

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2015

**Open to Public Inspection**

**A** For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization JEWISH FEDERATION COUNCIL OF GREATER LA				<b>D</b> Employer identification number 95-1643388	
	Doing Business As				<b>E</b> Telephone number (323) 761-8000	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite			
	6505 WILSHIRE BLVD					
City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90048				<b>G</b> Gross receipts \$ 53,677,022.		
<b>F</b> Name and address of principal officer: IVAN WOLKIND 6505 WILSHIRE BLVD LOS ANGELES, CA 90048				<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				If "No," attach a list. (see instructions)		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				<b>H(c)</b> Group exemption number ▶		
<b>J</b> Website: ▶ WWW.JEWISHLA.ORG						
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				<b>L</b> Year of formation: 1937 <b>M</b> State of legal domicile: CA		

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
	-----	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 56.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 56.
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b> 243.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 1,997.
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 2,762.	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 1,184.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 47,281,505. <b>Current Year</b> 47,593,509.
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,006,993. 2,045,693.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,915,165. 1,524,400.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-205,034. -347,682.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51,998,629. 50,815,920.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		16,970,570. 17,364,358.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		29,185. 61,428.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,689,471.		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,918,119. 11,667,922.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		53,950,337. 53,754,068.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-1,951,708. -2,938,148.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 150,254,129. <b>End of Year</b> 148,224,361.
	<b>21</b> Total liabilities (Part X, line 26)	29,545,110. 33,593,166.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	120,709,019. 114,631,195.

## Part II Signature Block

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

<b>Sign Here</b>	▶ Signature of officer		Date		
	IVAN WOLKIND Type or print name and title		COO & CFO		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KARA ADAMS	<i>Kara Adams</i>	11/8/16		P00023315
	Firm's name ▶ ERNST & YOUNG U.S. LLP	Firm's EIN ▶ 34-6565596		Phone no. 949-794-2300	
Firm's address ▶ 18101 VON KARMAN AVENUE, SUITE 1700 IRVINE, CA 92612					

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 24,012,147. including grants of \$ 15,068,195. ) (Revenue \$ 2,045,693. )

SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ 12,905,254. including grants of \$ 9,231,281. ) (Revenue \$ 0. )

SEE SCHEDULE O

**4c** (Code: ) (Expenses \$ 2,994,573. including grants of \$ 360,884. ) (Revenue \$ 0. )

SEE SCHEDULE O

**4d** Other program services (Describe in Schedule O.)

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

**4e** Total program service expenses ▶ 39,911,974.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	X	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .	X	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .	X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .	X	
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> 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? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (56), 1b (56), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:▶

IVAN WOLKIND 6505 WILSHIRE BLVD LOS ANGELES, CA 90048

323-761-8000

**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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LESLIE BIDER ----- DIRECTOR/CHAIRMAN	1.00 ----- 0.	X		X				0.	0.	0.
(2) SHARON JANKS ----- DIRECTOR/VICE CHAIRMAN	1.00 ----- 0.	X		X				0.	0.	0.
(3) ALBERT PRAW ----- DIRECTOR/VICE CHAIRMAN	1.00 ----- 0.	X		X				0.	0.	0.
(4) ALAN ROSEN ----- DIRECTOR/VICE CHAIRMAN	1.00 ----- 0.	X		X				0.	0.	0.
(5) TERRI SMOOKE ----- DIRECTOR/TREASURER	1.00 ----- 0.	X		X				0.	0.	0.
(6) NANCY GLASER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(7) DANIEL GRYZZMAN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(8) ORNA WOLENS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(9) LYNNETTE BROWN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(10) DEREK BROWN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(11) JULIE PLATT ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(12) LEON JANKS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(13) ROCHELLE COHEN ----- DIRECTOR/SECRETARY	1.00 ----- 0.	X		X				0.	0.	0.
(14) IRVING WEINTRAUB ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) HEIDI MONKARSH ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 16) KARMI MONSHER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 17) PAUL PEPPERMAN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 18) JONATHAN ANSHELL ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 19) KEN PRESSBERG ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 20) KEN KAHAN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 21) RODNEY FREEMAN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 22) ANDREW ALTSHULE ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 23) DEBBIE ATTANASIO ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 24) HOWARD BERNSTEIN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 25) LYNN BIDER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							2,159,720.	0.	384,844.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							2,159,720.	0.	384,844.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 32

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 18



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) JERRY COBEN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 27) JONATHAN COOKLER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 28) RABBI ELLIOT DORFF ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 29) JOSH FEFFER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 30) CECE FEILER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 31) RABBI ED FEINSTEIN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 32) LARRY FREEMAN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 33) JESSE GABRIEL ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 34) ABNER GOLDSTINE ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 35) STEVEN GORDON ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 36) DEBI GRABOFF ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 32

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) ADA HORWICH ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 38) NANCY JOSEPHSON ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 39) MARK LAINER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 40) JONATHAN LITTMAN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 41) FRANK MAAS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 42) VIRGINIA MAAS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 43) HAROLD MASOR ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 44) STEVEN NICHOLS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 45) LAWRENCE POST ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 46) MARC ROHATINER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
( 47) LENNY SANDS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 32

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48) DANA SAYLES ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 49) JESSE SHARF ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 50) NANCY SHER COHEN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 51) BRIAN SHIRKEN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 52) GLENN SONNENBERG ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 53) MARK WEINSTEIN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 54) BRIAN WEISBERG ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 55) RABBI DAVID WOLPE ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 56) MICHAEL ZIERING ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 57) IVAN WOLKIND ----- CFO/COO	38.00 ----- 0.			X			299,948.	0.	30,969.	
( 58) JAY SANDERSON ----- CEO/PRESIDENT	38.00 ----- 0.			X			526,080.	0.	59,012.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 32

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 59) ANDREW CUSHNIR ----- EVP CHIEF DEVELOPMENT OFFICER	38.00 0.				X		276,148.	0.	38,226.	
( 60) CAROL KORANSKY ----- EVP DIRECTOR VALLEY ALLIANCE	38.00 0.				X		223,227.	0.	33,630.	
( 61) DENISE OSSO ----- CHIEF CREATIVE DIRECTOR	38.00 0.					X	163,029.	0.	68,696.	
( 62) CYNTHIA AYALA ----- SVP ADMINISTRATION & HR	38.00 0.					X	181,561.	0.	44,765.	
( 63) AMY POPKIN ----- SVP WOMEN'S CAMPAIGN	38.00 0.					X	148,281.	0.	62,268.	
( 64) JOHN MAGOULAS ----- ASSOC. CHIEF DEVELOPMENT OFCR	38.00 0.					X	172,784.	0.	23,981.	
( 65) LORI TESSEL ----- CHIEF DEVEL OFCR VLY ALLIANCE	38.00 0.					X	168,662.	0.	23,297.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 32

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>	121,516.					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	9,754,462.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	7,703,802.					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	370,817.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	29,642,912.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		2,504,934.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			47,593,509.				
<b>Program Service Revenue</b>	<b>Business Code</b>							
	<b>2a</b> PROGRAM SERVICES		900099	101,239.	101,239.			
	<b>b</b> RENT REIMBURSEMENT		531120	1,944,454.	1,944,454.			
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue . . . . .							
<b>g Total.</b> Add lines 2a-2f . . . . .			2,045,693.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .			1,212,845.		2,762.	1,210,083.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .			0.				
	<b>5</b> Royalties . . . . .			0.				
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .						
		<b>d</b> Net rental income or (loss) . . . . .			0.			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .			1,868,932.			
		<b>c</b> Gain or (loss) . . . . .			1,557,377.			
		<b>d</b> Net gain or (loss) . . . . .			311,555.			311,555.
	<b>8a</b> Gross income from fundraising events (not including \$ 9,754,462. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>			872,137.			
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>		1,303,725.			
		<b>c</b> Net income or (loss) from fundraising events. . . . .			-431,588.			-431,588.
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less: direct expenses . . . . .		<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities. . . . .				0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory. . . . .			0.				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> REIMBURSEMENTS			900099	76,139.			76,139.	
	<b>b</b> OTHER		900099	7,767.			7,767.	
	<b>c</b>							
	<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .				83,906.				
<b>12 Total revenue.</b> See instructions. . . . .				50,815,920.	2,045,693.	2,762.	1,173,956.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	23,806,762.	23,806,762.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	853,598.	853,598.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,487,240.	1,029,236.	229,002.	229,002.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	12,353,412.	6,595,913.	757,265.	5,000,234.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,500,034.	604,196.	136,311.	759,527.
9 Other employee benefits . . . . .	931,910.	388,413.	74,574.	468,923.
10 Payroll taxes . . . . .	1,091,762.	618,357.	78,016.	395,389.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	37,078.		37,078.	
c Accounting . . . . .	156,273.		156,273.	
d Lobbying . . . . .	63,000.	63,000.		
e Professional fundraising services. See Part IV, line 17.	61,428.			61,428.
f Investment management fees . . . . .	135,113.		135,113.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	998,335.	745,042.	196,608.	56,685.
12 Advertising and promotion . . . . .	903,988.	462,372.	19,392.	422,224.
13 Office expenses . . . . .	538,380.	230,288.	97,746.	210,346.
14 Information technology . . . . .	404,780.	127,261.	139,114.	138,405.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	2,385,657.	1,668,101.	552,815.	164,741.
17 Travel . . . . .	510,271.	424,728.	52,681.	32,862.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	219,113.	101,111.	79,053.	38,949.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	1,632,817.	1,078,905.	440,708.	113,204.
23 Insurance . . . . .	579,815.	115,963.	243,522.	220,330.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>EQUIPMENT REPAIRS/MAINT</u> . . . . .	814,758.	420,698.	234,302.	159,758.
b <u>SPECIAL EVENT EXPENSE</u> . . . . .	1,077,298.	112,427.		964,871.
c <u>TEMPORARY LABOR</u> . . . . .	341,756.	98,189.	77,567.	166,000.
d <u>ALL OTHER EXPENSES</u> . . . . .	869,490.	367,414.	415,483.	86,593.
e All other expenses . . . . .				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	53,754,068.	39,911,974.	4,152,623.	9,689,471.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	19,554,942.	<b>1</b>	21,154,891.
	<b>2</b> Savings and temporary cash investments . . . . .	4,734,040.	<b>2</b>	7,577,061.
	<b>3</b> Pledges and grants receivable, net . . . . .	11,568,128.	<b>3</b>	11,484,414.
	<b>4</b> Accounts receivable, net . . . . .	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	7,558,432.	<b>7</b>	3,715,356.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	499,650.	<b>9</b>	418,850.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 37,390,127.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 21,669,731.	16,835,359.	<b>10c</b> 15,720,396.
	<b>11</b> Investments - publicly traded securities . . . . .	30,342,211.	<b>11</b>	31,304,818.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	48,486,797.	<b>12</b>	42,049,173.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	10,674,570.	<b>15</b>	14,799,402.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	150,254,129.	<b>16</b>	148,224,361.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,059,345.	<b>17</b>	3,810,181.
	<b>18</b> Grants payable . . . . .	14,196,225.	<b>18</b>	13,818,138.
	<b>19</b> Deferred revenue . . . . .	0.	<b>19</b>	250,000.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	9,540,498.	<b>21</b>	13,906,026.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	1,749,042.	<b>25</b>	1,808,821.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	29,545,110.	<b>26</b>	33,593,166.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	98,762,577.	<b>27</b>	90,104,474.
	<b>28</b> Temporarily restricted net assets . . . . .	17,133,100.	<b>28</b>	19,613,379.
	<b>29</b> Permanently restricted net assets . . . . .	4,813,342.	<b>29</b>	4,913,342.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	120,709,019.	<b>33</b>	114,631,195.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	150,254,129.	<b>34</b>	148,224,361.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	50,815,920.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	53,754,068.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-2,938,148.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	120,709,019.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-3,138,206.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,470.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	114,631,195.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2015)



