C)(3)	388,414				GENERAL SUPPORT
(4) JEWISH FAMILY SERVICE OF LOS ANGELES 3580 WILSHIRE BLVD , #700 LA, CA 90010	95-1691013	501(C)(3)	100,000				GENERAL SUPPORT
(5) JEWISH FEDERATION OF GREATER LOS ANGELES 6505 WILSHIRE BLVD LOS ANGELES, CA 90048	95-1643388	501(C)(3)	866,100				GENERAL SUPPORT
(6) JEWISH FEDERATION OF GREATER PORTLAND 6651 SW CAPITOL HIGHWAY PORTLAND, OR 97219	93-0386825	501(C)(3)	6,000				GENERAL SUPPORT
(7) JEWISH FREE LOAN ASSOCIATION 6505 WILSHIRE BLVD , #715 LA, CA 90048	95-1691014	501(C)(3)	109,500				GENERAL SUPPORT
(8) JEWISH WOMEN'S THEATRE 3435 OCEAN PARK #107-85 SM, CA 90405-3301	47-4157778	501(C)(3)	10,000				GENERAL SUPPORT
(9) JVS SOCAL 6505 WILSHIRE BLVD , #200 LA, CA 90048	95-1691012	501(C)(3)	55,000				GENERAL SUPPORT
(10) KEHILLAT ISRAEL 16019 SUNSET BLVD PP, CA 90272	95-2056645	501(C)(3)	70,000				GENERAL SUPPORT
(11) KIPP LA SCHOOLS 3601 EAST FIRST ST LOS ANGELES, CA 90063	26-1607268	501(C)(3)	25,000				GENERAL SUPPORT
(12) KOL TIKVAH 20400 VENTURA BLVD WOODLAND HILLS, CA 91364	77-0005548	501(C)(3)	10,000				GENERAL SUPPORT

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

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

SCHEDULE I
(Form 990)

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.

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Employer identification number 37-1858193

Part I General Information on Grants and Assistance

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

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

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
(1) L A FAMILY HOUSING 7843 LANKERSHIM BLVD N HOLLYWOOD, CA 91605	95-3920560	501(C)(3)	10,000				GENERAL SUPPORT
(2) LIFE RAFT GROUP, INC 155 RTE 46 W , #202 WAYNE, NJ 07470	82-0547746	501(C)(3)	25,000				GENERAL SUPPORT
(3) LOS ANGELES JEWISH HOME FOR THE AGING 7150 TAMPA AVE RESEDA, CA 91335	95-3510024	501(C)(3)	227,200				GENERAL SUPPORT
(4) LOS ANGELES OPERA COMPANY 135 N GRAND AVENUE LOS ANGELES, CA 90012	95-2096402	501(C)(3)	25,000				GENERAL SUPPORT
(5) MATERNAL AND CHILD HEALTH ACCESS 1111 W 6TH ST #400 LOS ANGELES, CA 90017	95-4555879	501(C)(3)	7,500				GENERAL SUPPORT
(6) MAXIMUM HOPE FOUNDATION 10866 WILSHIRE BLVD , STE 1100 LA, CA 90024	20-4486357	501(C)(3)	50,000				GENERAL SUPPORT
(7) MECHON HADAR 190 AMSTERDAM AVE NEW YORK, NY 10023	26-4412164	501(C)(3)	7,500				GENERAL SUPPORT
(8) METROPOLITAN MUSEUM OF ART 1000 5TH AVE NEW YORK, NY 10028	13-1624086	501(C)(3)	25,000				GENERAL SUPPORT
(9) NATURAL RESOURCES DEFENSE COUNCIL, INC 40 W 20TH ST NEW YORK, NY 10011	13-2654926	501(C)(3)	100,000				GENERAL SUPPORT
(10) OJAI FOUNDATION P O BOX 999 OJAI, CA 93024	51-0151116	501(C)(3)	20,000				GENERAL SUPPORT
(11) OSCF ONE STEP CLOSER FOUNDATION, INC P O BOX 3109, #74405 HOUSTON, TX 77253	45-0577591	501(C)(3)	20,000				GENERAL SUPPORT
(12) OUR HOUSE GRIEF SUPPORT CENTER 1663 SAWTELLE BLVD , #300 LA, CA 90025	33-0529915	501(C)(3)	5,500				GENERAL SUPPORT

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

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

SCHEDULE I
(Form 990)

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.

