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Use Only

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Department of the Treasury

EXTENDED TO MAY 15, 2020

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.

Open to Public

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service 2018 and ending JUN 30, 2019 A For the 2018 calendar year, or tax year beginning JUL 1, Check if applicable C Name of organization D Employer identification number JEWISH COMMUNITY DAY SCHOOL OF Address GREATER NEW ORLEANS X Name change 72-1328328 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number]final return/ 3747 W. ESPLANADE AVENUE 504-887-4091 termin ated G Gross receipts \$ 1,248,769. City or town, state or province, country, and ZIP or foreign postal code Amende METAIRIE, LA 70002 H(a) Is this a group return Applica-tion pending F Name and address of principal officer BRAD PHILIPSON Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? 1 Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no) If "No," attach a list (see instructions) J Website: ► WWW.JCDSNOLA.ORG H(c) Group exemption number Year of formation: 1996 M State of legal domicile LA Form of organization: X Corporation Other > Trust Part I Summary MISSION OF JEWISH COMMUNITY THE Briefly describe the organization's mission or most significant activities Governance DAY SCHOOL (JCDS) IS TO INSTILL A LOVE OF LEARNING INVIGORATED BY Check this box ▶ ☐ if the organization discontinued its operations of disposed of respect than 25% its net assets 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, Im 3) Number of individuals employed in calendar year 2018 (Part V, Ine 24) $\overline{2}\overline{2}$ 4 Ö JUN 1 0: 2020 26 5 50 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. OGDEN. UT 7a 0. b Net unrelated business taxable income from Form 990-T, line 38 **Prior Year Current Year** 749,246 <u>544,280.</u> Contributions and grants (Part VIII line 1h) Я 502,484 692,305. Program service revenue (Part VIII, line 2g) 9 6,256. 12,184.Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -22,702-27,497.Other revenue (Part VIII, column (A), lines 5, 6d, 8c 9c, 10c, and 11e) 11 235,284 221,272. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 125,129 135,358. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 14 Benefits paid to or for members (Part IX, column (A), line 4) 737,397. 806,110. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) О. 0. 0. + . 5% b Total fundraising expenses (Part IX, column (D), line 25) 188,009 276.136. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 217,604. 050,535 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 184,749 3,668. Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year **End of Year** 568,259. 563,665. 20 Total assets (Part X, line 16) 50,415. 42,153. 21 Total liabilities (Part X, line 26) 517,844. 521,512. Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that 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 BRAD PHILIPSON, HEAD OF SCHOOL Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature P01073556 Paid PAUL PECHON Firm's name BOURGEOIS BENNETT L.L.C. Firm's EIN 72-0136870 Preparer

Firm's address 111 VETERANS BLVD., 17TH FLOOR

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

METAIRIE, LA 70005

day the IRS discuss this return with the preparer shown above? (see instructions)

SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Phone no. 504.831.4949

X Yes

Form 990 (2018)

Form	990 (2018) GREATER NEW ORLEANS	72-1328328	Page 2
Par	t 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 PURPOSE OF THIS JEWISH DAY SCHOOL IS TO UPHOLD JEWISH	PROTUTORS F	
	RELIGIOUS, CHARITABLE, AND PHILANTHROPHIC ACTIVITIES IN		<u></u>
		THE DEWISH	
	COMMUNITY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Vec	X No
	·	163	140
	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	X 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 n	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		nd
	revenue, if any, for each program service reported	-,	-
		602	305.)
4a	(Code) (Expenses \$ 811,468. including grants of \$135,358.) (Revenue		303.
	THE OPERATION OF A JEWISH DAY SCHOOL IN THE NEW ORLEANS A	AREA.	
		•	
	- Company Comp		
	· · · · · · · · · · · · · · · · · · ·		
4b	(Code) (Expenses \$	ue \$	<u></u>
			
4.	1		
4c	(Code) (Expenses \$) (Revenue)	ue \$,
			
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses ► 811,468.		
		Form \$	90 (2018)
			,,

JEWISH COMMUNITY DAY SCHOOL OF GREATER NEW ORLEANS

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Form 990 (2018) GREATER NEW
Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		х
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	-		
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			•
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
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			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		_
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	116	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		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_X_	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	المها		х
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		-	
	or for foreign individuals? If "Yes." complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
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	<u> </u>	
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	ļ	х
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			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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	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,"	i		
	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
		28b		X
	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		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		Х
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
	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		
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		Х
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	
Pai				
	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			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	X	
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	• • • • • • • • • • • • • • • • • • • •		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2.00		
	filed for the calendar year ending with or within the year covered by this return 2a 26	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Same age of	ايري
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2		
За	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		22 N	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	400	200	F 21
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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		<u> </u>
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	1		
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	2 7 1 V		Š.
а	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	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	(m m)/	X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Ь—
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	7000 A.A.S.	947 2024
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<u> AB</u>
	sponsoring organization have excess business holdings at any time during the year?	<u>8</u>	9°0 24%	\$4,77,55 3
9	Sponsoring organizations maintaining donor advised funds.	2. 7	22	Mark.
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	Notes a	285 3
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	18 4°		
	Gross income from members or shareholders 11a			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	\$ T		
	amounts due or received from them)	- 12 / A		2.3
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1984 Fz	25 E
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			Age (
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	7/2 //	3°3, 17.3°	<i>e8</i> .
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	18 11	2.45.244
	Note. See the instructions for additional information the organization must report on Schedule O	學性		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3.3
	organization is licensed to issue qualified health plans 13b			3
	Enter the amount of reserves on hand [13c] Did the experimental reserves any navements for indeer tanging services during the tax year?	140	州縣	X
14a		14a	<u> </u>	├^
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		\vdash
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15	\$\$~\$	290.0
16	If "Yes," see instructions and file Form 4720, Schedule N	Marinda Contra	<u> </u>	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	NAK CI	
	If "Yes," complete Form 4720, Schedule O			<u>ি ৯৯.৯৯ৰ</u> (2018)
		1 0111	,	(40 10)