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization JEWISH FEDERATION COUNCIL OF GREATER LA	Employer identification number 95-1643388
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 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; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2015 (93.85%); 15 Public support percentage from 2014 Schedule A, Part II, line 14 (93.66%); 16a 33 1/3% support test - 2015 (checked); 16b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; 17b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b>	Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b>	Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .			
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013 . . . . .			
e From 2014 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 . . . . .			
d Excess from 2014 . . . . .			
e Excess from 2015 . . . . .			

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**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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**Schedule of Contributors**

**2015**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> JEWISH FEDERATION COUNCIL OF GREATER LA	<b>Employer identification number</b> 95-1643388
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**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> JEWISH FEDERATION COUNCIL OF GREATER LA	<b>Employer identification number</b> 95-1643388
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 5,699,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 1,089,646.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **JEWISH FEDERATION COUNCIL OF GREATER LA**

Employer identification number

95-1643388

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

Name of organization JEWISH FEDERATION COUNCIL OF GREATER LA	Employer identification number 95-1643388
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**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

  

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

  

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

  

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization JEWISH FEDERATION COUNCIL OF GREATER LA	Employer identification number 95-1643388
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2015

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b> Other exempt purpose expenditures . . . . .														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

**Part IV** Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1F

LOBBYING EXPENSE ALLOCATIONS

THE JEWISH PUBLIC AFFAIRS COMMITTEE OF CALIFORNIA (JPAC) IS THE LARGEST SINGLE STATE COALITION OF JEWISH ORGANIZATIONS IN THE NATION. JPAC IS COMPRISED OF JEWISH FEDERATIONS, JEWISH COMMUNITY RELATIONS COMMITTEES, AND OTHER CALIFORNIA BASED JEWISH ORGANIZATIONS. JPAC TAKES POSITIONS ON LEGISLATION DEALING WITH ISSUES IMPORTANT TO THE JEWISH COMMUNITY, SUCH AS CIVIL RIGHTS, SEPARATION OF CHURCH AND STATE, SOCIAL SERVICE DELIVERY, AND PUBLIC EDUCATION. JPAC ALSO ADVOCATES ON THE FULL RANGE OF JEWISH COMMUNITY CONCERNS, INCLUDING SUPPORT ON BEHALF OF JEWISH SOCIAL SERVICE PROVIDER AGENCIES THAT SERVE THE POPULATION AT LARGE. JPAC SERVES AS A RESOURCE TO LEGISLATORS ON VARIOUS POLICY MATTERS. LOBBYING ALLOCATION TO JPAC IS \$63,000.



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

JEWISH FEDERATION COUNCIL OF GREATER LA

95-1643388

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	83,266,620.	81,580,221.	74,134,717.	67,264,208.	72,141,000.
<b>b</b> Contributions	5,597,769.	3,707,776.	2,089,662.	1,055,573.	1,559,930.
<b>c</b> Net investment earnings, gains, and losses	-1,653,857.	2,335,782.	9,346,757.	9,330,396.	-626,730.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	6,149,847.	4,101,572.	3,764,817.	3,319,758.	5,662,869.
<b>f</b> Administrative expenses	276,811.	255,587.	226,098.	195,702.	147,123.
<b>g</b> End of year balance	80,783,874.	83,266,620.	81,580,221.	74,134,717.	67,264,208.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  88.5800 %
  - b** Permanent endowment  6.0800 %
  - c** Temporarily restricted endowment  5.3400 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| <b>(i)</b> unrelated organizations  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>(ii)</b> related organizations   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		2,463,991.		2,463,991.
<b>b</b> Buildings		28,459,024.	16,534,643.	11,924,381.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		3,850,177.	3,408,617.	441,560.
<b>e</b> Other		2,616,935.	1,726,471.	890,464.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				15,720,396.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) JEWISH COMMUNITY FOUNDATION	42,049,173.	FMV
(B) COMMON INVESTMENT POOL		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	42,049,173.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) JIM JOSEPH FUND HSAI	13,906,026.
(2) DUE FROM BROKER	573,353.
(3) CSV LIFE INSURANCE	198,954.
(4) DEFERRED COMPENSATION 457 (B)	106,030.
(5) DONATED REAL ESTATE	15,039.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	14,799,402.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DB PENSION PLAN PAYABLE	1,169,109.
(3) OTHER DEFERRED COMPENSATION	500,000.
(4) DEFERRED COMPENSATION 457 (B) PLAN	106,030.
(5) OTHER LIABILITIES	33,682.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,808,821.

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



**Part XIII Supplemental Information** (continued)

SCHEDULE D, PART IV, LINE 2B

THE JEWISH FEDERATION COUNCIL OF GREATER LA PARTNERED WITH THE JEWISH COMMUNITY FOUNDATION ("FOUNDATION"), BUREAU OF JEWISH EDUCATION ("BJE"), AND FIVE BJE AFFILIATED JEWISH HIGH SCHOOLS ("HIGH SCHOOLS") PARTICIPATED IN THE JIM JOSEPH FOUNDATION HIGH SCHOOL AFFORDABILITY INITIATIVE. THE INITIATIVE ASSISTS THE HIGH SCHOOLS IN RAISING ENDOWMENT DOLLARS WHICH WILL BUILD ONGOING CAPACITY TO SUPPORT JEWISH HIGH SCHOOL EDUCATION. THE FEDERATION ACTS AS INTERMEDIARY BETWEEN THE BJE AND THE FOUNDATION BY TRANSFERRING FUNDS RECEIVED BY BJE FROM THE HIGH SCHOOLS FOR INVESTING IN THE COMMON INVESTMENT POOL MANAGED BY THE FOUNDATION.

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS

THE BOARD DESIGNATED ENDOWMENT IS INTENDED TO PROVIDE ONGOING SUPPORT FOR THE ORGANIZATION THROUGH AN ANNUAL DISTRIBUTION. THE ANNUAL DISTRIBUTION IS BASED ON A SPENDING RATE OF 5% CALCULATED BASED ON THE TWELVE QUARTERS AVERAGE BALANCE AT SEPTEMBER 30TH.

ADDITIONALLY, THE BOARD DESIGNATED ENDOWMENT MAY BE USED TO SUPPORT SIGNIFICANT OPERATING OR PROGRAM INITIATIVES THAT EXCEED THE PROJECTED ANNUAL REVENUE AND EXPENSE BUDGET. DISTRIBUTIONS THAT EXCEED THE ANNUAL SPENDING RATE ARE APPROVED BY THE BOARD. OTHER ENDOWMENT FUNDS ARE INTENDED TO A) PROVIDE AN ENDOWMENT TO MATCH AREA JEWISH DAY SCHOOLS SCHOLARSHIP DISTRIBUTIONS, B) PROVIDE FUNDS FOR CAPITAL IMPROVEMENTS TO THE FEDERATION'S FACILITIES, AND C) PROVIDE SUPPORT FOR CAMPING PROGRAMS.

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

FIN 48(ASC740) FOOTNOTE

THE FEDERATION IS EXEMPT FROM FEDERAL INCOME AND CALIFORNIA FRANCHISE TAXES UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE AND CORRESPONDING CALIFORNIA REVENUE AND TAXATION CODE SECTIONS, RESPECTIVELY. ADDITIONALLY, THE FEDERATION HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE REPORTING OR DISCLOSURE IN THE FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2015.

SCHEDULE D, PART XI, LINE 4B

EXPLANATION OF OTHER ADJUSTMENTS

THE \$1,521,901 IS COMPRISED OF: A RECLASS OF RENTAL REVENUE FROM EXPENSES REPORTED IN THE AUDITED FINANCIAL STATEMENT TO REVENUE REPORTED ON THE 990 OF \$1,944,454.; A RECLASS OF CARS EXPENSES FROM REVENUE REPORTED IN THE AUDITED FINANCIAL STATEMENT TO EXPENSE REPORTED ON THE 990 OF \$9,035; AND A RECLASS OF FUNDRAISING NET INCOME FROM EXPENSES REPORTED IN THE AUDITED FINANCIAL STATEMENT TO REVENUE REPORTED ON THE 990 OF \$(431,588).