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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
(1) PICO UNION PROJECT 1153 VALENCIA ST LOS ANGELES, CA 90015	81-2010806	501(C)(3)	9,000				GENERAL SUPPORT
(2) PICTURE HOUSE REGIONAL FILM CENTER, INC 253 WOLFS LANE PELHAM, NY 10803	20-0105851	501(C)(3)	10,000				GENERAL SUPPORT
(3) PLANNED PARENTHOOD FED OF AMERICA, INC 123 WILLIAM ST , 10TH FL NEW YORK, NY 10038	13-1644147	501(C)(3)	10,000				GENERAL SUPPORT
(4) PRESIDENT & FELLOWS OF HARVARD COLLEGE 124 MT AUBURN ST CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	50,000				GENERAL SUPPORT
(5) R BABY FOUNDATION, INC 1460 BROADWAY NEW YORK, NY 10036	11-3792587	501(C)(3)	10,000				GENERAL SUPPORT
(6) RAPE FOUNDATION 1223 WILSHIRE BLVD , #410 SM, CA 90403	95-4250167	501(C)(3)	10,000				GENERAL SUPPORT
(7) REGENTS OF THE UNIVERSITY OF CA AT BERKELEY 18 SPROUL HALL #1960 BERKELEY, CA 94720	94-6002123	501(C)(3)	7,000				GENERAL SUPPORT
(8) SANDY HOOK PROMISE FOUNDATION PO BOX 3489 NEWTOWN, CT 06470	46-1657101	501(C)(3)	25,000				GENERAL SUPPORT
(9) SCRIPPS COLLEGE 1030 COLUMBIA AVE CLAREMONT, CA 91711	95-1664123	501(C)(3)	10,000				GENERAL SUPPORT
(10) SIERRA CLUB FOUNDATION 2101 WEBSTER ST, #1300 OAKLAND, CA 94612	94-6069890	501(C)(3)	10,000				GENERAL SUPPORT
(11) SIMON WIESENTHAL CENTER 1399 S ROXBURY DR LOS ANGELES, CA 90035	95-3964928	501(C)(3)	118,500				GENERAL SUPPORT
(12) SKIRBALL CULTURAL CENTER 2701 N SEPULVEDA BLVD LA, CA 90049	95-4538371	501(C)(3)	10,000				GENERAL SUPPORT

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

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

SCHEDULE I
(Form 990)

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.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization JEWISH COMMUNITY FOUNDATION OF THE JEWISH FEDERATION COUNCIL OF GREATER LA GROUP

Employer identification number 37-1858193

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

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

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
(1) SONOMA VALLEY HOSPITAL FOUNDATION 347 ANDRIEUX STREET SONOMA, CA 95476	94-2832488	501(C)(3)	50,000				GENERAL SUPPORT
(2) SONOMA VALLEY MUSEUM OF ART 551 BROADWAY ST SONOMA, CA 95476	68-0409459	501(C)(3)	10,200				GENERAL SUPPORT
(3) SOUND BODY SOUND MIND FOUNDATION 11100 SANTA MONICA BLVD #1910 LA, CA 90025	20-3604882	501(C)(3)	10,000				GENERAL SUPPORT
(4) SOUTHERN POVERTY LAW CENTER, INC 400 WASHINGTON AVE #548 MONTGOMERY AL 36104	63-0598743	501(C)(3)	10,000				GENERAL SUPPORT
(5) SPRING OF EVOLUTION, INC WOLF CONNECTION PO BOX 504 ACTON, CA 93510	26-2162310	501(C)(3)	10,000				GENERAL SUPPORT
(6) STEPHEN S WISE TEMPLE 15500 STEPHEN S WISE DRIVE LA, CA 90077	95-6087552	501(C)(3)	18,700				GENERAL SUPPORT
(7) TEMPLE EMANUEL OF BEVERLY HILLS 8844 BURTON WAY BEVERLY HILLS, CA 90211	95-1696713	501(C)(3)	15,770				GENERAL SUPPORT
(8) TIA'S HOPE 149 S BARRINGTON AVE , #828 LA, CA 90049	47-2055529	501(C)(3)	75,000				GENERAL SUPPORT
(9) TREEPEOPLE, INC 12601 MULHOLLAND DR BEVERLY HILLS, CA 90210	23-7314838	501(C)(3)	50,000				GENERAL SUPPORT
(10) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3733 SPRUCE ST , PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	20,000				GENERAL SUPPORT
(11) UCLA FOUNDATION 10945 LECONTE AVE , #3132 LA, CA 90095	95-2250801	501(C)(3)	86,250				GENERAL SUPPORT
(12) UNIVERSITY OF OREGON FOUNDATION 1720 E 13TH AVE , #410 EUGENE, OR 97403	93-6015767	501(C)(3)	5,500				GENERAL SUPPORT