72-1328328 GREATER NEW ORLEANS Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 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 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X 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 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a 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 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: d & X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? Х a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 1900 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (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 X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 20 CONTROLLER - 504-887-4091

70002

3747 W. ESPLANADE AVE, METAIRIE,

GREATER NEW ORLEANS

Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid
 List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, 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 in	nor any related	orga	nızat	ion	com	npen	sate	ed any current officer, d	rector, or trustee	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	///	POSITION (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	Ьòх			an	compensation	compensation	amount of		
`	week	\vdash	cer an	o a o	recto	r/erusi	ee)	from	from related	other
	(list any	S						the	organizations	compensation
	hours for related	5	<u> </u>			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruster	l trus		99/	nedu		(44-27 1033-141130)		and related
	below	dual	trona		oldr	st co	=			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LIS KAHN	1.00									
BOARD MEMBER		X				$ldsymbol{ld}}}}}}$		0.	0.	0.
(2) MICHAEL WASSERMAN	1.00			1						
PAST PRESIDENT		X						0.	0.	0.
(3) BILL NORMAN	1.00									
BOARD MEMBER		X						0.	0.	0.
(4) JODY HART	1.00									
TREASURER		X		X				0.	0.	0.
(5) BILL HESS	1.00]								
BOARD MEMBER		X						0.	0.	0.
(6) JOAN BERENSON	1.00	I								
BOARD MEMBER		X						0.	0.	0.
(7) CAROLE NEFF	1.00									
PRESIDENT		X		X				0.	0.	0.
(8) JEREMY SOSO	1.00									
BOARD MEMBER		X			L			0.	0.	0.
(9) JESSICA BACH	1.00						l			
BOARD MEMBER		Х						0.	0.	0.
(10) EMILY DVORIN	1.00									
BOARD MEMBER		X			<u> </u>			0.	0.	0.
(11) MADILYN SAMUELS	1.00									
BOARD MEMBER		X					L	0.	0.	0.
(12) JENNIFER SCHNEIDER	1.00						l			
BOARD MEMBER		X					L	0.	0.	0.
(13) EILEEN WALLEN	1.00	j					l			
BOARD MEMBER		X				L		0.	0.	0.
(14) HUGO KAHN	1.00									
BOARD MEMBER	<u> </u>	X				L		0.	0.	0.
(15) SUSAN GREEN	1.00]						ļ.		
VICE PRESIDENT		X	L	X	$ldsymbol{f eta}$	L	L	0.	0.	0.
(16) VALERIE POSNER	1.00									
BOARD MEMBER		X	L.	L	L		L	0.	0.	0.
(17) CAROL NEWMAN	1.00	1								
SECRETARY		X	<u> </u>	X	L	<u> </u>	L_	0.	0.	0.

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Page 7

Total number of independent contractors (including but not limited to those listed above) who received more than

orm 990 (2018)						
	orm	9	9	0	/201	ı۵۱

\$100,000 of compensation from the organization

Page 9

figa	, r ^y A'i	III	_			a in Abra Davi VIII			
			Check if Schedule O conta	ans a response	or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Centricutions, Gifts, Grants Revenue and Other Similar Amounts		b c d	Federated campaigns Membership dues Fundraising events Related organizations	1a 1b 1c	254,109.		annife, attentional, reproduction from	ning symmetric Symmetric	iniministi juliministi. Januaristi juliministi. Januaristi juliministi. Januaristi juliministi.
	1	f g	Government grants (contribution All other contributions, gifts, grant similar amounts not included above Noncesti contributions included in lines to	s, and	63,917.	544,280.			
	٠,	а	TUITION AND FEE AUXILIARY SERVI		Business Code 611600 611600	691-,271. 1,034.	691,271. 1,034.		
	,	c d e	•						,
<u>-</u>	l '		All other program service rever Total. Add lines 2a-2f	nue '	. •	692,305.			
-	3 4 5		Investment income (including other similar amounts) Income from investment of tax		•	12,184.			12,184.
-	6	b	Gross rents Less rental expenses Rental income or (loss)	(i) Real	(ii) Personal	jiji, ojimiliti ajimiliti, gogo			
٠	7	d a	Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		ç d	Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)						
r Revenue	8	а	Gross income from fundraising including \$ 254,1 contributions reported on line Part IV, line 18	<u>09 •</u> of	0.				
Other		С	Less direct expenses Net income or (loss) from fund Gross income from gaming ac		27,497.	-27,497.	72.7		-27,497.
:		С	Part IV, line 19 Less direct expenses Net income or (loss) from gam	-					
		b	Gross sales of inventory, less and allowances Less cost of goods sold Net income or (loss) from sale	a b		8			
	11	a b c	Miscellaneous Revenu	<u>e</u>	Business Code				7
		d e	All other revenue Total. Add lines 11a-11d Total revenue. See instructions		<u> </u>	1,221,272.	692,305.	0.	-15,313.