SCHEDULE D, PART XII, LINE 4B

EXPLANATION OF OTHER ADJUSTMENTS

THE \$1,521,901 IS COMPRISED OF: A RECLASS OF RENTAL REVENUE FROM EXPENSES REPORTED IN THE AUDITED FINANCIAL STATEMENT TO REVENUE REPORTED ON THE

**Part XIII** Supplemental Information *(continued)*

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990 OF \$1,944,454.; A RECLASS OF CARS EXPENSES FROM REVENUE REPORTED IN THE AUDITED FINANCIAL STATEMENT TO EXPENSE REPORTED ON THE 990 OF \$9,035; AND A RECLASS OF FUNDRAISING NET INCOME FROM EXPENSES REPORTED IN THE AUDITED FINANCIAL STATEMENT TO REVENUE REPORTED ON THE 990 OF \$(431,588).

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

JEWISH FEDERATION COUNCIL OF GREATER LA

95-1643388

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) MIDDLE EAST AND NORTH AFRICA	1.	22.	PROGRAM SERVICES	SEE PART V	1,282,108.
(2) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		853,598.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	1.	22.			2,135,706.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	1.	22.			2,135,706.

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

Schedule F (Form 990) 2015



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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	754,598.	CHECK			
(2)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	90,000.	CHECK			
(3)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPPORT	9,000.	CHECK			
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

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

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

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

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

SCHEDULE F, PART I, LINE 2 AND PART I, LINE 3, COLUMN E

PROCEDURES FOR MONITORING USE OF GRANTS

THE JEWISH FEDERATION OF LOS ANGELES' ISRAEL OFFICE OVERSEES THE JEWISH FEDERATION'S POLICIES, PROGRAMS, ALLOCATIONS, AND INSTITUTIONAL RELATIONSHIPS IN ISRAEL. SUPPORT FOR, AND THE RELATIONSHIPS WITH, THE PEOPLE OF ISRAEL ARE KEY ASPECTS OF THE FEDERATION'S MISSION. THE ISRAEL OFFICE PROVIDES COORDINATION FOR OVERSEAS VISITS TO ISRAEL BY MISSIONS, INDIVIDUALS, FAMILIES, ELECTED OFFICIALS, INTER-ETHNIC AND INTER-RELIGIOUS LEADERS AND EDUCATORS. THE ISRAEL OFFICE REPRESENTS THE FEDERATION WITH THE JEWISH AGENCY FOR ISRAEL, THE JOINT DISTRIBUTION COMMITTEE, THE JEWISH FEDERATION OF NORTH AMERICA, UNITED ISRAEL APPEAL, ISRAEL OFFICES OF OTHER JEWISH FEDERATIONS, ISRAELI GOVERNMENT MINISTRIES, THE UNITED STATES EMBASSY, MUNICIPALITIES IN ISRAEL, ACADEMIC INSTITUTIONS, AND ISRAELI NON-GOVERNMENTAL ORGANIZATIONS.

EXPENDITURES FOR THE OFFICE IN ISRAEL AMOUNT TO \$423,714. EXPENDITURES RELATED TO OUR COMMUNITY MISSIONS TO ISRAEL AND ALL RELATED COSTS ARE ALSO ON THIS LINE AND AMOUNT TO \$858,394.

SCHEDULE F, PART I, LINE 3, COLUMN F

ACCOUNTING METHOD

THE AMOUNT OF EXPENDITURES WAS DETERMINED USING THE ACCRUAL METHOD OF ACCOUNTING.

**Part V Supplemental Information**

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

## SCHEDULE F, PART II

IN ADDITION TO THE GRANTS REPORTED ON SCHEDULE F, PART II, THE JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES REPORTS GRANTS ON SCHEDULE I TO THE JEWISH FEDERATIONS OF NORTH AMERICA (JFNA), WHICH IS A 501(C)(3) DOMESTIC U.S. CHARITY. IN ADDITION, JFNA, AND ITS BENEFICIARY AGENCIES, UNITED ISRAEL APPEAL (UIA), A SUBSIDIARY OF JFNA, AND THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE (JDC) - BOTH 501(C)(3) ORGANIZATIONS -EACH FILE A SEPARATE FORM 990 AND DETAILED SCHEDULE F. THE JFNA GRANT IS REPORTED ON SCHEDULE I, PART II.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization

JEWISH FEDERATION COUNCIL OF GREATER LA

Employer identification number

95-1643388

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
1 SIEGEL MARKETING GROUP INC.	TELE FUNDRAISING		X	290,311.	61,428.	228,883.
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....				290,311.	61,428.	228,883.

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA,

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**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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		REC DINNER (event type)	LEGAL DINNER (event type)	10. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	1,663,546.	761,713.	8,201,340.	10,626,599.
	2	Less: Contributions	1,345,946.	646,653.	7,761,863.	9,754,462.
	3	Gross income (line 1 minus line 2)	317,600.	115,060.	439,477.	872,137.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs			4,450.	4,450.
	7	Food and beverages	306,334.	108,763.	272,582.	687,679.
	8	Entertainment	1,048.		4,910.	5,958.
	9	Other direct expenses	23,258.	15,576.	566,804.	605,638.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				1,303,725.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-431,588.

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	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?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  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?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount 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 ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation 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).

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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization

JEWISH FEDERATION COUNCIL OF GREATER LA

Employer identification number

95-1643388

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> 30 YEARS AFTER 1925 CENTURY PARK #2140 LA, CA 90067	26-1748436	501(C)(3)	17,000.				GENERAL SUPPORT
<b>(2)</b> ABRAHAM JOSHUA HESCHEL DAY SCHOOL 17701 DEVONSHIRE NORTHRIDGE, CA 91325	95-2794822	501(C)(3)	65,000.				SCHOLARSHIPS & STUDENT FIN AID
<b>(3)</b> ADAT ARI EL 12020 BURBANK BLVD. VV, CA 91607	23-7366318	501(C)(3)	48,000.				SCHOLARSHIPS & STUDENT FIN AID
<b>(4)</b> AISH TAMID OF LOS ANGELES 5909 WEST THIRD ST LA, CA 90036	90-0086051	501(C)(3)	35,000.				GENERAL SUPPORT
<b>(5)</b> AMERICAN JEWISH UNIVERSITY 15600 MULHOLLAND DRIVE LA, CA 90077	95-1684064	501(C)(3)	325,550.				GENERAL SUPPORT
<b>(6)</b> BAIS CHAYA MUSHKA SCHOOL FOR GIRLS 9051 W. PICO BLVD. LA, CA 90035	95-4439460	501(C)(3)	30,000.				STUDENT FINANCIAL AID
<b>(7)</b> BAIS YAAKOV SCHOOL FOR GIRLS 7353 BEVERLY BLVD. LA, CA 90036	95-3127279	501(C)(3)	41,000.				STUDENT FINANCIAL AID
<b>(8)</b> BEIT T'SHUVAH 8831 VENICE BLVD. LA, CA 90034	77-0152646	501(C)(3)	100,000.				LOCAL AGENCY SUPPORT
<b>(9)</b> BET TZEDEK LEGAL SERVICES 3250 WILSHIRE BLVD. LA, CA 90010	23-7304205	501(C)(3)	371,545.				LOCAL AGENCY SUPPORT
<b>(10)</b> BETH CHAYIM CHADASHIM 6090 W. PICO BLVD. LA, CA 90035	95-3944213	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(11)</b> BIRTHRIGHT ISRAEL FOUNDATION 33 EAST 33RD ST 7TH FL. NEW YORK, NY 10016	13-4092050	501(C)(3)	1,730,116.				GENERAL SUPPORT
<b>(12)</b> B'NAI B'RITH YOUTH ORGANIZATION 800 EIGHTH STREET, NW WASHINGTON, DC 20001	31-1794932	501(C)(3)	45,000.				GENERAL SUPPORT

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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Name of the organization

JEWISH FEDERATION COUNCIL OF GREATER LA

Employer identification number

95-1643388

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> BNEI AKIVA 520 8TH AVE., 15TH FL. NEW YORK, NY 10018	56-2361891	501(C)(3)	6,000.				GENERAL SUPPORT
<b>(2)</b> BNEI AKIVA LOS ANGELES 9030 WEST OLYMPIC BLVD BH, CA 90211	26-2103488	501(C)(3)	113,150.				CAMP GRANTS & SCHOLARSHIPS
<b>(3)</b> BNOS DEVORAH HIGH SCHOOL 461 N. LA BREA AVENUE LOS ANGELES, CA 90036	20-8992789	501(C)(3)	16,000.				STUDENT FINANCIAL AID
<b>(4)</b> BRANDEIS UNIVERSITY 415 SOUTH STREET WALTHAM, MA 02454	04-2103552	501(C)(3)	7,000.				GENERAL SUPPORT
<b>(5)</b> BUILDERS OF JEWISH EDUCATION 6505 WILSHIRE BLVD., STE 300 LA, CA 90048	95-4280178	501(C)(3)	1,426,932.				GENERAL SUPPORT
<b>(6)</b> BURBANK TEMPLE EMANU EL 1302 N. GLENOAKS BLVD. BURBANK, CA 91504	95-1696705	501(C)(3)	16,500.				GENERAL SUPPORT
<b>(7)</b> CAMP RAMAH IN CALIFORNIA, INC. 17525 VENTURA BLVD. #201 ENCINO, CA 91316	95-1843131	501(C)(3)	327,750.				CAMP GRANTS
<b>(8)</b> CENTER FOR INDEPENDENT DOCUMENTARY 680 SOUTH MAIN ST. SHARON, MA 02067	04-2738458	501(C)(3)	50,000.				GENERAL SUPPORT
<b>(9)</b> CENTER FOR JEWISH CULTURE AND CREATIVITY 423 NORTH PALM DRIVE, #102 BH, CA 90210	95-4328467	501(C)(3)	13,000.				GENERAL SUPPORT
<b>(10)</b> CHABAD AT CSUN 17833 PRAIRIE STREET NORTHRIDGE, CA 91325	20-8117991	501(C)(3)	15,000.				GENERAL SUPPORT
<b>(11)</b> CHABAD AT USC 2713 SEVERANCE ST. LOS ANGELES, CA 90007	61-1442258	501(C)(3)	60,000.				GENERAL SUPPORT
<b>(12)</b> CHABAD OF SANTA MONICA COLLEGE 2022 DELAWARE AVE #1 SANTA MONICA, CA 90404	95-4867184	501(C)(3)	20,000.				GENERAL SUPPORT