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

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

SCHEDULE I
(Form 990)

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.

▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization JEWISH COMMUNITY FOUNDATION OF THE JEWISH FEDERATION COUNCIL OF GREATER LA GROUP

Employer identification number 37-1858193

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

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

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
(1) UNIVERSITY OF ROCHESTER 300 E RIVER RD ROCHESTER, NY 14627	16-0743209	501(C)(3)	51,500				GENERAL SUPPORT
(2) UNIVERSITY OF SOUTHERN CALIFORNIA P O BOX 5069 AVALON, CA 90704	95-1642394	501(C)(3)	565,500				GENERAL SUPPORT
(3) US FRIENDS OF THE DAVID SHELDRICK WILDLIFE 25283 CABOT RD, #101 LAGUNA HILLS, CA 92653	30-0224549	501(C)(3)	10,000				GENERAL SUPPORT
(4) VALLEY BETH SHALOM 15739 VENTURA BLVD ENCINO, CA 91436	95-1890769	501(C)(3)	464,300				GENERAL SUPPORT
(5) VALLEY JEWISH COMMUNITY CENTER, INC 20350 VENTURA BLVD , #100 WH, CA 91364	71-0874686	501(C)(3)	10,000				GENERAL SUPPORT
(6) VENICE FAMILY CLINIC 604 ROSE AVE VENICE, CA 90291	95-2769432	501(C)(3)	65,000				GENERAL SUPPORT
(7) VILLAGE SCHOOL, INC 780 SWARTHMORE AVE PAC PALISADES, CA 90272	95-4060392	501(C)(3)	20,000				GENERAL SUPPORT
(8) WALLIS ANNENBERG CENTER FOR PERFORMING ARTS 9390 N SANTA MONICA BLVD BH, CA 90210	95-4467830	501(C)(3)	115,000				GENERAL SUPPORT
(9) YOUNG MUSICIANS FOUNDATION 244 S SAN PEDRO ST , #506 LA, CA 90012	95-2250007	501(C)(3)	30,000				GENERAL SUPPORT
(10) ZIMMER CHILDREN'S MUSEUM 6505 WILSHIRE BLVD, NO 100 LA, CA 90048	20-1470992	501(C)(3)	36,000				GENERAL SUPPORT
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 94.

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

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

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

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

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 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.

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

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

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

SCHEDULE I, PART II

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

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

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.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization JEWISH COMMUNITY FOUNDATION OF THE JEWISH FEDERATION COUNCIL OF GREATER LA GROUP

Employer identification number 37-1858193

Part I Questions Regarding Compensation

			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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ 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		
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?	2		
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		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ 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 or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	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			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	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 payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DAVID CARROLL	(i)	0.	0.	0.	0.	0.	0.	0.
1 VP/TREAS/ASST SECRETARY/DIR	(ii)	230,566.	18,000.	0.	12,900.	18,089.	279,555.	0.
MARVIN SCHOTLAND	(i)	0.	0.	0.	0.	0.	0.	0.
2 SECRETARY/DIRECTOR	(ii)	427,879.	18,000.	5,573.	49,960.	12,530.	513,942.	0.
ELLEN ROSEN	(i)	0.	0.	0.	0.	0.	0.	0.
3 ASSISTANT SECRETARY	(ii)	157,236.	0.	0.	7,847.	0.	165,083.	0.
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization: JEWISH COMMUNITY FOUNDATION OF THE JEWISH FEDERATION COUNCIL OF GREATER LA GROUP