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Form 990 (2018) GREATER NEW ORLEANS
Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respon	(A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		,		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	135,358.	135,358.		
3	Grants and other assistance to foreign	- prof			TAR END & TO
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			POW TRACE	Makik Bos Zel
5	Compensation of current officers, directors,	112,500.	76,500.	36,000.	
	trustees, and key employees	112,300.	70,300.	30,000.	
. 6	Compensation not included above, to disqualified	`			
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	593,488.	400,079.	193,409.	
7 8	Other salaries and wages Pension plan accruals and contributions (include	333,400.	200,075.	2,5,205.	
•	section 401(k) and 403(b) employer contributions)	18,903.	12.854.	6,049.	
9	Other employee benefits	30,485.	12,854. 20,730.	9,755.	
10	Payroll taxes	50,734.	34,499.	16,235.	
11	Fees for services (non-employees)				1
	Management				
b	Legal			-	
c	Accounting	9,250.		9,250.	
d	Lobbying			·	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				,
	column (A) amount, list line 11g expenses on Sch O.)	5,683.		5,683.	
12	Advertising and promotion	74,591.		74,591.	
13	Office expenses	8,077.		8,077.	
14	Information technology				
15	Royalties			42.264	
16	Occupancy	51,390.	38,029.	13,361.	
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				·
21	Payments to affiliates	12,797.	11,710.	1,087.	· -
22	Depreciation, depletion, and amortization Insurance	12,680.	11,710.	12,680.	-
23 24	Other expenses. Itemize expenses not covered	A A A CONCESSA	\$12.00 mag.		
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)		高小型工作		
а	OTHER PROGRAM EXPENSES	48,896.	48,896.		
ь	TECHNOLOGY & EQUIPMENT	21,421.	21,421.		
С	PROFESSIONAL DEVELOPMEN	14,008.	10,226.	3,782.	<u>.</u>
d	BAD DEBT EXPENSE	10,000.		10,000.	
е	All other expenses	7,343.	1,166.	6,177.	
25	Total functional expenses. Add lines 1 through 24e	1,217,604.	811,468.	406,136.	0.
26	$\mbox{\sc Joint costs.}$ Complete this line only if the organization		,		,
	reported in column (B) joint costs from a combined			0	
	educational campaign and fundraising solicitation.		,		
	Check here rf following SOP 98-2 (ASC 958-720)		<u> </u>	l	Form 990 (2018

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 98,644. 56,457. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 75,000. 151,637. Pledges and grants receivable, net 3 627. 10,412. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 23,558 21,549. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 159,439. basis. Complete Part VI of Schedule D 10a 10b 109,907. 39,609. 10c 49,532. b Less accumulated depreciation 11 Investments - publicly traded securities 11 296,371 308,528. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 568,259 563,665. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 4,807. 9,357. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 45,421. 32,487. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 187. Schedule D 50,415 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Fund Balances 104,948 180,012. 27 27 Unrestricted net assets 162,896. 91,500. 28 Temporarily restricted net assets 28 250,000. 250,000. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 📖 5 and complete lines 30 through 34. Assets 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds š 517,844. 521,512. Total net assets or fund balances 33 563,665.

568,259.

Total liabilities and net assets/fund balances

Form	1990 (2018) GREATER NEW ORLEANS	12-13	328328	Pag	e 12
Ra	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,221		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,217		
3	Revenue less expenses. Subtract line 2 from line 1	3		,66	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	517	,84	<u> 4.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses :	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10 .	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			,	
	column (B))	10	521	, 51	2.
<u>.</u> Ra	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X.
	,				No
1	Accounting method used to prepare the Form 990 CashX Accrual Other				The state of
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		*	(1.00)
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	eror wayer a
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	沙溪		
	separate basis, consolidated basis, or both		(本)		
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			2017 B/ 2	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		- 3 L	
	consolidated basis, or both		1. 11	S 19 9	1.036
	Separate basis Consolidated basis Both consolidated and separate basis		أم الخطيط الم	No. in the	بتغضيف
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		\mathbf{x}	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		表像
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		<u> </u>	<u> </u>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gie Audit			v
	Act and OMB Circular A-133?		3a	+	<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ea audit			
	or audits, explain why in-Schedule O and describe any steps taken to undergo such audits		3b Form 9	200 "	2046
			⊦orm ३	フラリ (2	2018)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Total

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.

JEWISH COMMUNITY DAY SCHOOL OF

OMB No 1545-0047

Open to Public Inspection

Employer identification number

72-1328328/ GREATER NEW ORLEANS 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An 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 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (vi) Amount of other (i) Name of supported (iii) Type of organization in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

JEWISH COMMUNITY DAY SCHOOL OF 72-1328328 Page 2 Schedule A (Form 990 or 990-EZ) 2018 GREATER NEW ORLEANS 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 (f) Total (c) 2016 (d) 2017 (e) 2018 Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 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 Section B. Total Support (d) 2017 Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (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) 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