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

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(1) CHABAD OF THE CONEJO 30345 CANWOOD ST. AGOURA HILLS, CA 91301	77-0304127	501(C)(3)	27,600.				GENERAL SUPPORT
(2) CHAI LIFELINE 475 SOUTH ROBERTSON BLVD. BH, CA 90211	11-2940331	501(C)(3)	59,000.				GENERAL SUPPORT
(3) CHALLAH FOR HUNGER 201 S. CAMAC ST. FL. 2 PH, PA 19107	26-1540827	501(C)(3)	20,750.				GENERAL SUPPORT
(4) CHEDER MENACHEM MENDEL 1606 S. LA CIENEGA BLVD. LA, CA 90035	95-4434095	501(C)(3)	39,000.				STUDENT FINANCIAL AID
(5) COLEL CHABAD 806 EASTERN PARKWAY BROOKLYN, NY 11213	11-3254483	501(C)(3)	10,000.				GENERAL SUPPORT
(6) CONGREGATION NER TAMID 5721 CRESTRIDGE ROAD PALOS VERDES, CA 90275	95-2546462	501(C)(3)	23,500.				SCHOLARSHIPS & STUDENT FIN AID
(7) CONGREGATION OR AMI 26115 MUREAU ROAD #B CALABASAS, CA 91302	95-4614448	501(C)(3)	17,500.				GENERAL SUPPORT
(8) DE TOLEDO HIGH SCHOOL 22622 VANOWEN STREET WEST HILLS, CA 91307	95-4805188	501(C)(3)	185,000.				SCHOLARSHIPS & STUDENT FIN AID
(9) EMEK HEBREW ACADEMY 15365 MAGNOLIA BLVD. SHERMAN OAKS, CA 91403	95-6006492	501(C)(3)	59,000.				STUDENT FINANCIAL AID
(10) ETTA ISRAEL CENTER 12722 RIVERSIDE DR. #105 NH, CA 91607	95-4308644	501(C)(3)	237,000.				GENERAL SUPPORT
(11) FOOD FORWARD 7412 FULTON AVENUE #3 NH, CA 91605	31-1734705	501(C)(3)	35,000.				GENERAL SUPPORT
(12) FRIENDSHIP CIRCLE LOS ANGELES 1952 S. ROBERTSON BLVD. LA, CA 90034	20-3270890	501(C)(3)	70,698.				GENERAL SUPPORT

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95-1643388

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1) GROCERYSHIPS</b> 836 WESTHOLME AVE LOS ANGELES, CA 90024	46-4312265	501(C)(3)	7,500.				GENERAL SUPPORT
<b>(2) HABONIM DROR CAMP GILBOA</b> 8339 W. 3RD ST. LOS ANGELES, CA 90048	95-1929706	501(C)(3)	116,000.				CAMP GRANTS & SCHOLARSHIPS
<b>(3) HARKHAM HILLEL HEBREW ACADEMY</b> 9120 WEST OLYMPIC BLVD. BH, CA 90212	95-1662972	501(C)(3)	69,250.				SCHOLARSHIPS & STUDENT FIN AID
<b>(4) HAROLD GRINSPOON FOUNDATION</b> 67 HUNT ST. AGAWAN, MA 01001	04-6685725	501(C)(3)	118,000.				GENERAL SUPPORT
<b>(5) HEBREW UNION COLLEGE - JEWISH INST. OF REL</b> 1 WEST 4TH STREET NYC, NY 10012	31-0537067	501(C)(3)	7,500.				GENERAL SUPPORT
<b>(6) HILLEL 818</b> 17729 PLUMMER ST. NORTHRIDGE, CA 91325	95-1831070	501(C)(3)	216,750.				GENERAL SUPPORT
<b>(7) HILLEL AT UCLA</b> 574 HILGARD AVENUE LOS ANGELES, CA 90024	46-0573247	501(C)(3)	184,350.				GENERAL SUPPORT
<b>(8) HILLEL: THE FNDN FOR JEWISH LIFE ON CAMPUS</b> 800 EIGHTH STREET, NW WASHINGTON, DC 20001	52-1844823	501(C)(3)	15,000.				GENERAL SUPPORT
<b>(9) IKAR</b> 5870 W. OLYMPIC BLVD. LOS ANGELES, CA 90036	20-1210098	501(C)(3)	25,000.				GENERAL SUPPORT
<b>(10) ILAN RAMON DAY SCHOOL</b> 27400 W. CANWOOD ST. AGOURA, CA 91301	95-4661185	501(C)(3)	25,000.				SCHOLARSHIPS & STUDENT FIN AID
<b>(11) ISRAELI AMERICAN COUNCIL</b> 5900 CANOGA AVE. STE 390 WH, CA 91367	22-3951652	501(C)(3)	25,700.				CAMP GRANTS & SCHLSHPS, GRAL SUPT
<b>(12) JEWISH AGENCY FOR ISRAEL</b> 633 3RD AVE, 21ST FLOOR NEW YORK, NY 10017	23-0053483	501(C)(3)	17,700.				GENERAL SUPPORT

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OMB No. 1545-0047

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Department of the Treasury  
Internal Revenue Service

Name of the organization

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Employer identification number

95-1643388

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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<b>(1)</b> JEWISH BIG BROTHERS BIG SISTERS 6505 WILSHIRE BLVD 6TH FL. LA, CA 90048	95-1691009	501(C)(3)	324,300.				LOCAL AGENCY SUPPORT
<b>(2)</b> JEWISH COMMUNITY CAMP AND RETREAT CENTER 4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	91-2150831	501(C)(3)	5,250.				CAMP GRANTS & SCHOLARSHIPS
<b>(3)</b> JEWISH FAMILY SERVICE OF LOS ANGELES 338 NORTH FAIRFAX AVE. LA, CA 90036	95-1691013	501(C)(3)	3,152,197.				LOCAL AGENCY SUPPORT
<b>(4)</b> JEWISH FREE LOAN 6505 WILSHIRE BLVD., 7TH FL. LA, CA 90048	95-1691014	501(C)(3)	100,000.				LOCAL AGENCY SUPPORT
<b>(5)</b> JEWISH FUNDERS NETWORK 150 WEST 30TH ST. STE 900 NY, NY 10001	23-2742482	501(C)(3)	71,964.				GENERAL SUPPORT
<b>(6)</b> JEWISH VOCATIONAL SERVICE 6505 WILSHIRE BLVD., SUITE 200 LA, CA 90048	95-1691012	501(C)(3)	582,050.				LOCAL AGENCY SUPPORT
<b>(7)</b> JEWISH WORLD WATCH 5551 BALBOA BLVD. ENCINO, CA 91316	20-3406211	501(C)(3)	45,000.				GENERAL SUPPORT
<b>(8)</b> JQ INTERNATIONAL 2138 BAXTER STREET LOS ANGELES, CA 90039	68-0601176	501(C)(3)	97,199.				GENERAL SUPPORT
<b>(9)</b> KADIMA HEBREW ACADEMY 7011 SHOUP AVENUE WEST HILLS, CA 91307	95-3190850	501(C)(3)	54,000.				SCHOLARSHIPS & STUDENT FIN AID
<b>(10)</b> KCET, LINK TV 2900 W ALAMEDA AVE BURBANK, CA 91505	95-2211661	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(11)</b> LEO BAECK TEMPLE 1300 N. SEPULVEDA BLVD. LA, CA 90049	95-1916026	501(C)(3)	25,700.				SCHOLARSHIPS & STUDENT FIN AID
<b>(12)</b> LIMMUD FSU INTERNATIONAL FOUNDATION INC. 80 CENTRAL PARK WEST #2D NEW YORK, NY 10023	26-1870256	501(C)(3)	20,000.				GENERAL SUPORT