Employer identification number: 37-1858193

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	4.	1,679,503.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶( )				
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
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 to be used for exempt purposes for the entire holding period?	30a		X
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 contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II			
33	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			

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

SCHEDULE M, PART I

COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE OF CONTRIBUTORS

FORM 990, PART IV, LINE 2

THE TRENA AND STANLEY GREITZER FAMILY FOUNDATION, THE PALERMO-RAVICH FOUNDATION, THE PEPP FAMILY SUPPORT FOUNDATION, THE JOYCE AND LAWRENCE POWELL FAMILY FOUNDATION, THE EDWARD RAPHAEL FOUNDATION, THE TOM AND SONDRA RYKOFF FAMILY FOUNDATION, LEONARD AND ANNETTE SHAPIRO FAMILY FOUNDATION, SINDER FAMILY FOUNDATION AND THE ZIERING FAMILY FOUNDATION ARE REQUIRED TO COMPLETE SCHEDULE B.

BERKE FAMILY FOUNDATION, THE EMQUIES FAMILY SUPPORT FOUNDATION, THE HELENE AND LOUIS GALEN FAMILY FOUNDATION, THE SHIRLEY AND BURT HARRIS FAMILY FOUNDATION, THE LEVEY CHERRY FOUNDATION, BILL AND BONNY LEVINE FOUNDATION, THE MELISSA MARANTZ NEALY FOUNDATION, THE SEYMOUR AND ELAINE MASOR FOUNDATION, THE LOUIS AND JUDITH MILLER FAMILY FOUNDATION, THE NIZNICK FAMILY FOUNDATION, LEE AND HERMAN OSTROW FAMILY FOUNDATION, RUTH AND SONNY SINGER FOUNDATION, THE EDNA AND MICKEY WEISS FAMILY FOUNDATION AND WHIZIN SUPPORT FOUNDATION ARE NOT REQUIRED TO COMPLETE SCHEDULE B.

FOREIGN GRANTMAKING

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

SHIRLEY AND BURT HARRIS FAMILY FOUNDATION, BILL AND BONNY LEVINE FOUNDATION, LOUIS & JUDITH MILLER FAMILY FOUNDATION, THE NIZNICK FAMILY FOUNDATION, THE LEONARD AND ANNETTE SHAPIRO FOUNDATION, THE EDNA AND MICKEY WEISS FAMILY FOUNDATION, WHIZIN SUPPORT FOUNDATION AND THE ZIERING

FAMILY FOUNDATION HAD AGGREGATE EXPENSES OF MORE THAN $10,000 AND/OR REPORTED GRANTS TO FOREIGN ORGANIZATIONS OF MORE THAN $5,000.

BERKE FAMILY FOUNDATION, THE EMQUIES FAMILY SUPPORT FOUNDATION, THE HELENE AND LOUIS GALEN FAMILY FOUNDATION, THE TRENA AND STANLEY GREITZER FAMILY FOUNDATION, THE LEVEY CHERRY FOUNDATION, THE MELISSA MARANTZ NEALY FOUNDATION, THE SEYMOUR AND ELAINE MASOR FOUNDATION, LEE AND HERMAN OSTROW FAMILY FOUNDATION, THE PALERMO-RAVICH FOUNDATION, THE PEPP FAMILY SUPPORT FOUNDATION, THE JOYCE AND LAWRENCE POWELL FAMILY FOUNDATION, THE EDWARD RAPHAEL FOUNDATION, THE TOM AND SONDRA RYKOFF FAMILY FOUNDATION, SINDER FAMILY FOUNDATION AND RUTH AND SONNY SINGER FOUNDATION DID NOT HAVE AGGREGATE EXPENSES OF MORE THAN $10,000 NOR REPORT GRANTS TO FOREIGN ORGANIZATIONS OF MORE THAN $5,000.

NON-CASH CONTRIBUTIONS GREATER THAN $25,000
FORM 990, PART IV, LINE 29

THE PALERMO-RAVICH FOUNDATION, THE JOYCE AND LAWRENCE POWELL FAMILY FOUNDATION, THE TOM AND SONDRA RYKOFF FAMILY FOUNDATION AND LEONARD AND ANNETTE SHAPIRO FAMILY FOUNDATION RECEIVED NON-CASH CONTRIBUTIONS GREATER THAN $25,000.