Schedule A (Form 990 or 990-EZ) 2018 GREATER NEW ORLEANS

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

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·	(Complete only if you checked			organization failed	to quality under P	art II. If the organiz	zation fails to
Section	qualify under the tests listed be on A. Public Support	elow, please comp	lete Part II)				
	ar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gi	ifts, grants, contributions, and embership fees received. (Do not clude any "unusual grants")						
mi for an	ross receipts from admissions, erchandise sold or services per- rmed, or facilities furnished in by activity that is related to the ganization's tax-exempt purpose						
ar	ross receipts from activities that e not an unrelated trade or bus- ess under section 513						
4 Ta	ax revenues levied for the organ- ation's benefit and either paid to						
or	expended on its behalf						
fu	ne value of services or facilities rnished by a governmental unit to e organization without charge						
	otal. Add lines 1 through 5				Ť	<u> </u>	1
	mounts included on lines 1, 2, and					1	
3 i b An fro exc	received from disqualified persons nounts included on lines 2 and 3 received in other than disqualified persons that ceed the greater of \$5,000 or 1% of the nount on line 13 for the year			/.			
	dd lines 7a and 7b			/			
8 Pt	ublic support. (Subtract line 7c from line 6) on B. Total Support			/			
Calenda	ar year (or fiscal year beginning in)	(a) 2014	(b) 2015/	(c) 2016	(d) 2017	(e) 2018	(f) Total
10a Gi di se	mounts from line 6 ross income from interest, vidends, payments received on ecurities loans, rents, royalties, and income from similar sources						
(le	nrelated business taxable income ess section 511 taxes) from businesses equired after June 30, 1975						
11 No	dd fines 10a and 10b et income from unrelated business ctivities not included in line 10b, hether or not the business is gularly carned on						-
12 Or or as	ther income Do not include gain loss from the sale of capital ssets (Explain in Part VI) htal support. (Add lines 8, 10c, 11, and 12)						
14 Fi	rst five years. If the Form 990 is for neck this box and stop here	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	zation,
Secti	on C. Computation of Publi	c Support Per	centage				
15 Pt	ublic support percentage for 2018 (l	ine 8, column (f), d	ivided by line 13,	column (f))		15	
	ublic support percentage from 2017					16	%
	on D. Computation of Inves						·
	vestment income percentage for 20		• • • • • • • • • • • • • • • • • • • •	ne 13, column (f))		17	9/
	vestment income percentage from				45 41 1	18	9/
m b 3 3	3 1/3% support tests - 2018. If the ore than 33 1/3%, check this box ar 3 1/3% support tests - 2017. If the	nd stop here. The organization did n	organization qual not check a box or	ifies as a publicly s Ine 14 or line 19a	supported organiza a, and line 16 is m	ation ore than 33 1/3%,	▶ □
	e 18 is not more than 33 1/3%, che						> -
20' Pi	rivate foundation. If the organization 10-11-18	n did not check a	box on line 14, 19	a, or 19b, check th			00 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 GREATER NEW ORLEANS

Part V 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

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

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

		Yes	No
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	dule A (Form 990 or 990-EZ) 2018 GREATER NEW ORLEANS	72-1328328	8 P	age 5
Par	Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	20020 1703 130 546	ZX	48.43
	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	200000000	1.522.444.
h	A family member of a person described in (a) above?	11b		
	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		
	tion B. Type I Supporting Organizations			
-			Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to	55 S. S.	H.SA	7287.0
1			今葵	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	学	A STORY	A COLUMN
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	2.00		
	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			L. Winds
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	रश्रीभण्य सर	•≱রদ্ময়
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,		***************************************	450
	supervised, or controlled the supporting organization.	2	, ,	L
Sec	tion C. Type II Supporting Organizations			
		Charles and	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			1286.446
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	F-32.53	P 7857-48	200
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		(2)	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			17
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	·idadiii	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	\$7.99%	NWY 545	CONTRACT.
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			146
		2		
•	the organization maintained a close and continuous working relationship with the supported organization(s) By reason of the relationship described in (2), did the organization's supported organizations have a	\$500 CON	· Martin	\$52 SEE. S
3	·			
	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	2 2 2 3	2.000	المنتقب المنتقبة
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structions).		
а	The organization satisfied the Activities Test Complete line 2 below			
ь	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	tity (see instructions)	,	
2	Activities Test Answer (a) and (b) below.	1663.A 1800 . 1800	Yes	No do: No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			17 1964 16 XX
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		2000 N	
	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			237
	that these activities constituted substantially all of its activities	2a	100	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		3.00	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		的機能	
	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.	W. Yaling). Wit	Profes
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		5	A STATE
u	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a	- W. W. W. Co.	·
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	15/03		
U		3b	25 Will C	ir-Tella-
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	a A /Form 990 or 99	n E7	2010

	ridule A (Form 990 or 990-EZ) 2018 GREATER NEW ORLEANS TWO Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga		2-1328328 Page 6
<u>بوتيريز</u> 1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI) See instructions Al
'	other Type III non-functionally integrated supporting organizations must co			art vi y coo maa dedona. 7
Sect	ion 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	1 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		
Sect	ion B - Minimum Asset Amount	-	(A) Prior Year	(B) Current Ŷear (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1992		
_	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		•
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	1,40		
_	factors (explain in detail in Part VI)	1		
2		2		,
3	Subtract line 2 from line 1d	3		,
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		-
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	经验证	
	Enter 85% of line 1	2	医多种的人的性神经	•
_ _ _	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	2.60米 医水平水平	
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	٠,		
•	emergency temporary reduction (see instructions)	6	Nave de la como	
7	Check here if the current year is the organization's first as a non-functional	illy integra	ited Type III supporting organ	nization (see
•	Instructions)	,		•

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 GREATER NEW ORLEANS 72-1328328 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity -Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2018 Amount for 2018 1 Distributable amount for 2018 from Section C, line 6 (S) Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI) See instructions 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 Carryover from 2013 not applied-(see instructions) Remainder, Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D, a Applied to underdistributions of prior years b Applied to 2018 distributable amount TENERS ACTOR c Remainder Subtract lines 4a and 4b from 4 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 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2019. Add lines 3j and 4c Breakdown of line 7 a Excess from 2014 b Excess from 2015 54560X2\\ c Excess from 2016 d Excess from 2017

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 201	18 GREATER N	EW ORLEANS		72-1328328 Page
Part VI	Supplemental Info Part IV, Section A, lines line 1, Part IV, Section D Section D, lines 5, 6, an	rmation. Provide 1, 2, 3b, 3c, 4b, 4c, 5	the explanations requ 5a, 6, 9a, 9b, 9c, 11a, V. Section E. lines 1c	ured by Part II, line 10, Part II, li 11b, and 11c, Part IV, Section , 2a, 2b, 3a, and 3b, Part V, line 5 Also complete this part for ar	ne 17a or 17b, Part III, line 12, B, lines 1 and 2, Part IV, Section C, e 1. Part V. Section B, line 1e, Part V.
	(See instructions)				
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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.