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<b>(1)</b> LOS ANGELES HEBREW HIGH SCHOOL 5900 SEPULVEDA BLVD. #560 VN, CA 91411	95-1644595	501(C)(3)	17,800.				SCHOLARSHIPS & STUDENT FIN AID
<b>(2)</b> LOS ANGELES MUSEUM OF THE HOLOCAUST 100 S. THE GROVE DRIVE LA, CA 90036	46-0503824	501(C)(3)	77,500.				GENERAL SUPPORT
<b>(3)</b> LOYOLA MARYMOUNT UNIVERSITY 1 LMU DRIVE, MALONE 301 LA, CA 90045	95-1643334	501(C)(3)	20,000.				GENERAL SUPPORT
<b>(4)</b> MACHANEH MAMOSH INC. 1444 17TH STREET #4 SANTA MONICA, CA 90404	95-4518038	501(C)(3)	8,900.				CAMP GRANTS & SCHOLARSHIPS
<b>(5)</b> MAIMONIDES ACADEMY 310 N. HUNTLEY LOS ANGELES, CA 90048	95-3214146	501(C)(3)	51,500.				SCHOLARSHIPS & STUDENT FIN AID
<b>(6)</b> MALIBU JEWISH CENTER AND SYNAGOGUE 24855 PACIFIC COAST HWY MALIBU, CA 90265	95-3514894	501(C)(3)	6,500.				GENERAL GRANT
<b>(7)</b> MATI ISRAELI COMMUNITY CENTER, INC. 19626 VENTURA BLVD. #214A TARZANA, CA 91356	27-5571355	501(C)(3)	11,600.				GENERAL SUPPORT
<b>(8)</b> MAZON: A JEWISH RESPONSE TO HUNGER 10495 SANTA MONICA BLVD., #100 LA, CA 90025	22-2624532	501(C)(3)	20,000.				GENERAL SUPPORT
<b>(9)</b> MESIVTA BIRKAS YITZCHAK 6022 W. PICO BLVD. LOS ANGELES, CA 90035	38-3738151	501(C)(3)	22,500.				STUDENT FINANCIAL AID
<b>(10)</b> MESIVTA OF GREATER LOS ANGELES 25115 MUREAU RD. CALABASAS, CA 91302	95-4621495	501(C)(3)	21,000.				STUDENT FINANCIAL AID
<b>(11)</b> MILKEN COMMUNITY HIGH SCHOOL 15800 ZELDINS WAY LOS ANGELES, CA 90049	95-4381008	501(C)(3)	200,000.				STUDENT FINANCIAL AID
<b>(12)</b> MOISHE HOUSE 6505 WILSHIRE BLVD, SUITE 405A LA, CA 90048	26-2599786	501(C)(3)	167,750.				GENERAL SUPPORT/ LOCAL AGENCY SUPT

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<b>(1) MOVING TRADITIONS</b> 261 OLD YORK RD., #734 JENKINTOWN, PA 19046	34-2015014	501(C)(3)	111,800.				GENERAL SUPPORT
<b>(2) NATIONAL CONFERENCE ON SOVIET JEWRY</b> 1120 20TH ST., NW, #300N WA, DC 20036	13-2700517	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(3) NATIONAL COUNCIL OF JEWISH WOMEN</b> 543 N. FAIRFAX AVENUE LOS ANGELES, CA 90036	95-1641433	501(C)(3)	7,000.				GENERAL SUPPORT
<b>(4) NER ARYEH</b> 12422 CHANDLER BLVD. VLLY VILLAGE, CA 91607	95-4118740	501(C)(3)	10,500.				STUDENT FINANCIAL AID
<b>(5) OCCIDENTAL COLLEGE</b> 1600 CAMPUS ROAD LOS ANGELES, CA 90041	95-1667177	501(C)(3)	31,500.				GENERAL SUPPORT
<b>(6) OHEL CHANA</b> 7162 BEVERLY BLVD. SUITE 341 LA, CA 90036	46-2869189	501(C)(3)	15,000.				STUDENT FINANCIAL AID
<b>(7) OR HACHAIM ACADEMY</b> 12411 SYLVAN ST. NORTH HOLLYWOOD, CA 91606	31-1777687	501(C)(3)	25,000.				STUDENT FINANCIAL AID
<b>(8) ORTHODOX UNION</b> 11 BROADWAY #1301 NEW YORK, NY 10004	13-5623717	501(C)(3)	123,500.				GENERAL SUPPORT
<b>(9) PRESENTENSE GROUP, INC.</b> 115 EAST 23RD ST. #301 NEW YORK, NY 10010	26-3301983	501(C)(3)	13,334.				GENERAL SUPPORT
<b>(10) REBOOT</b> 44 W. 28TH ST., 8TH FL. NEW YORK, NY 10001	57-1154844	501(C)(3)	45,000.				GENERAL SUPPORT
<b>(11) S.T.A.R</b> 6634 VALJEAN AVE VAN NUYS, CA 91406	95-4692703	501(C)(3)	18,500.				SCHOLARSHIPS & STUDENT FIN AID
<b>(12) SEPHARDIC EDUCATIONAL CENTER</b> 6505 WILSHIRE BLVD SUITE 300 LA, CA 90048	95-4821608	501(C)(3)	7,000.				SCHOLARSHIPS & STUDENT FIN AID

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(1) SHALHEVET HIGH SCHOOL 910 S. FAIRFAX AVENUE LOS ANGELES, CA 90036	95-4330860	501(C)(3)	50,000.				STUDENT FINANCIAL AID
(2) SHALOM HARTMAN INSTITUTE OF NORTH AMERICA ONE PENNSYLVANIA PLAZA, #1606 NY, NY 10119	13-3014387	501(C)(3)	24,000.				RABBINIC LEADERSHIP PROGRAM SUPPORT
(3) SHALOM INSTITUTE CAMP AND CONFERENCE CENTER 34342 MULHOLLAND HGHWY MALIBU, CA 90265	84-1652923	501(C)(3)	752,000.				GENERAL SUPPORT
(4) SILVERLAKE JCC 1110 BATES AVENUE LOS ANGELES, CA 90029	32-0003071	501(C)(3)	88,000.				GENERAL SUPPORT
(5) SINAI TEMPLE 10400 WILSHIRE BLVD. LOS ANGELES, CA 90024	95-2103898	501(C)(3)	88,500.				STUDENT FIN AID/ GENERAL SUPPORT
(6) STAND WITH US P O BOX 341069 LOS ANGELES, CA 90034	01-0566033	501(C)(3)	34,229.				LOCAL AGENCY SUPPORT
(7) STEPHEN S. WISE TEMPLE 15500 STEPHEN S. WISE DRIVE LA, CA 90077	95-6087552	501(C)(3)	111,400.				STUDENT FIN AID/ GENERAL SUPPORT
(8) TAWONGA JEWISH COMMUNITY CORPORATION 131 STEUART ST., #460 SF, CA 94105	94-3227261	501(C)(3)	8,250.				CAMP GRANTS & SCHOLARSHIPS
(9) TEMPLE AHAVAT SHALOM 18200 RINALDI PLACE NORTHRIDGE, CA 91326	95-6122711	501(C)(3)	51,850.				GENERAL SUPPORT
(10) TEMPLE AKIBA 5249 S. SEPULVEDA BLVD CULVER CTY, CA 90230	95-1932032	501(C)(3)	21,150.				CAMP GRANTS & SCHOLARSHIPS
(11) TEMPLE BETH AM 1039 SOUTH LA CIENEGA BLVD. LA, CA 90035	95-1656370	501(C)(3)	83,500.				GENERAL SUPPORT
(12) TEMPLE BETH HILLEL 12326 RIVERSIDE DR. VLLY VILLAGE, CA 91607	95-1765175	501(C)(3)	12,000.				SCHOLARSHIPS & STUDENT FIN AID

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

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

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

Schedule I (Form 990) (2015)



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization

JEWISH FEDERATION COUNCIL OF GREATER LA

Employer identification number

95-1643388

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TEMPLE ISAIAH 10345 WEST PICO BLVD LOS ANGELES, CA 90064	95-1691319	501(C)(3)	16,250.				GENERAL SUPPORT
(2) TEMPLE ISRAEL OF HOLLYWOOD 7300 HOLLYWOOD BLVD LOS ANGELES, CA 90046	23-7383024	501(C)(3)	46,000.				STUDENT FIN AID/ EDUCATION GRANTS
(3) TEMPLE KOL TIKVAH 20400 VENTURA BLVD WOODLAND HILLS, CA 91364	77-0005548	501(C)(3)	15,000.				GENERAL SUPPORT
(4) THE JEWISH FEDERATIONS OF NORTH AMERICA/UJC 25 BROADWAY, SUITE 1700 NEW YORK, NY 10004	13-1624240	501(C)(3)	8,009,146.				GENERAL SUPPORT
(5) THE SURVIVOR MITZVAH PROJECT 2658 GRIFFITH PARK BLVD. #299 LA, CA 90039	36-4630389	501(C)(3)	31,618.				GENERAL SUPPORT
(6) THE WEXNER FOUNDATION 8000 WALTON PARKWAY #110 NA, OH 43054	23-7320631	501(C)(3)	247,800.				GENERAL SUPPORT
(7) TOMCHEI SHABBOS P.O. BOX 481270 LOS ANGELES, CA 90048	75-3002144	501(C)(3)	120,000.				LOCAL AGENCY SUPPORT
(8) TORAT HAYIM 1210 S. LA CIENEGA BLVD. LA, CA 90035	95-4711877	501(C)(3)	18,000.				STUDENT FINANCIAL AID
(9) UCLA CENTER FOR JEWISH STUDIES 302 ROYCE HALL BOX 951485 LA, CA 90095	95-6006143	501(C)(3)	27,500.				GENERAL SUPPORT
(10) UJA FEDERATION OF NEW YORK 130 EAST 59TH STREET NEW YORK, NY 10022	51-0172429	501(C)(3)	98,966.				GENERAL SUPPORT
(11) UNION FOR REFORM JUDAISM 633 THIRD AVE., 7TH FL. NEW YORK, NY 10017	13-1663143	501(C)(3)	143,400.				GENERAL SUPPORT
(12) URJ CAMP NEWMAN 235 MONTGOMERY STREET #1120 SF, CA 94104	94-1480908	501(C)(3)	13,350.				CAMP GRANTS