BERKE FAMILY FOUNDATION, THE EMQUIES FAMILY SUPPORT FOUNDATION, THE HELENE AND LOUIS GALEN FAMILY FOUNDATION, THE TRENA AND STANLEY GREITZER FAMILY FOUNDATION, THE SHIRLEY AND BURT HARRIS FAMILY FOUNDATION, THE LEVEY CHERRY FOUNDATION, BILL AND BONNY LEVINE FOUNDATION, THE MELISSA MARANTZ NEALY FOUNDATION, THE SEYMOUR AND ELAINE MASOR FOUNDATION, THE

Name of the organization JEWISH COMMUNITY FOUNDATION OF THE JEWISH FEDERATION COUNCIL OF GREATER LA GROUP

Employer identification number 37-1858193

LOUIS AND JUDITH MILLER FAMILY FOUNDATION, THE NIZNICK FAMILY FOUNDATION, LEE AND HERMAN OSTROW FAMILY FOUNDATION, THE PEPP FAMILY SUPPORT FOUNDATION, THE EDWARD RAPHAEL FOUNDATION, SINDER FAMILY FOUNDATION, RUTH AND SONNY SINGER FOUNDATION, THE EDNA AND MICKEY WEISS FAMILY FOUNDATION, WHIZIN SUPPORT FOUNDATION AND THE ZIERING FAMILY FOUNDATION DID NOT RECEIVE NON-CASH CONTRIBUTIONS GREATER THAN $25,000.

FAMILY OR BUSINESS RELATIONSHIPS
FORM 990, PART VI, LINE 2

ELAINE BERKE, SUSAN BERKE FOGEL, AND MICHAEL BERKE HAVE A FAMILY RELATIONSHIP.

MOISE EMQUIES, ANABELLA EMQUIES, AND CAROL ANN EMQUIES HAVE A FAMILY RELATIONSHIP.

CHARLES MOSTOV, NANCY PETERMAN GOLDSTEIN, HELENE GALEN, AND DORI PETERMAN MOSTOV HAVE A FAMILY RELATIONSHIP.

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.

Name of the organization JEWISH COMMUNITY FOUNDATION OF THE JEWISH FEDERATION COUNCIL OF GREATER LA GROUP

Employer identification number 37-1858193

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

GERI LEVINE LOE AND ROBERT LEVINE HAVE A FAMILY RELATIONSHIP.

SIDNEY MARANTZ, JOAN ELLEN MARANTZ, ERIC LEVINE AND WENDY MARANTZ LEVINE HAVE A FAMILY RELATIONSHIP.

HAROLD MASOR AND HARRY ZIMMERMAN HAVE A FAMILY RELATIONSHIP.

LOUIS MILLER, JUDITH MILLER, LARRY MILLER, CARYN KATZ AND PHILIP MILLER HAVE A FAMILY RELATIONSHIP.

ADAM MATYE AND JEANETTE MATYE HAVE A FAMILY RELATIONSHIP.

JESS RAVICH AND ZOE MCNITT HAVE A FAMILY RELATIONSHIP.

DUDLEY PEPP, ARLINE PEPP, DENISE PEPP, LARA RAJNINGER AND DANA PEPP HAVE A FAMILY RELATIONSHIP.

JOYCE POWELL, LAWRENCE POWELL, RICHARD POWELL, NANCY POWELL EISENSTADT, AND LINDA POWELL DAVIS HAVE A FAMILY RELATIONSHIP.

BRUCE GOREN, JERRY GOREN AND DOROTHY GOREN HAVE A FAMILY RELATIONSHIP.

Name of the organization JEWISH COMMUNITY FOUNDATION OF THE JEWISH FEDERATION COUNCIL OF GREATER LA GROUP

Employer identification number 37-1858193

THOMAS RYKOFF, SONDRA RYKOFF AND MARK RYKOFF HAVE A FAMILY RELATIONSHIP.

JACK SINDER AND RITA SINDER HAVE A FAMILY RELATIONSHIP.

RICHARD CHANIN AND ANTHONY CHANIN HAVE A FAMILY RELATIONSHIP.

EDNA WEISS, DENNIS WEISS, RONALD WEISS, AND ANDREA WEISS WHITMAN HAVE A FAMILY RELATIONSHIP.