JEWISH COMMUNITY DAY SCHOOL OF

Open to Public Inspection

OMB No 1545-0047

Name of the organization

GREATER NEW ORLEANS

Employer identification number 72-1328328

Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, Irr		or Accounts. Complete if the
	Organization answered Tes Unit offit 950, Factiv, in	(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 advise	ed 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 a		used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, F	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	the organization's accounting for
_	conservation easements	(A -	Lau Cincilau Aasada
Ра	rt III Organizations Maintaining Collections o		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex	, ,	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of put	olic 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 tre		I gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

Sche	dule D (Form 990) 2018 GREATER	NEW ORLEAN	NS	01			72-13	28328	Page 2
Par	200			asures, or	Other S				
3	Using the organization's acquisition, accession		•						_
	(check all that apply)								
а	Public exhibition	d	Loan or exc	hange progra	ıms				
b	Scholarly research	е	Other			_			
С	Preservation for future generations				•				
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizatio	n's exemp	t purpo	se in Part	XIII	
5	During the year, did the organization solicit of	r receive donations o	of art, historical treas	sures, or othe	r sımılar a	ssets			
	to be sold to raise funds rather than to be ma	untained as part of th	ne organization's co	llection?				Yes	No_
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered "	Yes" on F	orm 990), Part IV, I	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribution	s or other ass	ets not inc	cluded		_	
	on Form 990, Part X?							Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table						
								Amount	
c	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					_1f	L	_	
	Did the organization include an amount on Fe		· ·		_	?		Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII								
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	1				т	
		(a) Current year	(b) Prior year	(c) Two year	rs back (c	1) Three	years back	(e) Four	rears back
1a	Beginning of year balance	252,882.						ļ	
b	Contributions		250,000.	ļ				-	
С	Net investment earnings, gains, and losses	12,226.	2,882.						
d	Grants or scholarships			 					
е	Other expenditures for facilities								
	and programs				-				
f	Administrative expenses	265 100	252 002	1					
g	End of year balance	265,108.	252,882.	<u> </u>		 -			
2	Provide the estimated percentage of the curr)) held as					
а	Board designated or quasi-endowment	5.00	%						
b	Permanent endowment ► 95.00	%							
С	Temporarily restricted endowment	%							
_	The percentages on lines 2a, 2b, and 2c sho						_4		
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are neid ai	no aominister	ea for the	organiz	ation	г	/aa Na
	by								<u>Yes No</u>
	(i) unrelated organizations								X
	(ii) related organizations	tions listed as rossur	ed on Schedule P?					3a(ii) 3b	
	If "Yes" on line 3a(ii), are the related organiza							[30]	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		WITIGITE TOTIOS						
	Complete if the organization answere		Part IV line 11a S	See Form 990	Part X lu	ne 10			
	Description of property	(a) Cost or o		t or other		cumulati	ed T	(d) Book	value
	Description of property	basis (investr		(other)		eciation		(a) Dook	VIIIOC
10	Land	==5.5 (56.6	1.,	`					
	Buildings								
	Leasehold improvements								
	Equipment		15	9,439.	1	09,9	07.	49	,532.
	Other		<u> </u>	:		•	T T		
	Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	Y column (R) line 1	OC 1				49	,532.

Schedule D (Form 990) 2018

GREATER NEW ORLEANS

Complete if the organization answered "Yes"	on Form 990 Part IV Ju	a 11h See Form 000	Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives	``	·		
(2) Closely-held equity interests				
(3) Other				
(A) SAMUELS-BOWMAN EDUCATION				
(B) FUND	43,420	. END-OF-Y	EAR MARKET	VALUE
(C) ZUCKER JCDS FUND	265,108		EAR MARKET	
(D)				
(E)	-			
(F)				
(G)			,	
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	308,528		"我想然是'东	《 》"不是不是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11c See Form 990,	Part X, line 13	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)	•			
(3)				
(4)				
(5)				
(6)	•			
(7)				
(8)				
(9)			•	
Total. (Col. (b) must equal Form.990, Part X, col. (B) line 13.)				ALE LEGIT TO ELECTRICAL ELECTRICA
Part IX Other Assets.	1		>	
Complete if the organization answered "Yes"		ne 11d See Form 990,	Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)		<u> </u>		
(3) 、			·	
(4)				
(5)				<u></u>
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	,		,	<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, Iir		n 990, Part X, line 25	5
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) OTHER LIABILITIES	,	309.		
(3)			kanazi	
(4)				
(5)				
(6)				
(8)		<u> </u>		
(9)			Territoria de la companya della comp	12. 15 1. 22 Lake 1887 188. SE
		309.		

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.