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

JEWISH FEDERATION COUNCIL OF GREATER LA

Employer identification number

95-1643388

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> USC HILLEL 3300 S HOOVER BLVD. LOS ANGELES, CA 90007	95-4867366	501(C)(3)	157,300.				GENERAL SUPPORT
<b>(2)</b> VALLEY BETH SHALOM 15739 VENTURA BLVD. ENCINO, CA 91436	95-1890769	501(C)(3)	92,337.				SCHOLARSHIPS & STUDENT FIN AID
<b>(3)</b> VALLEY FRIENDSHIP CIRCLE 11927 VENTURA BLVD. STUDIO CITY, CA 91604	45-5351558	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(4)</b> VALLEY TORAH HIGH SCHOOL 12517 CHANDLER BLVD. VLLY VILLAGE, CA 91607	95-3165544	501(C)(3)	42,000.				STUDENT FINANCIAL AID
<b>(5)</b> VISTA DEL MAR CHILD & FAMILY SERVICE 3200 MOTOR AVENUE LOS ANGELES, CA 90035	95-1647832	501(C)(3)	20,000.				GENERAL SUPPORT
<b>(6)</b> WESTSIDE JEWISH COMMUNITY CENTER 5870 WEST OLYMPIC BLVD. LA, CA 90036	95-1691010	501(C)(3)	292,740.				GENERAL SUPPORT
<b>(7)</b> WILSHIRE BOULEVARD TEMPLE 3663 WILSHIRE BLVD. LA, CA 90010	95-1691339	501(C)(3)	280,500.				STUDENT FIN AID/ CAMP GRANTS
<b>(8)</b> WISE FREEDOM SCHOOL PARTNERS 15510 CASIANO CT. LOS ANGELES, CA 90077	46-4535180	501(C)(3)	25,000.				GENERAL SUPPORT
<b>(9)</b> YAVNEH HEBREW ACADEMY 5353 W. 3RD ST LOS ANGELES, CA 90020	95-2117190	501(C)(3)	33,000.				STUDENT FINANCIAL AID
<b>(10)</b> YESHIVA AHARON YAAKOV 241 S. DETROIT STREET LOS ANGELES, CA 90036	95-3405695	501(C)(3)	35,500.				STUDENT FINANCIAL AID
<b>(11)</b> YESHIVA GEDOLAH OF LOS ANGELES 5444 OLYMPIC BLVD. LOS ANGELES, CA 90036	95-3298317	501(C)(3)	16,000.				STUDENT FINANCIAL AID
<b>(12)</b> YESHIVA OHR ELCHONON CHABAD 7215 WARING AVENUE LOS ANGELES, CA 90046	95-4384473	501(C)(3)	26,000.				STUDENT FINANCIAL AID

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization

JEWISH FEDERATION COUNCIL OF GREATER LA

Employer identification number

95-1643388

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) YESHIVA RAV ISACSOHN 540 N. LA BREA AVENUE LOS ANGELES, CA 90036	95-1962397	501(C)(3)	116,000.				STUDENT FINANCIAL AID
(2) YULA BOYS SCHOOL 9760 WEST PICO BLVD. LOS ANGELES, CA 90035	42-1746735	501(C)(3)	41,000.				STUDENT FINANCIAL AID
(3) YULA GIRLS SCHOOL 1619 SOUTH ROBERTSON BLVD. LA, CA 90035	20-3081128	501(C)(3)	29,000.				STUDENT FINANCIAL AID
(4) ZIMMER CHILDREN'S MUSEUM 6505 WILSHIRE BLVD STE. 100 LA, CA 90048	20-1470992	501(C)(3)	356,000.				LOCAL AGENCY SUPPORT
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 124.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2015)

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

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

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

THE RESPONSIBILITY FOR MONITORING GRANT AND PROGRAM DISTRIBUTIONS IS DISTRIBUTED TO THE THREE STRATEGIC INITIATIVES: ENSURING THE JEWISH FUTURE, CARING FOR JEWS IN NEED AND COMMUNITY ENGAGEMENT. EACH STRATEGIC INITIATIVE IS MANAGED BY PROFESSIONAL STAFF AND VOLUNTEERS WHO WORK TOGETHER TO IDENTIFY COMMUNITY NEEDS WITHIN THAT STRATEGIC INITIATIVE AREA. THE STAFF AND VOLUNTEERS ARE RESPONSIBLE FOR DEVELOPING AN ANNUAL

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

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

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

BUDGET AND FOR COMMUNICATING NEW PROGRAM NEEDS THAT MAY ARISE DURING THE YEAR TO EXECUTIVE MANAGEMENT, THE STRATEGIC PLANNING AND DISTRIBUTION COMMITTEE AND THE BOARD. ADDITIONALLY, THEY MAY WORK WITH GRANTORS AND CONTRIBUTORS WHO FUND RESTRICTED PROGRAMS. ON AN ANNUAL BASIS, PROGRAM MANAGEMENT PROPOSES A BUDGET WHICH IS APPROVED BY THE BOARD OF DIRECTORS. THROUGHOUT THE YEAR, PROGRAM STAFF MONITORS THE DISTRIBUTIONS AGAINST BUDGETED ALLOCATIONS. ADDITIONALLY, THE PROGRAM STAFF MONITORS THE PROGRAM CONTENT OF RESTRICTED GRANTS.

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

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

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART II

THE JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES REPORTS GRANTS ON SCHEDULE I TO THE JEWISH FEDERATIONS OF NORTH AMERICA (JFNA), WHICH IS A 501(C)(3) DOMESTIC U.S. CHARITY. IN ADDITION, JFNA, AND ITS BENEFICIARY AGENCIES, UNITED ISRAEL APPEAL (UIA), A SUBSIDIARY OF JFNA, AND THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE (JDC) - BOTH 501(C)(3) ORGANIZATIONS EACH FILE A SEPARATE FORM 990 AND DETAILED SCHEDULE F.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

JEWISH FEDERATION COUNCIL OF GREATER LA

**Compensation Information**

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Employer identification number

95-1643388

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III.

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

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

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

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

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

	Yes	No
<b>1b</b>	X	
<b>2</b>		X
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 IVAN WOLKIND CFO/COO	(i)	291,668.	0.	8,280.	13,250.	17,719.	330,917.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 ANDREW CUSHNIR EVP CHIEF DEVELOPMENT OFFICER	(i)	267,292.	0.	8,856.	30,431.	7,795.	314,374.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 CAROL KORANSKY EVP DIRECTOR VALLEY ALLIANCE	(i)	214,316.	0.	8,911.	31,618.	2,012.	256,857.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 DENISE OSSO CHIEF CREATIVE DIRECTOR	(i)	159,956.	0.	3,073.	46,247.	22,449.	231,725.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 CYNTHIA AYALA SVP ADMINISTRATION & HR	(i)	172,359.	0.	9,202.	41,819.	2,946.	226,326.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 AMY POPKIN SVP WOMEN'S CAMPAIGN	(i)	145,707.	0.	2,574.	50,571.	11,697.	210,549.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JOHN MAGOULAS ASSOC. CHIEF DEVELOPMENT OFCR	(i)	172,086.	0.	698.	14,283.	9,698.	196,765.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 LORI TESSEL CHIEF DEVEL OFCR VLY ALLIANCE	(i)	167,591.	0.	1,071.	8,750.	14,547.	191,959.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 JAY SANDERSON CEO/PRESIDENT	(i)	469,000.	36,000.	21,080.	13,250.	45,762.	585,092.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**Part III Supplemental Information**

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

SCHEDULE J, PART I, LINE 1A

CERTAIN EXECUTIVES ARE PROVIDED WITH AUTO ALLOWANCES AS PART OF THEIR  
COMPENSATION AGREEMENTS. THE ALLOWANCES ARE INCLUDED IN TAXABLE  
COMPENSATION.

SCHEDULE J, PART I, LINE 7

THE CEO'S EMPLOYMENT AGREEMENT PROVIDES FOR A DISCRETIONARY BONUS EACH  
YEAR AS MAY BE DETERMINED BY THE BOARD OF DIRECTORS IN ITS SOLE  
DISCRETION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

JEWISH FEDERATION COUNCIL OF GREATER LA

Employer identification number

95-1643388

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	X	26 .	32,475 .	COST/SELLING PRICE
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	175 .	2,381,959 .	COST/SELLING PRICE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (ATCH 1 . . . . .)		16 .	90,500 .	
26 Other ▶ ( . . . . .)				
27 Other ▶ ( . . . . .)				
28 Other ▶ ( . . . . .)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

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

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

Schedule M (Form 990) (2015)

JSA

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PAGE 66

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

SCHEDULE M, PART I, LINE 32A

ARRANGEMENT WITH CARS

THE JEWISH FEDERATION COUNCIL OF GREATER LOS ANGELES USES THE FOR-PROFIT ORGANIZATION, CARS, AS A THIRD PARTY TO ASSIST WITH VEHICLE DONATIONS. THE DONOR NOTIFIES THE FEDERATION THAT THEY PLAN TO DONATE A VEHICLE, AND ARRANGEMENTS ARE THEN MADE BETWEEN THE DONOR AND CARS FOR THE PICK UP OF THE VEHICLE. CARS WILL TOW THE VEHICLE AND MAKE ALL ARRANGEMENTS NECESSARY FOR THE SALE OF THE VEHICLE. ONCE THE VEHICLE HAS BEEN SOLD, CARS WILL PREPARE A LETTER TO THE DONOR THANKING THEM FOR THEIR DONATION TO THE FEDERATION, AND WILL DISCLOSE IN THE LETTER IF THE CAR WAS SOLD FOR LESS THAN OR MORE THAN \$500. CARS IS AWARDED 30% OF THE GROSS SALES PRICE LESS EXPENSES, AND THE FEDERATION RECEIVES 70% OF THE GROSS SALES PRICE LESS EXPENSES.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
STATE OF ISRAEL BOND	X	16.	90,500.	COST/SELLING PRICE
TOTALS		<u>16.</u>	<u>90,500.</u>	

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

JEWISH FEDERATION COUNCIL OF GREATER LA

Employer identification number

95-1643388

FORM 990, PART I, LINE 1 AND PART III, LINE 1

MISSION STATEMENT

BASED ON JEWISH VALUES, THE JEWISH FEDERATION OF GREATER LOS ANGELES  
CONVENES AND LEADS THE COMMUNITY AND LEVERAGES ITS RESOURCES TO ASSURE  
THE CONTINUITY OF THE JEWISH PEOPLE, SUPPORT A SECURE STATE OF ISRAEL,  
CARE FOR JEWS IN NEED HERE AND ABROAD, AND MOBILIZE ON ISSUES OF CONCERN  
TO THE LOCAL COMMUNITY, ALL WITH OUR LOCAL, NATIONAL, AND INTERNATIONAL  
PARTNERS.