SARAH SCHULTZ AND BRUCE WHIZIN HAVE A FAMILY RELATIONSHIP.

GERALD NIZNICK, REESA NIZNICK, AMY KONHEIM AND LISA LEONARD HAVE A FAMILY RELATIONSHIP.

MARILYN ZIERING, ROSANNE ZIERING, IRA ZIERING, MICHAEL ZIERING AND AMY ZIERING 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

THE GROUP MEMBERS HAD NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODIES.

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.

Name of the organization JEWISH COMMUNITY FOUNDATION OF THE JEWISH FEDERATION COUNCIL OF GREATER LA GROUP

Employer identification number 37-1858193

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, LINES 1 AND 3, SCHEDULE A, PART I; SCHEDULE F, PART II AND SCHEDULE I, PART II

AMOUNTS REPORTED ON PART IX, LINES 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 XI, LINE 9

OTHER CHANGES IN NET ASSETS

LOSS ON CASH SURRENDER VALUE OF INSURANCE	($76,726)
TOTAL	($76,726)

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.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization JEWISH COMMUNITY FOUNDATION OF THE JEWISH FEDERATION COUNCIL OF GREATER LA GROUP

Employer identification number 37-1858193

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(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	(g) No
(1) BERNARD AND RENA SHAPIRO FAMILY SUPT ORG 83-2718308 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048	GENERAL SUPT	CA	501(C)(3)	12, I	JCF	X	
(2) JACK E & RACHEL GINDI FOUNDATION 95-4068700 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048	GENERAL SUPT	CA	501(C)(3)	12, I	JCF	X	
(3) JEWISH FEDERATION COUNCIL OF GREATER LA 95-1643388 6505 WILSHIRE BLVD LOS ANGELES, CA 90048	GENERAL SUPT	CA	501(C)(3)	7	N/A		X
(4) KASL FOUNDATION 95-4105774 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048	GENERAL SUPT	CA	501(C)(3)	12, I	JCF	X	
(5) KURTZMAN FAMILY FOUNDATION 95-4684563 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048	GENERAL SUPT	CA	501(C)(3)	12, I	JCF	X	
(6) RICHARD AND ROBERTA MARANTZ FAMILY FDN 95-4088934 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048	GENERAL SUPT	CA	501(C)(3)	12, I	JCF	X	
(7) THE ABRASBA FOUNDATION 05-0545566 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048	GENERAL SUPT	CA	501(C)(3)	12, I	JCF	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization JEWISH COMMUNITY FOUNDATION OF THE JEWISH FEDERATION COUNCIL OF GREATER LA GROUP

Employer identification number 37-1858193

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(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	(g) No
(1) THE GOREN FAMILY FOUNDATION 95-4092926 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048	GENERAL SUPT	CA	501(C)(3)	12, I	JCF	X	
(2) THE JEWISH COMMUNITY FDN CHARITABLE FUND 95-3507310 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048	GENERAL SUPT	CA	501(C)(3)	PF	JCF	X	
(3) THE JUDY & BERNARD BRISKIN FAMILY FDN 80-0143565 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048	GENERAL SUPT	CA	501(C)(3)	12, I	JCF	X	
(4) THE NEWTON D & ROCHELLE F BECKER FDN 95-4095134 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048	GENERAL SUPT	CA	501(C)(3)	12, I	JCF	X	
(5) THE SABAN CHARITABLE SUPPORT FUND 68-0517051 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048	GENERAL SUPT	CA	501(C)(3)	12, I	JCF	X	
(6) THE SALTER FAMILY CHARITABLE FOUNDATION 95-3924344 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048	GENERAL SUPT	CA	501(C)(3)	12, I	JCF	X	
(7) THE STEVEN & LOTTIE WALKER FAMILY FDN 95-4095677 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048	GENERAL SUPT	CA	501(C)(3)	12, I	JCF	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization JEWISH COMMUNITY FOUNDATION OF THE JEWISH FEDERATION COUNCIL OF GREATER LA GROUP

Employer identification number 37-1858193

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(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	(g) No
(1) TIKUN OLAM FOUNDATION 95-4871770 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048	GENERAL SUPT	CA	501(C)(3)	12, I	JCF	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R See instructions.