GREATER NEW ORLEANS 72-1328328 Page 4 Schedule D'(Form 990) 2018 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 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 2a a Net unrealized gains (losses) on investments 2h b Donated services and use of facilities c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII) 2e e Add lines 2a through 2d 3 3 Subtract line 2e from line 1 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 4b b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) 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 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 2a a Donated services and use of facilities 2b **b** Prior year adjustments c Other losses 2c 2d d Other (Describe in Part XIII) 2e e Add lines 2a through 2d , 3 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) 4c c Add lines 4a and 4b 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. PART V, LINE 4: INVESTMENT INCOME WILL BE USED TO SUPPORT THE JEWISH COMMUNITY DAY SCHOOL. PART X, LINE 2: ACCOUNTING STANDARDS PROVIDE DETAILED GUIDANCE FOR FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, AND DISCLOSURE OF UNCERTAIN TAX POSITIONS RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. IT REQUIRES AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED ON EXAMINATION. TAX YEARS ENDED JUNE 30, 2016 AND LATER REMAIN SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES. AS OF JUNE 30, 2019, MANAGEMENT OF THE SCHOOL BELIEVES IT HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER

832054 10-29-18

Schedule D (Form 990) 2018

JEWISH COMMUNITY DAY SCHOOL OF 72-1328328 Page 5 Schedule D (Form 990) 2018 GREATER NEW Part XIII Supplemental Information (continued) GREATER NEW ORLEANS RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

•

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No 1545-0047

Inspection Employer identification number

72-1328328

Name of the organization JEWISH COMMUNITY DAY SCHOOL OF GREATER NEW ORLEANS

Part 1 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws. X other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, X catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 3. Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain If you need more space, use Part II PUBLISHED IN DAILY NEW ORLEANS NEWSPAPER AND IN OTHER LOCAL PUBLICATIONS 4 Does the organization maintain the following? X a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a X b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student X admissions, programs, and scholarships? 4c X d Copies of all material used by the organization or on its behalf to solicit contributions? 4d If you answered "No" to any of the above, please explain. If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? 5c c Employment of faculty or administrative staff? 5d d Scholarships or other financial assistance? e Educational policies? 5e X 5f f Use of facilities? X g Athletic programs? 5g Х 5h h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a b Has the organization's right to such aid ever been revoked or suspended? 6b If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," explain on Part II.

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

Schedule E (Form 990 or 990-EZ) 2018

Schedule E (Form 990 or 990 EZ) 2018 GREATER NEW ORLEANS 72-1328328	Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable	
Also provide any other additional information	
Also provide any other additional information	
THE COURT WANTED OF COURT WITH THE TANAMATAL ATD.	
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:	
THE STATE OF LOUISIANA PROVIDES \$27.02 PER STUDENT FOR TEXTBOOKS BASED	
UPON THE NUMBER OF K-12 STUDENTS ENROLLED IN THE SCHOOL.	
UPON THE NUMBER OF R-12 STODENTS ENROLLED IN THE SCHOOL.	
The state of the s	
	-

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

	COMMUNITY DAY SCHOO NEW ORLEANS	OF C	F		Employer ide 72-1328	ntification number 3.2.8
	Complete if the organization answer	red "Y	es" on	Form 990, Part IV, II		
1 Indicate whether the organization raise a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual of art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-govern govern using of ing of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?	☐ Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have ci or con contribi	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
					····	
- Mr					·	
Total 3 List all states in which the organizatio or licensing	n is registered or licensed to solicit c	ontrib	▶ utions	or has been notified	it is exempt from re	gistration
Of illocationing						
				<u></u>	· · · · · · · · · · · · · · · · · · ·	

			-			
		_				

Schedule G (Form 990 or 990-EZ) 2018 GREATER NEW ORLEANS Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (c) Other events (a) Event #1 (b) Event #2 (d) Total events NONE (add col (a) through GALA col (c)) (event type) (event type) (total number) 254,109. 254,109. 1 Gross receipts 254,109. 254,109. 2 Less Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 27,497. 27,497. 9 Other direct expenses 27,497. 10 Direct expense summary Add lines 4 through 9 in column (d) -27,497. 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes % 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain

72-1328328 Page 2

Sch	edule G'(Form 990 or 990-EZ) 2018 GREATER NEW ORLEANS	<u>72-13283</u>	28 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?		es No
13	Indicate the percentage of gaming activity conducted in		
	The organization's facility	13a	%
	An outside facility	13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and record		
14	enter the name and address of the person who prepares the organization's gaining/special events books and record	12	
	Name		
	Address >		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	es L No
b	if "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	ount	
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party		
	Name ►		
	Address ▶		
16	Gaming manager information		
-			
	Name		
	Gaming manager compensation ▶ \$		
	Caning manager compensation		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	 1	<u> </u>
	retain the state gaming license?	Y	es L No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the	
_	organization's own exempt activities during the tax year 🕨 \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v),	and Part III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
			
_			
_			
8320	33 10-03-18 Schedule	G (Form 990 or	990-EZ) 2018

JEWISH COMMUNITY DAY SCHOOL OF Schedule G (Form 990 or 990-EZ) GREATER NEW ORLEANS Part IV Supplemental Information (continued) 72-1328328 Page 4

SCHEDULE I	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 Open to Public Inspection

OMB No 1545-0047

Name of the organization JEWISH COMMUNITY DAY SCHOOL OF Employer identification number 72-1328328 GREATER NEW ORLEANS 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 assis	tance?						X Yes No
2 Describe in Part IV the organization's pro	cedures for monte	oring the use of grant f	funds in the United	States		<u> </u>	
Part II Grants and Other Assistance to I	Domestic Organiz	ations and Domestic	Governments, C	complete if the orga	anization answered "Y	es" on Form 990, Part I	V, line 21, for any
recipient that received more than \$	5,000 Part II can	be duplicated if addition	onal space is need	ed		,	
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
,							