FORM 990, PART III, LINE 4

PROGRAM SERVICE ACTIVITY #1 - ENSURING THE JEWISH FUTURE

THE FEDERATION CREATES OPPORTUNITIES FOR PEOPLE OF ALL AGES TO  
PARTICIPATE AND CELEBRATE IN JEWISH LIFE AND CONNECT WITH THE COMMUNITY  
AND ISRAEL. TO DO SO, WE WORK TO ENSURE THE QUALITY AND REDUCE THE COST  
OF JEWISH EDUCATIONAL EXPERIENCES; TRAIN LEADERS WHO WILL TEACH JEWISH  
VALUES TO NEW GENERATIONS; ENGAGE LOCAL SYNAGOGUES, THE LIFEBLOOD OF THE  
JEWISH COMMUNITY; AND SEND THOUSANDS ON EDUCATIONAL MISSIONS TO ISRAEL,  
ENSURING THAT STRONG CONNECTIONS WILL PERSIST. AS THE HUB OF THE  
COMMUNITY, THE FEDERATION IS UNIQUELY POSITIONED TO CONNECT JEWS TO ONE  
ANOTHER AND MAKE JEWISH LIFE ACCESSIBLE AND AFFORDABLE BY LEVERAGING THE  
STRENGTH OF OUR MEMBERS AND WORKING CLOSELY WITH OUR NETWORK OF TRUSTED  
PARTNERS.

Name of the organization JEWISH FEDERATION COUNCIL OF GREATER LA	Employer identification number 95-1643388
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## PROGRAM SERVICE ACTIVITY #2 - CARING FOR JEWS IN NEED

THE FEDERATION LEVERAGES THE STRENGTH OF ITS COMMUNITY TO PROVIDE AID FOR JEWS IN NEED. THE WELL-BEING OF JEWISH SENIORS IS ALSO A CORE PRIORITY, ESPECIALLY WHEN A SENIOR IS A HOLOCAUST SURVIVOR. OUR WORK ALSO INCLUDES SEEING TO DAILY NECESSITIES OF THOSE IN NEED, CONNECTING PEOPLE TO THE SKILLS AND SERVICES NECESSARY TO BE SELF-SUFFICIENT, AND ENSURING CHILDREN WITH SPECIAL NEEDS AND OTHER AT-RISK CASES HAVE THEIR NEEDS MET AND CAN PARTICIPATE IN JEWISH LIFE. THE FEDERATION IS ABLE TO CARE FOR OUR OWN COMMUNITY BY WORKING WITH PARTNERS IN LOS ANGELES, ISRAEL, AND OVER 55 COUNTRIES AROUND THE WORLD.

## PROGRAM SERVICE ACTIVITY #3 - COMMUNITY ENGAGEMENT

FOR THE PAST 100 YEARS, THE JEWISH FEDERATION HAS ENGAGED IN OUR CITY, PROMOTING AN INCLUSIVE COMMUNITY THAT REFLECTS THE BEST OF AMERICAN AND JEWISH VALUES. THE PURSUIT OF A JUST SOCIETY, ENSURING A STRONG JEWISH FUTURE AND PROMOTING A SAFE AND VIBRANT ISRAEL ARE THE ENDURING CORNERSTONES OF OUR WORK. WE ENGAGE THE COMMUNITY BY PROVIDING ROBUST SERVICE AND VOLUNTEER OPPORTUNITIES, COMBATING ILLITERACY, FIGHTING HUNGER, SHAPING POLICY AND ADVOCATING FOR ISRAEL. TOGETHER AS A COMMUNITY, AND WITH DIVERSE PARTNERS ACROSS LOS ANGELES, WE CAN SHAPE THE FUTURE OF OUR CITY FOR THE NEXT 100 YEARS.

FORM 990, PART VI, SECTION A, LINE 2

LESLIE BIDER AND LYNN BIDER HAVE A FAMILY RELATIONSHIP, DEREK BROWN AND

Name of the organization JEWISH FEDERATION COUNCIL OF GREATER LA	Employer identification number 95-1643388
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LYNETTE BROWN HAVE A FAMILY RELATIONSHIP, RODNEY FREEMAN AND HEIDI MONKARSH HAVE A FAMILY RELATIONSHIP, LEON JANKS AND SHARON JANKS HAVE A FAMILY RELATIONSHIP, AND FRANK MAAS AND VIRGINIA MAAS HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6

DESCRIPTION OF MEMBERS AND STOCKHOLDERS

MEMBERS ARE DEFINED AS CONTRIBUTORS WHO HAVE PAID NOT LESS THAN \$100 TO THE ANNUAL COMMUNITY-WIDE FUND RAISING CAMPAIGN WITHIN THE TWELVE MONTHS PRECEDING THE DATE OF A MEMBERS MEETING.

FORM 990, PART VI, SECTION A, LINE 7A

MEMBERS OR STOCKHOLDERS WHO MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY

MEMBERS OF THE FEDERATION CONVENE AT LEAST BIENNIALY (BIENNIAL MEETING) AND OTHERWISE AS DEEMED NECESSARY BY THE BOARD OF DIRECTORS OR CHAIR. ONE HUNDRED MEMBERS CONSTITUES A QUORUM AT A MEETING OF THE MEMBERS. MEMBERS ARE NOT ENTITLED TO VOTE OR ACT BY PROXY. ONLY MATTERS OF WHICH NOTICE WAS GIVEN MAY BE ACTED UPON AT A MEMBERS MEETING.

THE AGENDA OF THE BIENNIAL MEETING SHALL INCLUDE THE ELECTION OF DIRECTORS PURSUANT TO THE BYLAWS. MEMBERS SHALL ELECT DIRECTORS FOR A TWO-YEAR TERM AT THE BIENNIAL MEETING. PRIOR TO THE BIENNIAL MEETING, THE NOMINATIONS COMMITTEE COORDINATES THE SELECTION OF PROPOSED DIRECTORS IN

Name of the organization JEWISH FEDERATION COUNCIL OF GREATER LA	Employer identification number 95-1643388
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ACCORDANCE WITH THE PROCEDURES ENUMERATED IN THE BYLAWS. VACANCIES CREATED BY RESIGNATION, DEATH, INCAPACITY OR OTHER DEPARTURE OF A DIRECTOR MAY BE FILLED BY THE CHAIR'S APPOINTMENT, FOR THE UNEXPIRED PORTION OF THE TERM, SUBJECT TO APPROVAL BY VOTE OF THE BOARD AT THE NEXT BOARD MEETING. A REPLACEMENT DIRECTOR MAY SERVE ON THE BOARD BY THE CHAIR'S APPOINTMENT ON AN INTERIM BASIS UNTIL SUCH NEXT BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 11B  
PROCESS TO REVIEW THE FORM 990

THE FORM 990 IS PREPARED BY THE FEDERATION'S FINANCE STAFF. A PUBLIC ACCOUNTING FIRM IS RETAINED TO PROVIDE TAX SERVICES FOR THE FEDERATION. WHEN THE FORM 990 IS COMPLETE, BUT BEFORE IT IS FILED, THE AUDIT COMMITTEE MEETS WITH THE CFO AND VP OF FINANCE AND REPRESENTATIVES FROM THE PUBLIC ACCOUNTING FIRM TO PERFORM A THOROUGH REVIEW OF THE FORM 990. THE BOARD HAS EMPOWERED THE AUDIT COMMITTEE TO PERFORM THIS REVIEW OF THE FORM 990 PRIOR TO FILING.

PRIOR TO FILING, THE MEMBERS OF THE BOARD OF DIRECTORS ARE PROVIDED AN ELECTRONIC COPY OF THE FORM 990 FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C  
CONFLICT OF INTEREST POLICY

THE JEWISH FEDERATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. BOARD MEMBERS, COMMITTEE MEMBERS, OFFICERS, KEY EMPLOYEES AND SELECTED STAFF



Name of the organization JEWISH FEDERATION COUNCIL OF GREATER LA	Employer identification number 95-1643388
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ARE SUBJECT TO COMPLIANCE WITH THE POLICY. THE POLICY IS POSTED ON THE ORGANIZATION'S INTRANET. ADDITIONALLY, THE POLICY IS CIRCULATED ON AN ANNUAL BASIS TO AFFECTED PERSONS ALONG WITH A QUESTIONNAIRE TO FURTHER IDENTIFY RELATIONSHIPS THAT REQUIRE DISCLOSURE ON THE FORM 990.

THE POLICY DEFINES PROCEDURES FOR THE CONFLICTED PERSON AND/OR OTHERS TO ENSURE THAT BUSINESS TRANSACTIONS ARE IN THE BEST INTEREST OF THE ORGANIZATION, BUSINESS AND FAMILY RELATIONSHIPS ARE FULLY DISCLOSED, AND DISCIPLINARY MEASURES ARE ENFORCED. WHEN A POTENTIAL CONFLICT OF INTEREST IS IDENTIFIED BY THE CONFLICTED PARTY OR THE JEWISH FEDERATION, THE NATURE OF THE INTEREST OR INVOLVEMENT IS IMMEDIATELY COMMUNICATED TO THE PRESIDENT, BOARD CHAIR, AND THE RESPECTIVE COMMITTEE CONSIDERING THE TRANSACTION. IF THE PARTICULAR TRANSACTION REQUIRES A VOTE, THE CONFLICTED PARTY SHALL NOT BE COUNTED FOR PURPOSES OF A QUORUM NOR SHALL HE OR SHE VOTE ON THE MATTER.

PERSONS PREPARING AND SIGNING THE FORM 990 ARE FAMILIAR WITH BOARD MEMBERS, COMMITTEE MEMBERS, FINANCIAL TRANSACTIONS (INCLUDING CONTRACTUAL ARRANGEMENTS) AND THE RULES AND POLICIES RELATED TO CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B  
PROCESS FOR DETERMINING EXECUTIVE COMPENSATION

THE BYLAWS PROVIDE FOR AN INDEPENDENT EXECUTIVE COMPENSATION COMMITTEE WHICH REVIEWS AND APPROVES THE COMPENSATION, INCLUDING BENEFITS, OF THE

Name of the organization JEWISH FEDERATION COUNCIL OF GREATER LA	Employer identification number 95-1643388
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PRESIDENT, CHIEF OPERATING AND FINANCIAL OFFICER, EXECUTIVE VICE  
PRESIDENT OF FINANCIAL RESOURCE DEVELOPMENT, AND OTHER SELECTED EMPLOYEES  
WHO COMPRISE THE FIVE HIGHEST PAID EMPLOYEES OF THE FEDERATION.

THE REVIEW AND APPROVAL PROCESS INCLUDES ENGAGING AN OUTSIDE CONSULTANT  
WHO USES SALARY SURVEYS AND STUDIES OF NON-PROFIT ORGANIZATIONS TO  
PROPOSE A COMPENSATION PACKAGE. THE REVIEW AND APPROVAL OCCUR UPON HIRING  
OF THE OFFICER, RENEWAL OR EXTENSION OF THE EMPLOYEE'S EMPLOYMENT  
AGREEMENT, OR WHEN THE COMPENSATION IS MODIFIED. AFTER THE EXECUTIVE  
COMPENSATION COMMITTEE HAS SETTLED ON A COMPENSATION MATTER, THE RESULTS  
ARE REPORTED TO THE BOARD.

THE COMPENSATION OF THE CURRENT CHIEF EXECUTIVE OFFICER WAS APPROVED BY  
THE EXECUTIVE COMPENSATION COMMITTEE IN 2009, 2012 AND AGAIN IN 2015 AS  
PART OF THE RENEWAL OF HIS EMPLOYMENT AGREEMENT.

FORM 990, PART VI, SECTION C, LINE 19  
PUBLIC INSPECTION OF DOCUMENTS

THE JEWISH FEDERATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE FOR  
INSPECTION AT THE OFFICE OF THE ORGANIZATION.

THE JEWISH FEDERATION MAKES ITS CONFLICT OF INTEREST POLICY AND AUDITED  
FINANCIAL STATEMENTS AVAILABLE FOR INSPECTION AT THE OFFICE OF THE  
ORGANIZATION, AND COPIES WILL BE PROVIDED ON REQUEST IF THEY CANNOT BE  
ACCESSED FROM THE PUBLIC WEBSITE.

Name of the organization JEWISH FEDERATION COUNCIL OF GREATER LA	Employer identification number 95-1643388
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FORM 990, PART XI, LINE 9

OTHER CHANGES IN FUND BALANCE

ROUNDING \$(1,470).

ATTACHMENT 1990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
NASTEC INTERNATIONAL 23945 N. CALABASAS ROAD, SUITE 208 CALABASAS, CA 91302	SECURITY SERVICES	924,877.
WORLD EXPRESS TRAVEL 18425 BURBANK BLVD., SUITE 512 TARZANA, CA 91356	TRAVEL SERVICES	591,173.
HAROLD GRINSPOON FOUNDATION 67 HUNT ST. SUITE 100 AGAWAM, MA 01001	BOOK DISTRIB SVCS	511,378.
BEVERLY WILSHIRE HOTEL 9500 WILSHIRE BLVD. BEVERLY HILLS, CA 90212	EVENT SERVICES	315,902.
STARNET DATA DESIGN, INC. 2659 TOWNSGATE RD. SUTIE 227 WESTLAKE VILLAGE, CA 91361	IT STRATEGIC SVCS	254,347.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

JEWISH FEDERATION COUNCIL OF GREATER LA

Employer identification number

95-1643388

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE ABRASBA FOUNDATION 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 05-0545566	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(2) BERKE FAMILY FOUNDATION 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 33-0782972	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(3) BILL & BONNY LEVINE FOUNDATION 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4199489	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(4) THE IVAN AND VILAM HALAJ FAMILY FDN 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4700852	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(5) JACK E. & RACHEL GINDI FDN 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4068700	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(6) KASL FOUNDATION 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4105774	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(7) KURTZMAN FAMILY FOUNDATION 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4684563	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	

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

Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

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Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

Name of the organization

JEWISH FEDERATION COUNCIL OF GREATER LA

Employer identification number

95-1643388

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) LEE & HERMAN OSTROW FAMILY FOUNDATION 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 01-0734263	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(2) LEONARD & ANNETTE SHAPIRO FAMILY FDN 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4582899	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(3) THE NEWTON D. & ROCHELLE F. BECKER FDN 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4095134	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(4) THE NIZNICK FAMILY FOUNDATION 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4830603	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(5) THE GOREN FAMILY FOUNDATION 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4092926	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(6) RICHARD & ROBERTA MARANTZ FAMILY FDN 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4088934	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(7) RUTH & SONNY SINGER FOUNDATION 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4364781	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	

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

Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

▶ **Attach to Form 990.**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

JEWISH FEDERATION COUNCIL OF GREATER LA

Employer identification number

95-1643388

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE SABAN CHARITABLE SUPPORT FUND 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 68-0517051	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(2) SINDER FAMILY FOUNDATION 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4092908	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(3) THE STEVEN & LOTTIE WALKER FAMILY FDN 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4095677	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(4) THE EDNA & MICKEY WEISS FAMILY FDN 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4455777	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(5) THE EDWARD RAPHAEL FOUNDATION 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 68-0493061	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(6) THE EMQUIES FAMILY SUPPORT FOUNDATION 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 26-1573706	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(7) THE HELENE & LOUIS GALEN FAMILY FDN 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 02-0778652	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	

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

Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

Name of the organization

JEWISH FEDERATION COUNCIL OF GREATER LA

Employer identification number

95-1643388

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE JOYCE & LAWRENCE POWELL FAMILY FDN 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4826900	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(2) THE JUDY & BERNARD BRISKIN FAMILY FDN 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 80-0143565	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(3) THE LEVEY CHERRY FOUNDATION 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 03-0576686	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(4) THE LOUIS & JUDITH MILLER FAMILY FDN 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4773791	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(5) THE MARK SCHULMAN & ESTHER SCHULMAN FDN 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4250205	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(6) THE MELISSA MARANTZ NEALY FOUNDATION 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 35-2303167	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(7) THE PALERMO-RAVICH FOUNDATION 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4717551	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	

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

Schedule R (Form 990) 2015

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

Name of the organization

JEWISH FEDERATION COUNCIL OF GREATER LA

Employer identification number

95-1643388

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE PEPP FAMILY SUPPORT FOUNDATION 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 56-2669586	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(2) THE SALTER FAMILY CHARITABLE FDN 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-3924344	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(3) THE SEYMOUR & ELAINE MASOR FOUNDATION 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4621783	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(4) THE SHIRLEY & BURT HARRIS FAMILY FDN 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4246144	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(5) THE TOM & SONDRY RYKOFF FAMILY FDN 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4651913	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(6) THE TRENA & STANLEY GREITZER FAMILY FDN 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4716089	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(7) THE ZIERING FAMILY FOUNDATION 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4556596	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	

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

Schedule R (Form 990) 2015



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

Name of the organization

JEWISH FEDERATION COUNCIL OF GREATER LA

Employer identification number

95-1643388

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) TIKUN OLAM FOUNDATION 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4871770	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(2) WHIZIN SUPPORT FOUNDATION 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4571058	GENERAL SUPT	CA	501(C)(3)	11, 1	JCF	X	
(3) THE JEWISH COMMUNITY FDN CHARITABLE FUND 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-3507310	GENERAL SUPT	CA	501(C)(3)	PF	JCF	X	
(4) THE JEWISH COMM FDN CHARITABLE FUND II 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-4695562	GENERAL SUPT	CA	501(C)(3)	PF	JCF	X	
(5) JEWISH COMMUNITY FDN OF LA 6505 WILSHIRE BLVD, SUITE 1200 LOS ANGELES, CA 90048 95-6111928	GENERAL SUPT	CA	501(C)(3)	7	JFC	X	
(6)							
(7)							

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

Schedule R (Form 990) 2015

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) L.A - STEUBENVILLE PROPERTIES, INC. 20-1164918 10866 WILSHIRE BLVD, #1100 LOS ANGELES, CA 90024	REAL ESTATE	CA	N/A	S CORP					X
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) JEWISH COMMUNITY FOUNDATION OF LA	C	5,699,000.	FMV
(2) JEWISH COMMUNITY FOUNDATION OF LA	A	319,000.	FMV
(3) THE NEWTON D. & ROCHELLE F. BECKER FDN	C	225,000.	FMV
(4) THE PEPP FAMILY SUPPORT FOUNDATION	C	200,000.	FMV
(5) THE NIZNICK FAMILY FOUNDATION	C	125,000.	FMV
(6) THE ZIERING FAMILY FOUNDATION	C	100,000.	FMV

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE JUDY & BERNARD BRISKIN FAMILY FDN	C	60,000.	FMV
(2) LEONARD & ANNETTE SHAPIRO FAMILY FDN	C	56,000.	FMV
(3) OSIAS G. & DOROTHY S. GOREN FOUNDATION	C	52,750.	FMV
(4) SINDER FAMILY FOUNDATION	C	50,000.	FMV
(5) THE TOM & SONDRY RYKOFF FAMILY FDN	C	50,000.	FMV
(6)			

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

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

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

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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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