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

Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

832101 11-02-18

	ICOL OF			72-1328328	Page 2
ls. Complete if the	organization answi	ered "Yes" on Form 8	990, Part IV, line 22		
(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 noncash	assistance
50	135,358.	0.	PAIR MARKET VALUE		
	<u></u>			-	
		<u></u>			
equired in Part I, lin	e 2, Part III, column	(b), and any other ac	dditional information	···	
RANTS TO C	DRGANTZATT	ONS. IT ISS	IIIRS	•	
	·				
				 	
				Schedule I /For	m 990) (2018
	LEANS Its. Complete if the (b) Number of recipients 50 equired in Part I, Impact of the property of the pr	(b) Number of (c) Amount of recipients cash grant 50 135,358.	Its. Complete if the organization answered "Yes" on Form 6 (b) Number of cash grant (d) Amount of non-cash grant (ash assistance) 50 135,358. 0. 135,358. 10.	LEANS Its. Complete if the organization answered "Yes" on Form 890, Part IV, line 22 (b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (book, FMV, appraisal, other) 50 135,358. 0. PAIR MARKET VALUE	Ite. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (b) Method of valuation (book, FMV, appraisal, other) (f) Description of noncash (b) Number of recipients (d) Amount of non-cash assistance (b) Method of valuation (book, FMV, appraisal, other) (f) Description of noncash (d) Amount of non-cash (d) Amount of non-cash assistance (b) Method of valuation (book, FMV, appraisal, other) (f) Description of noncash (d) Amount of non-cash (d) Amount of non-ca

SCHEDULE O

Department of the Treasury Internal Revenue Service

832211 10-10-18

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

18 Open to Public

OMB No 1545-0047

Inspection

Name of the organization

JEWISH COMMUNITY DAY SCHOOL OF GREATER NEW ORLEANS

Employer identification number 72-1328328

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ACADEMIC EXCELLENCE. JCDS IS GROUNDED IN JEWISH TRADITION, FOSTERING
SPIRITUALITY (EMUNAH), DEDICATION TO REPAIR OUR WORLD (TIKKUN OLAM),
AND COMMITMENT TO THE ENTIRE JEWISH PEOPLE (K'LAL YISRAEL). JCDS IS A
NURTURING SCHOOL WHERE FAMILIES OF ALL BACKGROUNDS ARE WELCOMED AND
CHILDREN ARE PREPARED TO BE ENGAGED COMPASSIONATE LEADERS.
FORM 990, PART VI, SECTION A, LINE 2:
THE FOLLOWING BOARD MEMBERS HAVE A FAMILIAL RELATIONSHIP: HUGO KAHN AND
LIS KAHN ARE MARRIED; MADILYN SAMUELS AND NAOMI SAMUELS ARE GRANDMOTHER AND
GRANDDAUGHTER, RESPECTIVELY; KAREN REMER AND CAROLE NEFF ARE COUSINS.
THERE ARE NO BUSINESS RELATIONSHIPS BETWEEN THE OFFICERS, DIRECTORS,
TRUSTEES, OR KEY EMPLOYEES.
FORM 990, PART VI, SECTION A, LINE 8B:
THE GOVERNING BODY IS RESPONSIBLE FOR DOCUMENTING ALL MEETINGS.
FORM 990, PART VI, SECTION B, LINE 11B:
PRIOR TO THE SCHOOL FILING THE FORM 990, THE BOARD OF DIRECTORS IS EMAILED
A COPY FOR REVIEW. AFTER SUFFICIENT TIME FOR REVIEW, THE FORM IS FINALIZED
AND SUBMITTED.
FORM 990, PART VI, SECTION B, LINE 12C:
ALL BOARD MEMBERS SHALL DISCLOSE TO THE BOARD ANY POSSIBLE CONFLICT OF
INTEREST AT THE EARLIEST PRACTICAL TIME. NO BOARD MEMBER SHALL VOTE ON ANY
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization JEWISH COMMUNITY DAY SCHOOL OF . GREATER NEW ORLEANS	Page 2 Employer identification number 72-1328328
MATTER, UNDER CONSIDERATION OF THE BOARD OR COMMITTEE MEET	
SUCH BOARD MEMBER HAS CONFLICT OF INTEREST. THE MINUTES OF	SUCH MEETING
SHALL REFLECT THAT A DISCLOSURE WAS MADE AND THAT THE BOARD MEMBER HAVING	
THE CONFLICT OF INTEREST ABSTAINED FROM VOTING. ANY BOARD MEMBER WHO IS	
UNCERTAIN WHETHER HE OR SHE HAS A CONFLICT OF INTEREST IN ANY MATTER MAY	
REQUEST THE BOARD TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND	
THE BOARD SHALL RESOLVE THE QUESTION BY A MAJORITY VOTE.	
	V - 495- 1 84
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD APPROVES MULTI YEAR CONTRACT FOR THE EXECUTIVE DIRECTOR. THEY ARE	
RESPONSIBLE FOR DETERMINING THE EXECUTIVE DIRECTOR'S COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL PUBLIC DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	
ADDITIONALLY, SOME FORMS CAN BE OBTAINED ON WEBSITES SUCH	AS GUIDESTAR.
FORM 990, PART XII, LINE 2C:	
FORM 990 PART XI LINE 2C	
THE FINANCIAL COMMITTEE MEETS APPROXIMATELY EVERY OTHER MO	NTH TO REVIEW
THE FINANCIAL STATUS OF THE SCHOOL AND TO GO OVER THE MONTHLY FINANCIAL	
SHEETS. DURING ONE OF THE REGULARLY SCHEDULED MEETINGS THE COMMITTEE	
REVIEWS AND ASSUMES THE RESPONSIBILITY FOR THE STATEMENTS	PREPARED BY
BOURGEOIS BENNETT, LLC.	

R. Kyle Ardoin SECRETARY OF STATE

09/06/2018

State of Louisiana Secretary of State



COMMERCIAL DIVISION 225.925.4704

Administrative Services

225.932.5317 Fax

Corporations

225.932.5314 Fax

Uniform Commercial Code

225.932.5318 Fax

ONLINE FILING cneff@sessions-law.com

JEWISH COMMUNITY DAY SCHOOL OF GREATER NEW ORLEANS

It has been a pleasure to approve and place on file your name change. The appropriate evidence is attached for your files.

Payment of the filing fee is acknowledged by this letter.

In addition to email and text notifications, business owners now have the option to enroll in our secured business filings (SBF) service. This service is available for a one-time fee of \$35 accompanied by a notarized affidavit. Upon enrollment, an amendment cannot be made to your entity without approval using your personal identification number. This is another way to protect your business from fraud and identity theft.

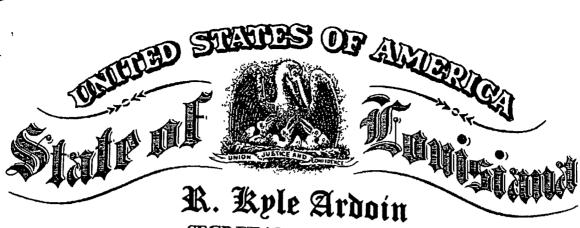
Please note that as of January 1, 2018, business owners in the following parishes will be required to file all available business documents online through geauxBIZ: Ascension, Bossier, Caddo, Calcasieu, East Baton Rouge, Jefferson, Lafayette, Livingston, Orleans, Ouachita, Rapides, St. Tammany, Tangipahoa and Terrebonne.

Online filing options are available if changes are necessary to your registration or if you need to file an annual report. Please visit our website at **GeauxBiz.com** for your future business needs.

Sincerely.

The Commercial Division WEB

Rev 09/09



SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

a copy of an Amendment to the Articles of Incorporation of

COMMUNITY DAY SCHOOL

Domiciled at METAIRIE, LOUISIANA, changing the corporate name to

JEWISH COMMUNITY DAY SCHOOL OF GREATER NEW ORLEANS

Was filed and recorded in this Office on September 06, 2018.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

September 6, 2018

L 12 162.

Secretary of State

WEB34530009



Certificate ID: 10991643#2NJ62

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos_la.gov

STATE OF LOUISIANA

NAME CHANGE AMENDMENT

R.S. 12:238

Old Name:

COMMUNITY DAY SCHOOL

New Name:

JEWISH COMMUNITY DAY SCHOOL OF GREATER NEW ORLEANS

Date Amendment Adopted:

08/29/2018

Manner of Adoption:

NO SHAREHOLDERS, UNANIMOUSLY APPROVED BY DIRECTORS

The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to fine or imprisonment or both under R.S. 14:133.

BY TYPING MY NAME BELOW, I HEREBY CERTIFY THAT I AM AN OFFICER. ELECTRONIC SIGNATURE: CAROLE CUKELL NEFF (9/6/2018)

TITLE: PRESIDENT



SECRETARY OF STATE

As Suretary of State of the State of Louisiana, I do hereby Certify that

the attached document(s) of

JEWISH COMMUNITY DAY SCHOOL OF GREATER NEW ORLEANS

are true and correct and are filed in the Louisiana Secretary of State's Office.

43187333

NMCHG

09/06/2018 1 page

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

September 6, 2018

R 1 Le No.
Secretary of State

WEB 34530009



Certificate ID: 10991644#ARK73 To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

CERTIFICATION OF ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION OF THE COMMUNITY DAY SCHOOL

The undersigned, President of the Non-Profit Corporation previously named the "Community Day School," (hereinafter "the Corporation") does hereby certify that the following Resolution amending the Articles of Incorporation of the Corporation was duly adopted pursuant to La. R.S. amending the Articles of all of the Members present at a meeting of the Members held on 12:237 by the affirmative vote of all of the Members present at a meeting of the Members held on October 22, 2013, the notice of which set forth the proposed amendment.

The Articles of Incorporation of the Corporation were amended by said Resolution as follows:

AMENDMENT TO THE ARTICLES OF INCORPORATION OF COMMUNITY DAY SCHOOL

ARTICLE I NAME

The name of the Corporation is Jewish Community Day School of Greater New Orleans.

Thus done and signed on the 21 day of August, 2018.

CAROLE CUKELL NEFF, President

00508772-1

ACKNOWLEDGMENT

STATE OF LOUISIANA

PARISH OF ORLEANS

BEIT KNOWN, that on this 30 day of ________, 2018, before me, the undersigned notary Public, duly commissioned and qualified in and for the State of Louisiana,

PERSONALLY CAME AND APPEARED:

CAROLE CUKELL NEFF,

To me known to be the identical person who executed the above and foregoing Articles of Amendment to the Articles of Incorporation who declared and acknowledged to me, Notary, in the presence of the undersigned competent witnesses that she executed the above and foregoing Articles of Amendment of her own free will, as her own act and deed, for the uses, purposes, and benefits therein expressed.

WITNESSES:

Lana U Nacional

mhin L. AnNo

Print Name: Cynthia L. Dance

ROSE S. SHER NOTARY PUBLIC BAR NO. 33368

Rose S. Sher
Notary Public
State of Louisiana
Bar No 33368
My commission is for life.

00508772-1